MIGRATION HEALTH IMPACT ASSESSMENT ALONG RAILWAY CONSTRUCTION

BACKGROUND
The construction of China-Laos railway, or ‘Boten-Vientiane Railway’ is under construction (from December 2016) and expected to be officially operational in December 2021. During the construction phase, it is expected that thousands of jobs will be created for locals and Lao workforce throughout the country, and to bring an estimated 30,000 Chinese workers to fill labour needs. Whilst this can bring significant economic gain, there could potentially be health impacts and changes to vulnerability due to high mobility and interaction between migrants and communities in the areas. The assessment aimed to analyse the current health-related situations and assess the potential health impacts alongside railway construction with a focus on communicable disease. Through this assessment, IOM developed a strategic approach to address health needs and mitigate health impacts of migrant workers and host communities during railway construction.

METHODOLOGY
The assessment applied qualitative data collection method. Preliminary background documents have been reviewed. Consultative workshops among key government counterparts at central and provincial level, five Key Informant Interviews among 13 KIs, and five Focus Group Discussions (31 participants) were conducted in selected sites in Luang Namtha and Luang Prabang provinces in November 2018. A validation workshop with key stakeholders was conducted in December 2018.

KEY PARTNERS
- Ministry of Health
- Ministry of Public Works and Transport
- Ministry of Labour and Social Welfare

The Department of Communicable Disease Control (DCDC) under the Ministry of Health (MoH) is the main partner for coordination with other ministries as well as health departments and hospitals, clinics, health centers at provincial and district level. Ministry of Public Works and Transport (MoPWT) acts as the focal point for coordination with Lao-China railway committee and Chinese construction companies at all levels, while Ministry of Labour and Social Welfare (MoLSW) covers labour and migration related coordination.

VOICES ALONG CONSTRUCTION
"We go to the Chinese hospital in Laos. We have cars that can take us there. It is hard to communicate in Lao health centers due to language barriers.”
Male, Chinese construction worker, Xieng Ngeun, LPB

"As far as I know, there are no specific services targeted at migrants.”
Male, Chinese camp doctor, Natoey, LNT
MIGRATION TYPES IN THIS STUDY

INTERNAL MIGRATION

Local communities in the railway construction areas are low land Lao (Laoloum) and Khamu, who are the main ethnicity of migrants in the areas. Hmong ethnicity residents in some areas but not in big group. Many Lao migrants have moved to the railway construction areas; some moves to look for opportunities in the communities while some moves to work in the construction sites. Most Lao migrants are male and are relatively young, aged between 20 – 40 years old.

LUANG NAMTHA: more than 400 Lao workers and 2,000 Chinese workers*
Lao migrants in Luang Namtha are primarily from other districts in Luang Namtha or neighbouring provinces including Phongsaly, Bokeo, Oudomxay and Luang Prabang.

LUANG PRABANG: 23 construction sites; estimated 3,000 workers*
Most migrant workers are from northern provinces and other provinces throughout the country. Those work in the Xieng-nejun district met during data collection are from Paklai, Vangvieng, Vientiane, Savannakhet, Houaphanh and Xiengkhouang.

*data from Provincial Labour and Social Welfare Department

CROSS-BORDER MIGRATION

In-Bound Migration
- Chinese, Vietnamese, Thai and Bangladeshi migrant workers are reported in two provinces.
- Majority of migrant workers come alone, few with their family members.
- Chinese workers tend to stay for more than 6 months. In some cases, undocumented migrants and overstay may happen.
- Almost all workers are male and deployed by labour dispatching companies.

Out-Bound Migration
- Majority Lao people who cross the border to China are young women, to work in massage and spa parlors, restaurants or for marriage. Among them there are under-aged girls, or those with no proper documentation in both Laos and China.

LONG-TERM MIGRATION

- Resettlement/Relocation:
  - usually poor with limited resources
- Marriage Migration

MEDIUM-TERM OR PERIODICAL MIGRATION (MAIN GROUP)

- Lao Factory
- Lao Truck Drivers & Female Maid and Cooks

SHORT-TERM OR MOBILE MIGRANTS

- Vietnamese Construction Workers
- Bangladeshi Construction Workers
- Chinese Construction Workers
- Thai Truck Drivers

*Table: identified and reported types of migration within this particular study
HEALTH SITUATION AND POTENTIAL HEALTH RISKS

HIV/AIDS AND STI
Cases of HIV/AIDS and other sexually transmitted infections (STI) were reported to be increasing and have become a main concern for local health authorities. Provincial health offices indicated a rise in HIV cases in project visited health centers since 2016 when construction started. Of significant concern is a substantial increase in the estimated number and visibility of female sex workers (estimated 400) in areas around construction sites.

