Migrant friendly or migration aware?

The challenges of a key population approach to migration, HIV and TB

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Today

1. To provide **an overview of contemporary population movements** in South Africa.

2. To explore the **linkages between migration and health** in South Africa.

3. To consider **the implications of a “key populations” approach** to migration, HIV and TB.

4. To argue for **“migration aware” health systems responses** that embed migration as a key social process in southern Africa.

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Approximately 214 million cross-border migrants (around 3% of the world's population) and 740 million internal migrants globally.

"......migration is not a random individual choice. People who migrate are highly organised and travel well-worn paths."

(Harcourt, 2007: 3)

Therefore, responses to HIV and TB must engage with migration as a key social dynamic.

Source: HDRO staff estimates based on University of Sussex (2007) database

Increasing recognition of migration as a determinant of health

1. South(ern) Africa is associated with historical and contemporary population movements.

What is migration?
Who are migrants in South Africa?
Why are they here?

Migration involves the movement of people; young, old, men, women, families.

The overwhelming majority of migrants move in order to seek improved livelihood opportunities.

South African nationals

- Rural to urban
- Urban to urban
- Within a municipality

Cross-border migrants

- Forced migrants: asylum seekers; refugees
- Other permits: work, visitor, study
- Undocumented

Migrants do not report moving to access health care, ART or other services.

On arrival, migrants tend to be healthier than the host population.

This "healthy migrant effect" tends to fall away quickly.

If they become too sick to work, migrants will return back home to seek care and support.

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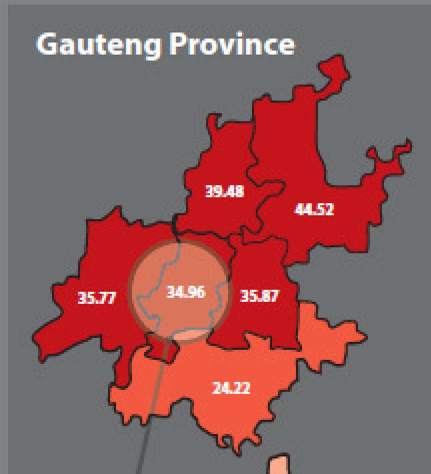
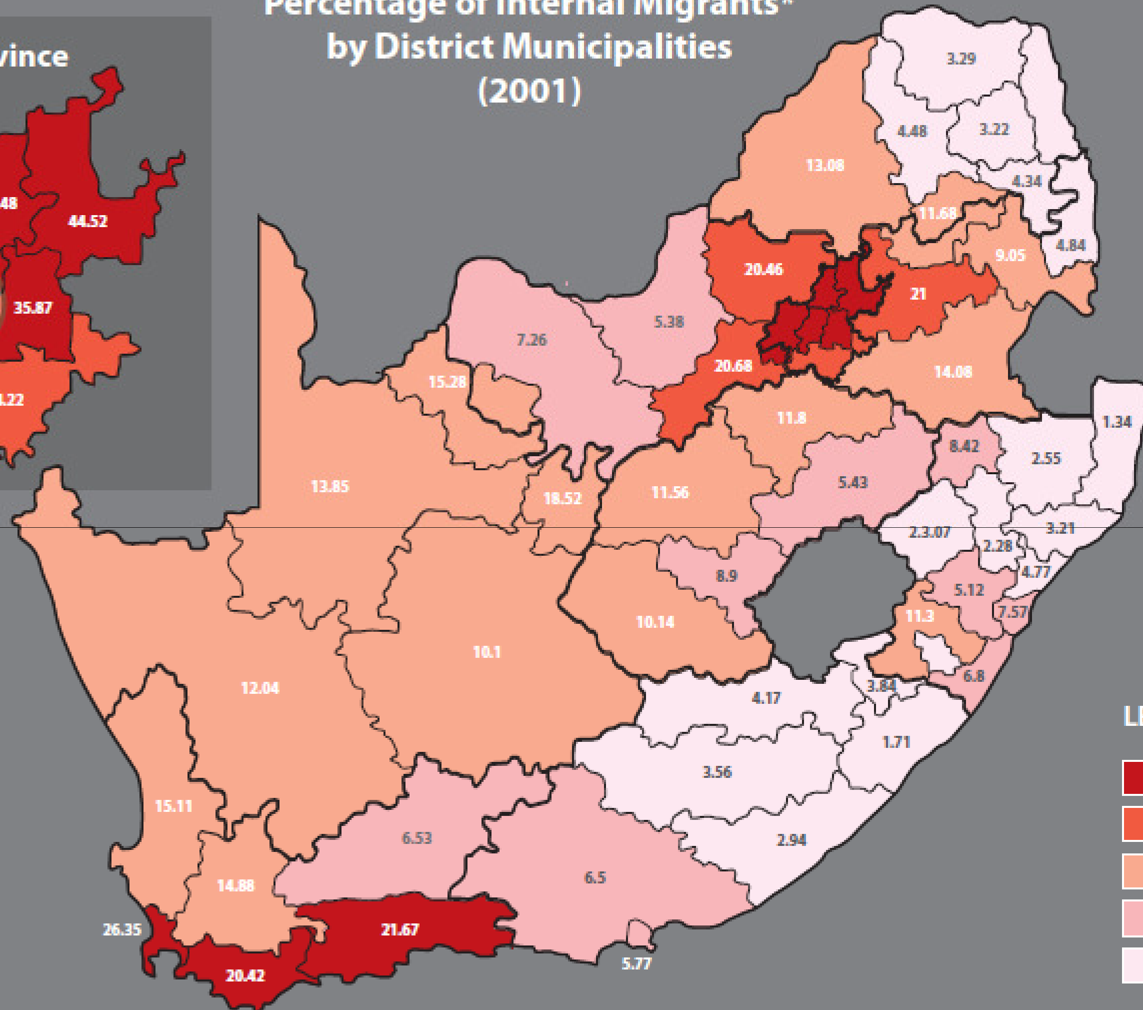




