Summary of main conclusions of previous sessions

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Outline of the presentation

I) Migration and health in/across Europe and Asia: Trends and new paradigms

II) Asian migrants’ health status in Europe: From healthy migrants to unhealthy inhabitants

III) Multilevel responses to migrants' health and its challenges

IV) Workshop primary suggestions
I) Migration and health in/across Europe and Asia: Trends and new paradigms

a. Trends:

In general:

- The number of migrants has more than doubled over the last 25 years.

- More people are moving between and within countries, faster and further as never before.

- Feminization of migration
More countries in every region becoming altogether sending, receiving or countries of transit

An estimation of **214 Million** international migrants and 740 millions of migrants moving within their country.

Fifth largest country by population size in the world

Migrants group is not homogenous: there is a great diversity of migrant population
Across EU and Asia

- In the WHO region of Europe (53 States): 75 millions of migrants
- In EU, a significant proportion of the migrants are from Asia
- 30% of the migrants in Europe are from China, followed by India and the Philippines
In Asia:

- Labour migration from the 11 Colombo Process countries have grown considerably since 2005.
- Primary destination of temporary labour migrants are Gulf Cooperation Council Countries but flows to other Asian countries are also significant.
- Low and unskilled migration flows dominate the trend.
b. “Paradigm shift” in the discourse on migration and health

- **The migrant as a source of infection**, with a concern for infection that could be justified but an urgent need to combine it with HR and not with restriction of mobility.

- **Migrant health as a wider public health issue**, including ID as well as NCD, mental health,…

- **A global approach to migrant health**, calling for a joined-up approach
c. **Demographic transition & epidemiological transition**

- **Demographic transition** could explain the migration flows.

- **Epidemiological transition** could explicate how the illness profile of the migrant population can change.
II. Asian migrants’ health status in Europe: From healthy migrants to unhealthy inhabitants

- Healthy migrant effect >> Deterioration of the health status

- 4 broad areas:
  a. Migrant profile and background
  b. Socioeconomic situation and migration legal status
  c. Lifestyle changes and migration
  d. Access to health and social services and migration
a. Migrant profile and background

- Migrant’s profile: age, gender, nationality, social strata

- Migrant’s background: personal medical history and prior exposure to risk factors along the migration process.
b. Socioeconomic situation and migration legal status

- Related to socioeconomic factors / social gradient such as legal status, unemployment, low income, poor working conditions, poor housing and low education status.

- A rights deficit
  
  - Migrants treated as commodities, tools for economic interest clients for recruitment agencies and health screeners.

- Modern slavery. Free movement of highly discriminated people.

- Social determinants of health both can increase the vulnerabilities to communicable and NC diseases and may hinder access to social and health services.
c. Lifestyle changes and migration

- Lifestyle changes may influence migrant’s health.

- Acculturation process to adapt the culture of the host community >> adoption of unhealthy habits.
d. Access to health and social services and migration

- **Accessibility** depend on legal, social, cultural, structural, linguistic, gender, financial and geographic factors.

- **Different beliefs and knowledge** about health and ill health can deter migrants from using national health services.

- **Health literacy** may pose a barrier to the use of these services.

- Seasonal and temporary workers may prefer to **delay** care until they return to their places of origin.
The lack of languages skills can be a great barrier to understanding bureaucratic procedures, the functioning of the health system as well as to interact with the health professional and to understand their questions and diagnosis.

Migrants moved with their culture and traditional norms which often differ from the host community.

Migrants could be confronted to higher price for health care (Malaysian double fees policy) which may clearly reduce the access to the services.
III. Multilevel and multistakeholders responses to migrants’ health and its challenges

a. *International level*

- **International norms** concerning the protection of migrants’ health

- **Comprehensive resource package** concerning health and migration (WHO/IOM)

- Ex: IOM initiatives and programme
b. Regional level

- ASIA:

  Regional commitments and joint recommendations to promote the health and social protection of migrants, including their access to health services.

  - ASEAN Declaration on the Protection of the Rights of All Migrant Workers and Members of their Families (2007)
  - Dhaka Declaration Dhaka Declaration of Colombo Process Countries (2011)
  - ...

- Migration related body (committees) in Asia (ASEAN)
European Commission's plans to address health inequalities set out in the Commission Communication - Solidarity in Health: Reducing Health Inequalities in the EU,

Several policies and various actions to reduce health inequalities notably those concerning the migrants.

All of these instruments have been used by the EU to work directly (through EU policy) and indirectly (through national authorities and stakeholders) to reduce such health inequalities.
No unique and universal EU policy on migration. Few migrant issues are decided at the EU level but at the Member State level.

EU mainly focus on vulnerable migrants and on Communicable diseases.

Less focus on NCD
c. Inter-regional level

- EU and Asia
- EU and ASEF on communicable diseases
- EU/IOM/Thailand: IEC material with information on rights and health, for migrants going to targeted European Countries.
d. National level

- **Good practices** (Spain, Sri Lanka,..)

- Absence of *migrant-sensitive policies* and health systems in many countries

- Non-implementation in Asia and in Europe of international and regional resolutions, recommendations or declarations.
- **Use of other treaties highly ratified** / potential use of mechanisms of complaints (at the EU level) / co-financed project between the EU and the SM.

- **Political will** at the national level to improve the protection of migrants’ health is determinant along with the understanding of the migrants’ health status at the societal level.
e. NGOs

- An **advocacy role** based on real situation and concrete cases concerning migrants health issues, defense of the migrants’ rights.

- **Discloser of neglected situations** such as the violence against women migrants, deportation of PLWH, undocumented migrants, etc..

- Promotion of safe and legal migration, facilitating access to health and social security, empowering migrants through knowledge building, social and health services, etc…

- NGOs’ **influence** on the government
IV. Workshop primary suggestions

_In general_,
- Unless we put a human face on the consequences of migration, we won’t move ahead.

**Suggestions for global governance of migrants’ health issue**
- To join up receiver countries and sender countries
- To join up _internal_ and _international_ migration
- Offering to 5th continent that migrants represent by offering to this mobile population a seat in the IO and notably at the UN.
Suggestions for regional cooperation on migration and health

- Continue to strengthen the inter-regional collaboration and to address the health issues and challenges of Asian labour migrants at the next Asia EU Dialogues
- Develop joint EU/Asia guidelines
- Sustainable network to transfer skills and capacities
- Exchange of best practices at both policy and field level
- Urge the EU to engage MS in collecting data on ethnicity with respect of privacy and Human right.
Suggestions for national level

- “Migrant friendly” services / migrant-sensitive health system.
- To take into consideration the local government level also,
- To remove HIV status as a barrier to get a travel visa and stay in a country has started
- Work on better evidence on the interplay of various social determinants of health, (socio-economic status, mechanisms of inclusion/exclusion …)
THANK YOU