MIGRATION AND HEALTH
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CITY OF JOHANNESBURG
• Background
• Legislative Framework
• Financial Implications on health care
BACKGROUND

• Johannesburg was founded by internal and international migrants with the discovery of gold.
• The population as of the last census is 4.4m.
• The City’s population is steadily growing as a result of migration and that puts pressure on economic and social deliverables.
• City of Johannesburg accounts for the majority of the approximately one million migrants in the Province of Gauteng.
• The City has 107 Clinics and 7 Hospitals.
• The uncontrolled entry of undocumented economic migrants into the country has put a strain on the city resources or opportunities.
The City of Johannesburg is host to political migrants from different parts of the world. SADC is the main contributor of economic migrants. Migrants generally settle in areas according to their nationality mainly in the inner city and informal settlement. The South African as well as the City's policy documents on migrants advocate for the integration of migrants into communities where they live.
Some causes of conflict between locals and migrants

• Complex challenges of inequality, poverty and unemployment;
• Competition for scarce economic opportunities.
• Misplaced belief that crime is mainly as a result of undocumented migrants.
• Rapid urbanisation in relation to land use planning and management
• Lack of understanding by locals of international agreements that protect the migrants
Legislative Framework

- Chapter 2 section 27 of the South African constitution guarantees access to emergency medical care.
- We are signatory to: The UN Protocol Relating to the Status of Refugees (1967);
- and signatory to The Universal Declaration of the Human Rights as adopted by UN (1948).
- No camps and no restriction of movement
- Temporary camps were established as a means to protect the migrants against violence but were later dismantled after being integrated into communities.
- The main obligation of the refugees is to respect the laws of the Republic.
Challenges and Factors that impact on financial and other resources
In instances of the documented migrants, their accurate number is challengeable as they are likely to:

- clog the asylum seeking process by falsely applying as asylum seekers while in reality they are economic migrants
- being oblivious of renewing or extending the asylum seeking temporary permit
- continue to enter into trade and business while being conscious that they are against the conditions set, thus their reluctance to renew their documents
- being in possession of fraudulent or expired documents
The Constitution of the RSA states that "Everyone in the country has the right to free emergency health care at the point of use". This is inclusive of all forms of migrants.

The Primary Health Care services in South Africa are also free at a point of use regardless of nationality and documentation status of service users.

We have introduced translation services at some of our clinics using foreign nationals health workers.

It is difficult to precisely budget for adequate health resources because numbers fluctuate due to migrants being generally highly mobile and that puts pressure on other basic services.
• The means-test co-payment system applicable at higher levels of care e.g. at Public hospitals is applicable to all users irrespective of nationality. That is, the means-test co-payment affects RSA citizens, permanent and temporary residents, refugees, asylum seekers, as well as undocumented SADC nationals.

• It is more cost effective to prevent ill health by making sure that all people in the country have access to appropriate health care services irrespective of the country of origin.
• Through our policies on migration and collaboration with migrant NGOs we have established a Migrant Help Desk and a Mayoral Advisory Panel (JMAP).

• It is therefore very difficult to quantify the financial implications of migrants to the City or the country as a whole.

• Safe to indicate that their numbers increase the workload and contribute to long queues in our health facilities.

• There is ongoing research on migration in partnership with WITS University and we have a working relationship with IOM.
THANK YOU