LEGEND

- >20%
- 20% to 30%
- 10% to 20%
- 5% to 10%
- < 5%

Label
% of internal migrants
on the total population

* Persons born in another province of South Africa

44% of Gauteng's population were born in a different province

28.1% of Western Cape's population were born in a different province

4.4% of the South African population were born outside of South Africa

Table 2.15: Province/country of birth by province where the person was counted (percentage)

Province/country of birth	Province where counted									
	EC	FS	GP	KZN	LP	MP	NW	NC	WC	SA
EC	**94.0**	2.5	4.5	2.9	0.4	1.6	2.7	2.0	16.2	15.8
FS	0.4	**87.3**	3.2	0.4	0.3	1.2	2.9	1.9	0.8	6.5
GP	1.2	2.7	**56.0**	1.3	2.5	4.7	4.9	1.6	2.9	15.1
KZN	0.7	1.0	5.9	**92.0**	0.2	2.8	1.0	0.8	1.2	20.2
LP	0.1	0.6	10.8	0.2	**90.9**	4.2	2.8	0.3	0.3	12.8
MP	0.2	0.5	4.3	0.4	1.6	**79.9**	1.2	0.3	0.4	7.7
NW	0.1	1.1	3.5	0.2	0.6	0.8	**78.3**	3.7	0.3	5.9
NC	0.4	1.0	0.8	0.6	0.1	0.7	1.3	**85.2**	1.5	2.6
WC	1.7	0.8	1.5	0.3	0.4	0.4	0.5	2.5	**71.9**	8.9
Outside SA	1.2	2.5	9.5	1.7	3.0	3.7	4.4	1.7	4.5	4.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2,199,871 people were born outside of South Africa

NB: Percentages exclude: do not know, unspecified and not applicable.

People tend to move into Gauteng from other provinces and outside the country. Only 56.0% of people counted in Gauteng during Census 2011 were born there, compared to 94.0% of people counted in Eastern Cape.

