ANNEX to GFMD Roundtable 2.1 Background Paper

Examples of global migrant health responses[1]

The examples listed below are neither exhaustive nor necessarily examples of "good practices", but rather aim to illustrate different workable approaches on the issue.

Migrant health responses from countries of origin

Sri Lanka: As migrant workers are the largest foreign exchange earning sector in the economy, the government established the Bureau of Foreign Employment (SLBFE) which is responsible for the overall management, operation and regulation of the foreign employment business in Sri Lanka. The SLBFE offers a range of services to Sri Lankans wishing to work abroad, including recruitment, advice on living and working abroad and support on return to Sri Lanka. The "Sahana Insurance Scheme" offers medical insurance to migrants as well as other benefits such as funeral expenses and disability insurance.

Mexico: It is estimated that 56% of the Mexican migrant population abroad (12 million in toto, 95% in the US, most of them undocumented) lack any form of health cover. Mexico's 'Comprehensive Health Care Strategy for Migrants'[2] aims to promote health care access for Mexicans living outside the country, provide information to migrants and facilitate a coordinated government response. Initiatives include health information booths in Mexican consulates in the US, the 'Leave Healthy, Return Healthy Programme', repatriation of seriously ill migrants and health promotion and prevention activities on the Mexico-US border. In 2010-2012, additional components will include an 'Outreach and Affiliation' program to connect Mexicans and their families to health insurance in the States of Colorado and the Washington State Pilot Medical Insurance scheme, offering Mexican workers in the US low cost insurance and provision of basic primary health care services through 65,000 clinics and a telephone outreach program.

Migrant health responses from destination countries

Thailand: There are an estimated 2 million migrants in Thailand, most of them in an irregular situation. Migrants pay an annual fee to the Compulsory Migrant Health Insurance (CMHI) Scheme, which provides registered migrants and their families access to health care services. The CMHI provides health screening, curative care, health promotion and disease surveillance and prevention services. A 2009 WHO/IOM study that looked at how health care for migrants is funded found that, among other things, an unclear policy towards the registration of migrant workers has led to a decline in the number of registered migrants. With the drop in registered migrants, the CMHI revenue fell. The study recommended to increase participation of migrants and employers in the scheme.(i)

Argentina: Argentina hosts over half of South America's migrant population. 2001 statistics suggest that the foreign-born population accounted for 5% of the total population; the majority coming from neighbouring countries, Paraguay, Bolivia, Chile, Uruguay and Brazil.(ii) Among other measures, Argentina adopted a law that gives all foreigners the right to health and education, regardless of their migration situation. The law guarantees that "in no case should access to the right to health, social assistance or sanitary care be denied or restricted to any foreigner who requires it regardless of his/her immigration status", and

[1] This Annex was prepared by the International Organization for Migration (IOM) in coordination with the World Health Organization (WHO), Geneva.
[2] www.saludmigrante.salud.gob.mx

"the authorities of health care institutions must offer orientation and information about the necessary steps to solve the irregular migration status".(iii)

Coordinated responses between countries of Origin and Destination

United States - Mexico Border Health Commission (USMBHC) (iv): This was created as a bi-national health commission in July 2000 with the aim of jointly optimizing health and quality of life along the US-Mexico border, also for migrants. USMBHC brings together the two countries and their border states to solve border health problems and provide leadership on coordinated and bi-national actions to this end.

A number of well known Mexico-US programs involve collaboration among the Mexican Ministry of Health, Mexican Consulates in the US, local migrant and other social organizations, local health care providers and Universities:

- ***Ventanillas de Salud (VDS)*** (or Health Counters) in the Mexican Consulates in the US to facilitate Mexican immigrants' access to health services and create an environment of prevention, information and participation in health matters.

- ***Semana Binacional de Salud*** to foster the health of vulnerable migrant groups of Latin American origin living in the US (and Canada) through health education, workshops, referrals to clinics and medical insurance. It was created jointly by Mexico's Ministry of Health and the "Health for the Americas" initiative of the University of California, Berkeley.

- ***Seguro Popular or Public Insurance*** to inform Mexicans in the US about the Mexican Government's health care programs, so that their relatives in Mexico may have access to the services offered by the Social Protection in Health system. People covered by this public insurance are entitled to medical, surgical, pharmaceutical and hospital services without cost in Mexico. By 2012, all Mexicans should have access to medical services, including those living in the US (via the Mexican Consulates).

Abu Dhabi Dialogue: In 2008, a two-day Ministerial consultation in Abu Dhabi brought together twenty countries of origin and destination alongside leading international and regional organizations. The outcome of the meeting was the Abu Dhabi Declaration which stresses that countries of origin and destination and, most importantly, the workers themselves benefit when workers' rights are effectively recognized and respected. The Abu Dhabi Declaration underlines, in particular, that countries of origin benefit when workers are able to use their remittances to enhance their families' living conditions, improve the educational status of their children, and return home with skills and capital that contribute to the development of their own countries.

