



Statement from the Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka, as the Host of the 2nd Global Consultation on Migration Health

Read by: Dr. P. G. Mahipala, the Director General of Health Services, Sri Lanka

Hon Thalatha Athukorale, Minister of Foreign Employment, Your excellencies, Excellency William Lacy Swing the Director General of IOM, Excellency Ravinatha Ariyasinghe Permanent Representative of Sri Lanka to the UN in Geneva , Senior officials of the Government of Sri Lanka, Distinguished delegates from the Colombo Process member states,

Thank you Madam Chair, for the opportunity given to the Ministry of Health in Sri Lanka to make this intervention on the Health of labor migrants. We appreciate the recognition made by you on the need to collectively play a more active role in ensuring the protection and welfare of labor migrants and their families, whilst contributing to long term economic growth and development in our countries.

According to the global statistics, the number of people who migrated across international borders increased by 41 percent in the last 15 years to reach 244 million in 2015, of which, 150 million was international labor migrants. The agenda for Sustainable development identifies the need for countries to leave no one behind and universal access to health that includes health of labor migrants should be an important concern of both labor sending and receiving countries. Migrants are vulnerable and their health pose risks to themselves and to the host countries. This vulnerability increases due to the fact that around 48% of them are women and majority are employed in unskilled or informal sectors (International Labor Organization, 2016).

Last year, 263,307 Sri Lankans left the country as labor migrants, of which, as in the global statistics, more than 50% was for employment in unskilled and informal sectors. In the year 2015, the Sri Lankan Foreign Employment Bureau received around 8,000 complaints from the labor migrants, with around 30% directly related to negative health consequences such as injuries, illnesses and abuse. Of the reported deaths, around 30% were due to accidents including road traffic accidents, reflecting the extent of unsafe physical environments they are exposed to and their inadequate skills in preventing such injuries. 10% of the reported deaths were due to suicides, an indicator of the extent of mental and social issues they are vulnerable to and their inadequate coping skills. Compensations paid for the total complaints was around 160 million rupees in 2015. In Sri Lanka a study conducted in 2011 on left behind families of labor migrants revealed that children were affected with malnutrition and psycho social issues when compared to children of non migrant families. One in four of them were undernourished (25.4%) and the prevalence of overweight was 5 times higher (3.4% vs. 0.7%). The risk for emotional disorders was doubled when compared to non-migrants, whereas the risk for behavioral disorders was increased by 9 times. The risk of diagnosis of psychiatric disorders among members of families left-

behind were 11.8%, a rate three times higher than the non-migrant families'. These findings indicate a hidden cost to society although labor migration is economically advantageous to our countries.

Your Excellencies, labor migrants need to be healthy. Pre-departure Health Assessments are conducted to ensure a healthy labor migrant. We have observed that pre departure health assessments can be improved to ensure less deportations. A study was conducted with the support of International Organization for Migration on Health Assessment services provided in four countries, namely, Nepal, the Philippines, Bangladesh and Sri Lanka. The study highlighted that there is scope for further improvement of health assessment services that are conducted by different providers. A summary of preliminary findings have been provided to you. There is a place for governments to ensure standards that are sometimes not stipulated by the receiving country as these would have a direct effect on their fitness to work. The Government of Sri Lanka has understood the importance of ensuring such standards, which is also highlighted in the National Migration Health Policy of Sri Lanka.

Madam Chair, your Excellencies, we must mention that Health is a changing phenomenon. Even though pre departure Health assessments are done it does not imply that labor migrants would remain healthy. This makes it important to empower our labor migrants with skills to change behaviors for a healthier lifestyle, and make them less vulnerable to ill health. Changing health status also calls for improving health access on the part of receiving countries. We all know our regions are facing a double burden of disease. Whilst communicable diseases are the major concern in the pre-departure Health Assessment, labor migrants are susceptible to develop non communicable diseases such as diabetes, hypertension during their period in employment, even if they were not found to have these prior to departure. These may be the very reasons for poor work performance and poor employer employee relationship. We all know that such non communicable diseases should not be barriers to work as they can be easily managed with primary care treatment. Improvement of access to basic primary health care in the receiving countries is important. Universal health coverage is the key strategy mentioned in the Health goal in the SDGs, which is Goal 3. As we note that there are 150 million labor migrants, providing them with health access in the receiving country is an important requirement. The Colombo Process dialogue can be productively used to identify means of improving health access.

Madam Chair, We acknowledge the recognition made on health of labor migrants at the 3rd Senior Officials meeting of the Colombo Process held in November 2015, and the recommendations referred to in the report that mentions health be considered in the five thematic areas of the Colombo Process. Let me emphasize again that the Health of a person is a changing situation to which many external factors in the host country too will pose challenges. Whilst a healthy migrant will contribute to a more efficient and productive labor force, being healthy is the net result of positive health behaviors of the migrant as well as the availability of health services that can be accessed by them to maintain good health. There are many opportunities within the identified Five Key thematic areas of the Colombo Process to address some of the health issues. These are recognizing skills for positive health as a pre-qualification for employment, streamlining pre-departure health assessments and ensuring access to health services under ethical recruitment and inclusion of orientation towards maintaining good health in pre-departure orientation and empowerment are some such interventions. However, there are many other

health issues that may not come under the exact definition of existing thematic areas such as reducing hidden costs due to social and health issues and reducing health risks of families left behind. Thus, a 6th thematic area addressing those would be appropriate. The analysis is further elaborated in the technical brief provided.

Your Excellencies, In recognition of the need to address health of migrants which include labor migrants, Sri Lanka developed its National Migration health policy adopting an evidence based approach, through the participation of all relevant stakeholders and the technical assistance of International Organization for Migration. The policy was approved by the cabinet of Ministers in end 2013. Since then we have prioritized to implement policy in the areas of standardizing pre-departure health assessments, developing mechanisms to introduce health assessments to resident visa applicants including those coming for employment to our country and providing them with health access, developing a coordinated care plan for families to be left behind in consultation with key stakeholders, improving health aspects for skill development within pre-departure orientations, strengthening the countries border health strategy and improving health access within the existing health system to returning migrants. Here, we acknowledge the excellent partnership and the financial assistance given by the International Organization for Migration throughout the migration health programme development in the country. Ambassador Swing we thank you for the continuous and progressive support extended to Sri Lanka in this endeavor. The Ministry of Health in Sri Lanka recognized that Health of Migrants including labor migrants is a subject beyond the scope of the Health sector alone. This recognition has resulted in a steady partnership with key sectors in Government as we need the understanding of multi sectors to implement different programs and activities to reach positive health outcomes. I once again reiterate that interventions are at most times beyond the health sector alone. The participation today of agencies other than health engaged in labor migration is therefore important. Our experience is that, it will be of prime concern of other sectors addressing labor migration to also incorporate action for health improvement.

Sri Lanka recognizes the need for international dialogue both with labor sending and receiving countries to influence policy decisions that will provide better health access and greater empowerment for health. Madam Chair, we take this opportunity to announce the second Global Consultation for Health of Migrants, to be hosted by the Government of Sri Lanka with the partnership of the International Organization for Migration and the World Health Organization and invite the countries of the Colombo Process to be part of this important dialogue.

Today we have put forward an important concern which I am sure will be considered in the future of the proceedings of the Colombo Process and will no doubt be critical to sustainable development both in labor sending and receiving countries.

Thank your Madam Chair and your Excellencies.