Percentage of international migrants living in urban settlement by District Municipality

(2001)

Gauteng Province

3.08
1.87
4.37
6.73
4.56
2.03

City of Johannesburg

4.24
2.21
4.95
1.33
0.85
3.07
3.33
1.77
2.5
1.51
3.04
2.16
1.43
0.86
1.59
0.94
0.83
2.16
2.69
1.08
0.97
0.67
3.15
0.9
1.38
2.19
2.83
0.55
1.6
2.7
0.56
4.6
0.4
0.95
1.28
1.25
0.45
1.25
0.22
1.37
1.18
1.24
1.7
3.24
1.93
1.48

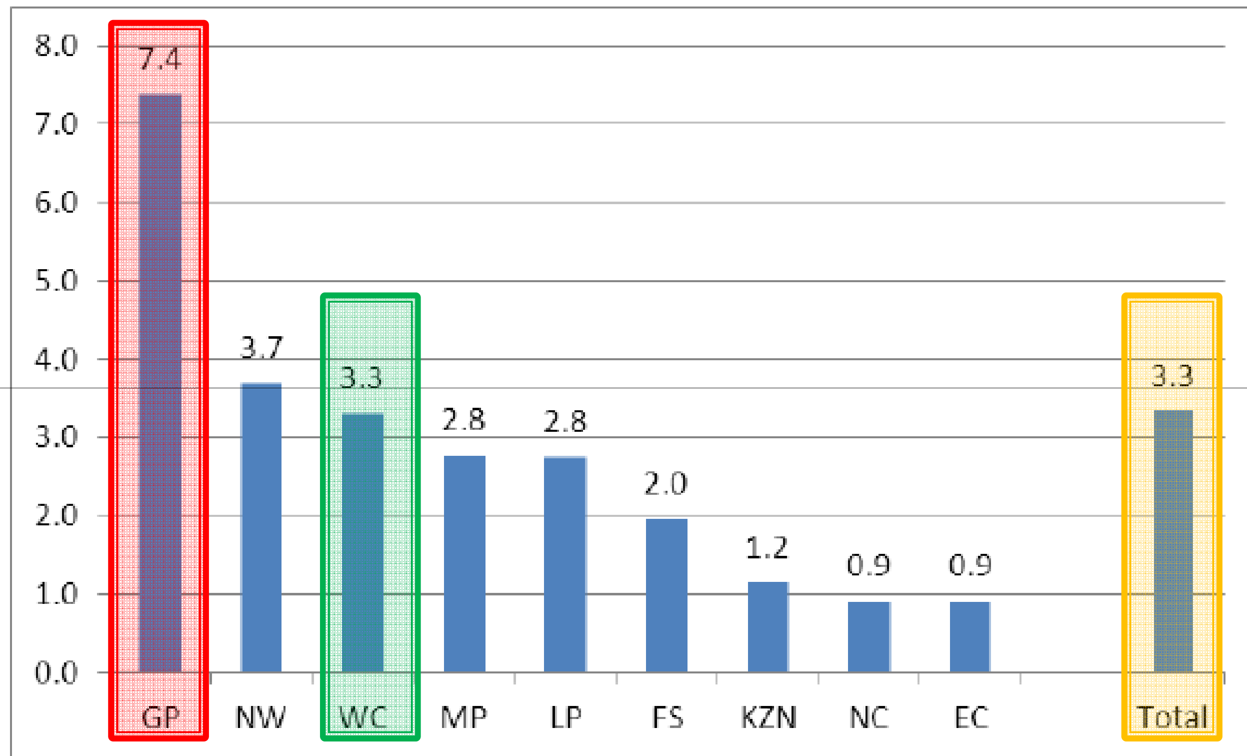
LEGEND

- > 4%
- 2% to 4%
- 1,5% to 2%
- 1% to 1.5%
- < 1%
- Most Significant

Label

% of migrants on the total population

Figure 2.11: Percentage of non-South African citizens in each province



7,4% of Gauteng's population are non-citizens

3.3% of Western Cape's population are non-citizens

3.3% of the South African population are non-citizens

Census 2011

Cross-border migrants as share of the population

	1990	2010	2011
Namibia	7.9	6.3	
Botswana	2.0	5.8	
South Africa	3.3	3.7	3.3
Swaziland	8.3	3.4	
Mozambique	0.9	1.9	
Malawi	12.2	1.8	
Zambia	3.5	1.8	
DR Congo	2.0	0.7	
Lesotho	0.5	0.3	