World Health Assembly: Recent concerted international efforts illustrate increased emphasis by governments on promoting the health of migrants and recognizing the gaps in existing policies. In 2008, the WHO World Health Assembly (WHA61.17) endorsed a resolution on the health of migrants that spelled out actions for governments to enhance the health of migrants and promote bilateral and multilateral collaboration. Since then, a global and several regional consultations have taken place to address migrants' health.[3]

[3] Resolution WHA 61.17 on the Health of Migrants (http://www.who.int/gb/ebwha/pdf_files/A61_R17-en.pdf); European Union Level Consultation on Migration Health - "Better Health for All", Lisbon, Portugal, September 2009; Migration Dialogue for Southern Africa (MIDSA) - " Promoting Health and Development: Migration Health in Southern Africa", Dar es Salaam, Tanzania, June 2009; Global Consultation on Migrant Health, Madrid, Spain, 2-5

Employee-Led initiatives on migrant health

Argentina: The National Registry of Rural Workers and Employers (RENATRE) in Argentina was established through the advocacy of trade unions who recognized that agricultural workers were excluded from unemployment insurance. The registration scheme covers all agricultural workers regardless of their migration status, and irrespective of whether they are employed on a permanent, temporary or transitory basis. Employers contribute 1.5% of the workers' monthly salary to the RENATRE fund and are required to register their workers; which gives the workers access to an "employment record card" with which they can access social security benefits, including health insurance.(v)

South Africa: It is estimated that about 60% of workers in the mining sector in South Africa are from neighbouring countries, mainly Lesotho, Mozambique and Swaziland. Many of these mineworkers are recruited through TEBA Ltd, the mining sector recruitment and labour management agency. Services for those recruited through TEBA include recruitment, pre and post employment medical assessment, remittance banking services (through its banking arm TEBA Bank Ltd), facilitating communication between mine workers and their families, transportation for medically incapacitated mine workers, and pension and benefit payments for mine workers and their spouses. Recognizing the need to provide support to the communities from which mine workers originate, TEBA Ltd established a not-for profit arm, TEBA Development in 2001, which aims to improve the living conditions and livelihoods of communities of origin of the migrant workers. Support includes income generation activities; education infrastructure in targeted labour-sending rural areas; an HIV/AIDS Home-Based Care programme for HIV/AIDS affected and infected mineworkers, their families and communities; improved water and sanitation in rural villages and rural schools; infrastructure support to mineworkers with disabilities; as well as improved food production in poor households in targeted rural areas of Southern Africa.[vi]

Community Level Responses to address migrant health

United States: In response to the health challenges faced by the estimated five million farm workers in the US, of whom many are migrants, Migrant Health Promotion, a not-for profit organization was established in 1983 to work with farm workers and their rural communities to improve their health and increase access to care. Local "Promotores and Promotoras" (Health promoters) are tasked to help their peers stay informed and access health services. As promotores are peers, they are able to provide culturally and linguistically appropriate information and support to other farm workers and border residents. They help their peers overcome common barriers to primary and preventive care, such as language and cultural differences, transportation issues, mistrust of the system, financial barriers and misinformation.(vii)

March 2010. (http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf); High Level Multi-Stakeholder Regional Dialogue on Health Challenges for Asian Migration Workers, Bangkok, Thailand, 13-14 July 2010; Ibero-American Forum on Migration and Development, Roundtable V: Health and Social Protection of Migrant Populations, El Salvador, 22-23 July 2010

South Africa: Farm workers in South Africa are a mobile population coming from neighbouring countries and from within South Africa. Surveys show that they face various health challenges, and that the commercial farms employing them lack the skills or resources to provide health cover for them. In 2005, the Hoedspruit Training Trust and IOM developed a comprehensive health promotion and service delivery program for migrant and non-migrant farm workers. Reaching out to more than 3,000 workers across 49 farms, the program offers information and awareness raising about access to services, living conditions, gender inequalities and other contextual factors that impact on health. The project is also working to reduce the impact of AIDS on the migrant farm workers.

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i IOM & WHO, Financing Healthcare for Migrants: A case study from Thailand. Bangkok 2009

ii INDEC. Censo Nacional de Poblacíon. Hogares y Vivanda, 2001 Argentina

iii Zamberline, N. (CEDES); South to South Migration and access to health care: The case of bordering country immigrants in Argentina. 2006 (Power point presentation presented at Séminaire Migrations er Développement" Plate-forme pour le Population at le Développement, Bruxelles, 13 Mars 2006)

iv United States - Mexico Border Health Commission http://www.borderhealth.org/bhc_initiatives.php Accessed 28th June 2010

v ILO Promotion of rural employment for poverty reduction. Report IV, ILO 97th Session 2008 Pages 23-24

vi http://www.teba.co.za/beta/tebadev/index.asp

vii Migrant Health Promotion http://migranthealth.org/farmworker_communities/farmworkers_in_us.php Accessed 1 July 2010

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