1st Research Exchange Workshop on Social Determinants of Migrants' Health across Asia and Europe

8-9 March 2012

Summary of main conclusions of previous sessions

Dr. Vincent Rollet, French Centre for Research on Contemporary China ((CEFC)

Vincent.rollet59@gmail.com

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)

> **The EU**

- 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