Source: http://esa.un.org/migration/p2k0data.asp

Migration

Cross-border migrants

- Asylum seekers (Section 22 permit)
- Refugees (Section 24 permit)
- Other documents: work permits, study permits; visitor permits
- Undocumented migrants

- Formal and informal; employed v's self-employed; job seekers
  - Cross-border traders
  - Truck drivers
  - Sex workers
  - Waste pickers
  - Street traders
  - Miners
  - Construction workers

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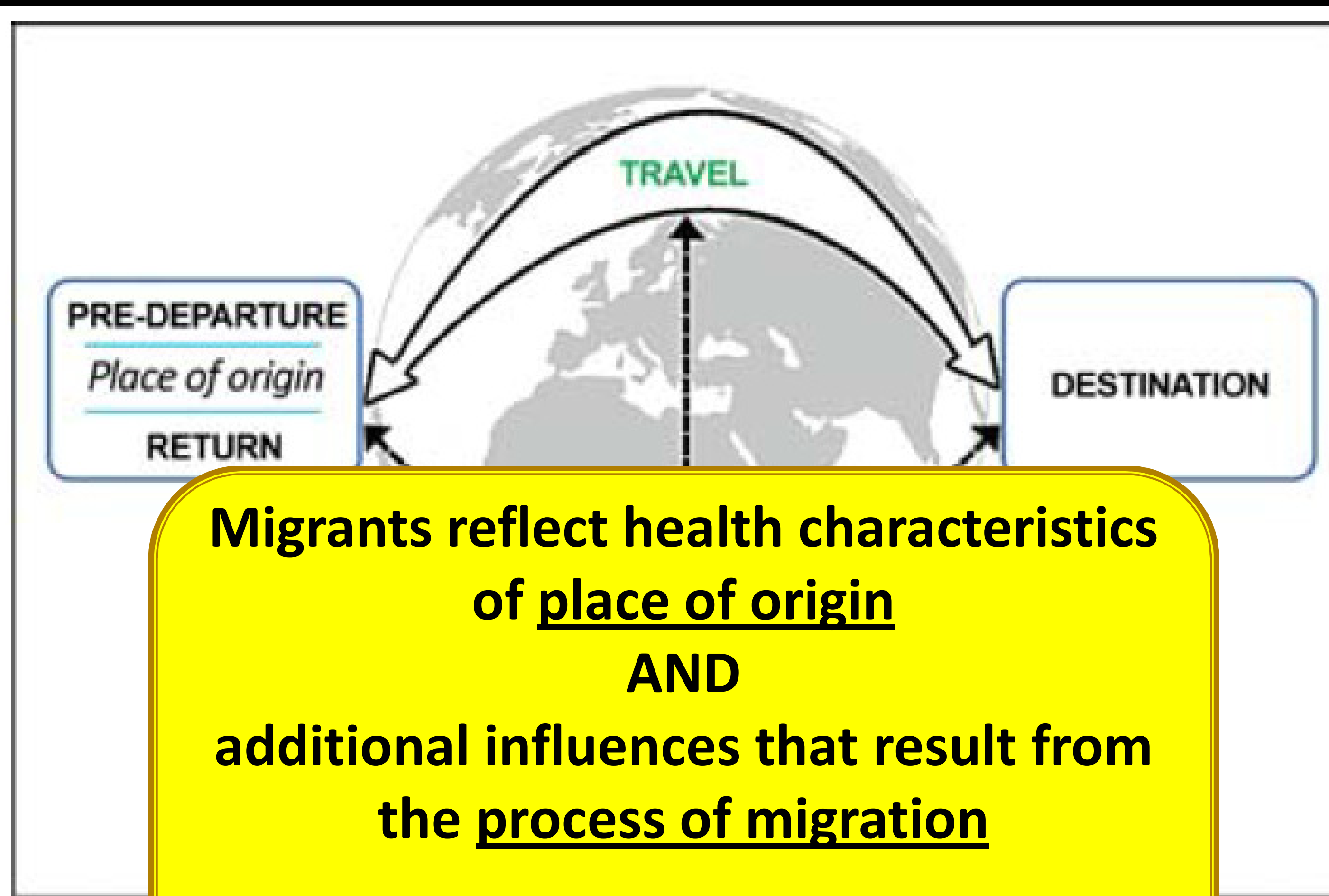
2. There are linkages between migration and health in South(ern) Africa.