At-risk groups: Female sex workers, local communities and migrant workers; Young people in their 20s; Men who have sex with men and Intravenous drug users.

Challenges identified: low level of HIV/AIDS knowledge and risk awareness; relatively easy access to alcohol and drugs; unaware of HIV and STI transmission and protection methods; no parties are in charge in managing the situation; no regular HIV/AIDS campaigns amongst both Lao and migrant worker areas; no HIV treatment services or testing available in district hospitals and village health centers; exclusive from checkup for migrant workers.

TUBERCULOSIS
TB cases reported are all from local villages, none is from migrant groups.

At-risk groups: The elderly in host community, most of whom do not seek treatment until it has progressed to chronic tuberculosis.

Challenges identified: Misconceptions on TB, even from health professionals; No enough resources for TB prescription in health centers; No preventive measures, treatment protocol nor TB awareness campaigns in any construction sites.

MALARIA
No case of malaria for at least 2 years or more; no case reported in construction camps.

Common practices: Most participants are aware of malaria, modes of transmission and how to protect themselves, at least one method of prevention, although there are certain inconsistencies and misconceptions.

Challenges: Completion of railway construction may link areas with ongoing malaria transmission to these areas and to China, presenting potential route for reintroduction of parasite. There is a need to maintain strong vigilance.

ACCIDENTS AND OCCUPATIONAL INJURIES
There are some incidents reported during interviews, including occupational injuries, road accidents, and accounted cases of assaults.

At-risk groups: People in communities and migrant workers

Challenges identified: Companies compensate medical expenses as a result of occupation-related injury, but refers to Chinese Labour Law instead of local regulation. Some companies have in-site clinic, others may send their workers to hospitals in the nearest town or across border to China; No or limited attention from any parties on reducing or minimizing risks of road accidents.

CHALLENGES TO ACCESS HEALTH SERVICES
Village Health Centers:
- Some are in very remote areas thus hard to access;
- Limited facilities, services and capacity;
- Facilities’ hygiene less than satisfactory;

Internal migrants:
- Lao migrants from other provinces cannot use the 5,000 Kip health insurance and are required to pay the full cost.

Cross border migrants:
- Camp clinic has only basic medical facilities and lacks in personnel;
- Are not covered by the Laos National Health Insurance Scheme thus are required to pay the full costs of medical expenses; (Chinese migrants have mandatory health insurance from China, however this cannot cover health related expenses in Lao PDR or anywhere outside of mainland China.)
- Communication and language barriers between health providers and migrants.

One construction camp clinic in Na Toey district, Luang Namtha © IOM 2018
RECOMMENDATIONS

PRIORITY ONE - HIV/AIDS and STIs Interventions
1) Conduct HIV awareness raising, education and behavior change communication interventions with sex workers, migrant workers and host communities, in coordination with relevant government counterparts and the companies.
   \[\Rightarrow\] Update and translate existing migrant-friendly communication HIV safe mobility package – For Life, With Love -- developed by IOM in 2007 for migrants and the communities in GMS adapted for road construction settings in 2010. Endorsed by all governments in the GMS and CHAS and Ministry of Information and Culture in Lao PDR.
2) Conduct HIV assessment and surveillance among sex workers and risk populations in main construction areas.
3) Set up HIV testing and VCT services in all health centers in railway construction areas with increasing HIV prevalence.

PRIORITY TWO - Health Services and Communication
1) Enhance referral systems between health facilities in each level as well as cross border collaboration.
2) Develop health communication materials into migrant languages, have both Lao and migrant (Chinese) languages.
3) Improve health communication and services for migrants. This can be started with the communication to decrease
   language barriers among migrants to go get services at the health facilities.
4) Advocate MOH and related Ministries to include migrants in their health services and plan.

PRIORITY THREE - Environment and Safety
1) Improve sanitation and hygiene in the communities in the railway project planning and communications;
2) Conduct HIV assessment and surveillance among sex workers and risk populations in main construction areas.
3) Set up HIV testing and VCT services in all health centers in railway construction areas with increasing HIV prevalence.

PRIORITY FOUR - Enhance Collaboration among Ministries and Development Partners
1) Advocate for inclusive of health ministry/sectors in construction project related discussions, for better preparation of health activities/plans.
2) Establish Village Mobility Working Groups (VMWG) with community members including village chiefs, construction employers, migrant workers, women’s groups and young people, as well as community based organizations and civil society organizations.
3) Conduct regular meetings and share issues/concerns with development partners for their awareness and supports.