Migrants reflect health characteristics of place of origin

AND

additional influences that result from the process of migration

Gushulak & McPherson, 2006

Figure 1. Migration phases framework.

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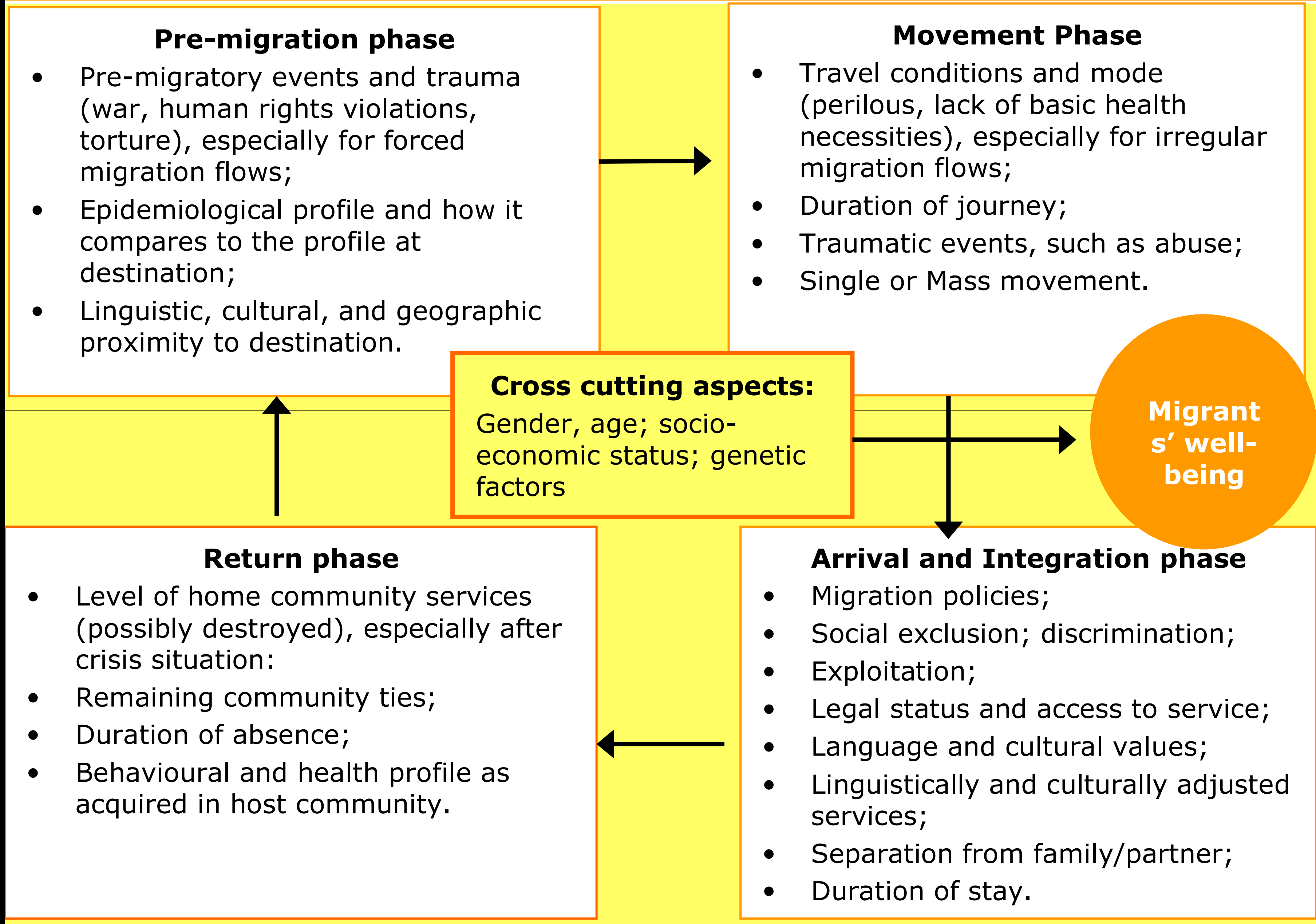


Figure 1: Factors that can affect the well being of migrants during the migration process (IOM, 2008)
Pre-migration phase
Pre-migratory events and trauma (war, human rights violations, torture), especially for forced migration flows;
Epidemiological profile and how it compares to the profile at destination;
Linguistic, cultural, and geographic proximity to destination.
Movement Phase
Travel conditions and mode (perilous, lack of basic health necessities), especially for irregular migration flows;
Duration of journey;
Traumatic events, such as abuse;
Single or Mass movement.
Cross cutting aspects:
Gender, age; socio-economic status; genetic factors
Migrants' well-being
Return phase
Level of home community services (possibly destroyed), especially after crisis situation:
Remaining community ties;
Duration of absence;
Behavioural and health profile as acquired in host community.
Arrival and Integration phase
Migration policies;
Social exclusion; discrimination;
Exploitation;
Legal status and access to service;
Language and cultural values;
Linguistically and culturally adjusted services;
Separation from family/partner;
Duration of stay.

Protective policy

The right to health: internal and cross-border migrants

- South African Constitution and The Bill of Rights;
- Refugee Act (1998);
- National Strategic Plan for HIV, STIs and TB (2012 - 2016);
- National Department of Health (NDOH) Memo (2006);
- NDOH Directive (September 2007); and
- Gauteng DOH Letter (April 2008).

NDOH Directive (September 2007): refugees and asylum seekers *with or without* a permit

RIGHTS AND OBLIGATIONS OF REFUGEES (Protection and general rights of refugees)
27. A refugee-
(g) Is entitled to the same basic health services and basic primary education which the inhabitants of the Republic receive from time to time.

1. **Where refugee status have been determined or asylum seekers with or without a permit:**

1.1. Basic Health Care:

1.1.1 Refugees / asylum seekers **with or without a** permit that do access public health care shall be assessed according to the current MEANS test. (as specified in the Annexure H).

1

1.2. Anti-retroviral treatment (ART)

1.2.1 Refugees / asylum seekers **with or without a** permit that do access public health care, shall be exempted from paying for ART services irrespective of the site or level of institution where these services are rendered. ***(Please refer to the ART directive: BI/429/ART dated the 20th April 2007).***

3. A “key populations” approach to migration, HIV and TB has (unintended) negative consequences.

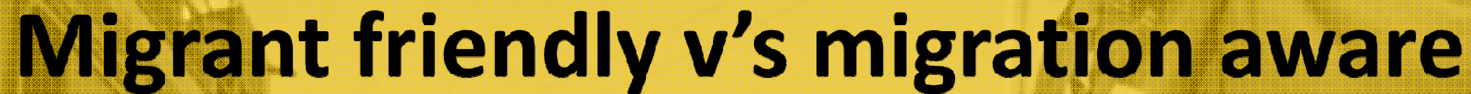
Challenges of a key population approach to migration, HIV and TB.

- **Migrant friendly approach:**
    - Individual focus (v's population focus)
    - Facility-level responses (v's health system responses)
    - Emphasis on language and translation; cultural competency
    - Exceptionalise: focus on non-nationals

- **"Right to health" focus**
    - Migrants perceived as sick, a burden on services, and in a larger number than they are

- **Limited (no) systems response**
    - Client mobility within the health system is not addressed

4. There is a need for “migration aware” health systems responses that embed migration as a key social process in southern Africa.



Migrant friendly v's migration aware

Migrant friendly

- "Right to health"
- Limited systems response
- Cross-border/non-national focus: an assumed homogenous group
- Exceptionalises
- Individual level focus

Migration aware

- Mobility-sensitive
- Heterogeneity of migrant populations: considers internal movement
- Spaces of vulnerability
- Systems response
- Spatially sensitive
- "Health for all"
- Public health approach
- Regionally-aware

Key messages

- Migration is a **global reality** (and a fact of life)
- Migration involves the **movement of people within a country** and, **to a lesser extent, the movement of people across borders**.
- It is the **conditions** associated with migration that affect vulnerability to HIV and TB, not being a migrant per se.
- Engaging with migration will **strengthen health responses**
  - Healthcare planning
  - Continuum of care and referrals
- **Failure to do so** will
  - Create marginalised groups
  - Infringe migrants rights
  - Result in poor public practice
- Effectively implementing **existing legislation** relating to the right to health for migrant groups will **improve health for all**.

The need for a coordinated regional response to HIV and TB among migrant and mobile populations in the SADC region

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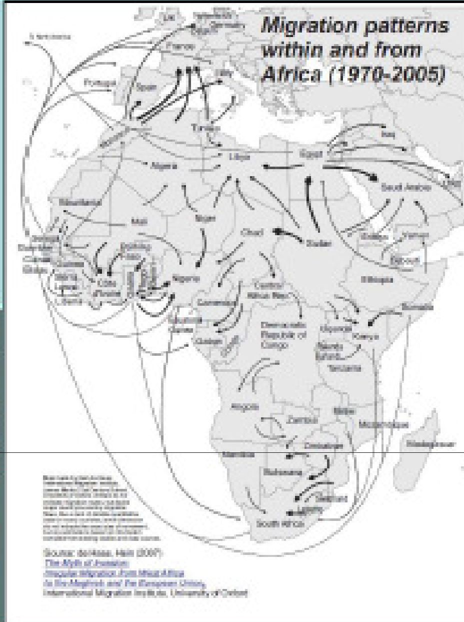
A. Background

- The Southern African Development Community (SADC) is associated with the highest prevalence of HIV and TB globally.
- Effective management is complicated by high levels of diverse internal and cross-border population movements which are associated with challenges in access to public health care, including continuity of treatment for chronic diseases.
- These challenges are contributing to the spread of HIV and TB, affecting patient follow-up, and facilitating treatment resistance.
- In 2009, SADC drafted a framework for regional responses to population mobility and communicable diseases. This has not been adopted by Member States (MS), and responses to ensure treatment continuity within and between MS are lacking.



B. Methods

- A review of policy processes, policy outcomes and non-governmental initiatives relating to migration and communicable diseases within SADC was undertaken and supplemented by interviews with key stakeholders.

C. Findings

- Whilst various policy processes relating to migration and communicable diseases have been identified at the regional and national levels, implementable policy outcomes are lacking and programmatic responses are limited.
- Due to the different challenges faced by MS, harmonisation of treatment guidelines has not been possible and health systems are struggling to respond to treatment continuity for migrant groups.

SADC is made up of diverse member states with differing budgets available to address HIV, TB and mobility, presenting challenges to the development of a coordinated regional response.

E. Conclusion

- Health systems in SADC experience challenges in responding to migration and treatment continuity for HIV and TB; and a coordinated regional strategy and inter-governmental cooperation is urgently required.
- This involves regional initiatives that guarantee proper access and continuity of treatment, reducing treatment resistance, and possibly decreasing loss to follow-up.
- Recommendations include:
  - (1) harmonisation of clinical guidelines – including treatment protocols that follow the same regimen and are of fixed dose;
  - (2) development of a unique patient identifier for HIV and TB for the region;
  - (3) a flexible model of care that can respond to mobility; and,
  - (4) improving the referral system for internal and cross-border migrants.

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