

COUNTRY REPORT CARD

ON “HEALTH OF MIGRANTS” RESOLUTION

Progress made and challenges faced by the Government of Sri Lanka on advancing the resolution on “Health of Migrants”, adopted on 25th January 2008 at the 122nd session of the World Health Assembly



Since the WHA resolution was passed, the Government of Sri Lanka has progressed rapidly in developing a *National Agenda on the Health of Migrants*, spearheaded by the Ministry of Health. The Presidential manifesto, the “Mahinda Chintanya” also makes specific commitments to the health and social protection of migrants and their families. Recognizing that migration health has multi-sectoral determinants and impacts, an Inter-Ministerial ‘whole of Government approach’ involving 12 key Government Ministries has been adopted to advance Sri Lanka’s Migration Health Agenda. A technical working group which regularly meets as a **Migration Health Taskforce (MHT)**, and a high level **National steering committee on Migration Health (NSC)** chaired by the Secretary of Health to make policy and program decisions have been developed. A permanent secretariat has been established within the Ministry of Health with the support of the International Organization for Migration (IOM) to act as the coordinating hub. Through these coordinating frameworks, the Government of Sri Lanka has also proactively responded to the emerging migration health related challenges the nation faces. For instance, the Ministry of Health, Ministry of Defense, Ministry of External Affairs and Government Administrators is leading a health program on returning refugees from India, and with the Immigration Controller General looking at a establishing Visa Health Unit. After a series of technical reports to further advance an *evidenced based* agenda, a high-level decision was taken that Sri Lanka develops a **“National Migration Health Policy”** within a whole-of-government approach. A commitment was taken that this National policy and concomitant programs would not be limited to only Labour migration, but also address the health issues of **outbound, inbound** and **internal** migration, and focus on health impacts through the migration cycle (pre-departure, travel, at destination and upon return). The health and social impacts of migration on the *‘families left behind’*, will also be taken into consideration via policy and practice frameworks. The Ministry of Health with the support of the IOM has also commissioned a **National Research Study on Migration Health**, to gather an evidence-base for policy formulation, and has also been active in regional forums (e.g. *Colombo Process*) and Global forums (e.g. *Global forum on Migration and Development*) in advancing Sri Lanka’s agenda on migration, health and development.

The following table describes Sri Lanka’s progress on the WHA resolution on Health of Migrants:

<i>References in WHA resolution which calls upon the member states to:</i>	<i>Action taken to implement within Sri Lanka</i>	<i>Remarks, successes and constraints</i>
1. “Promote migrant-sensitive health policies”	Migration Health Policy development process was launched in 2009.	This process launched in an inter-ministerial, whole of government, comprehensive and evidence based approach.
	Identified and designated a focal entity for migration health	The Policy Unit of the Ministry of Health was identified as the focal point within the Ministry of Health, and is sufficiently well placed to coordinate with all other technical experts within and outside the Ministry.
	An inter-ministerial/ inter agency	A Migration health secretariat is established within the

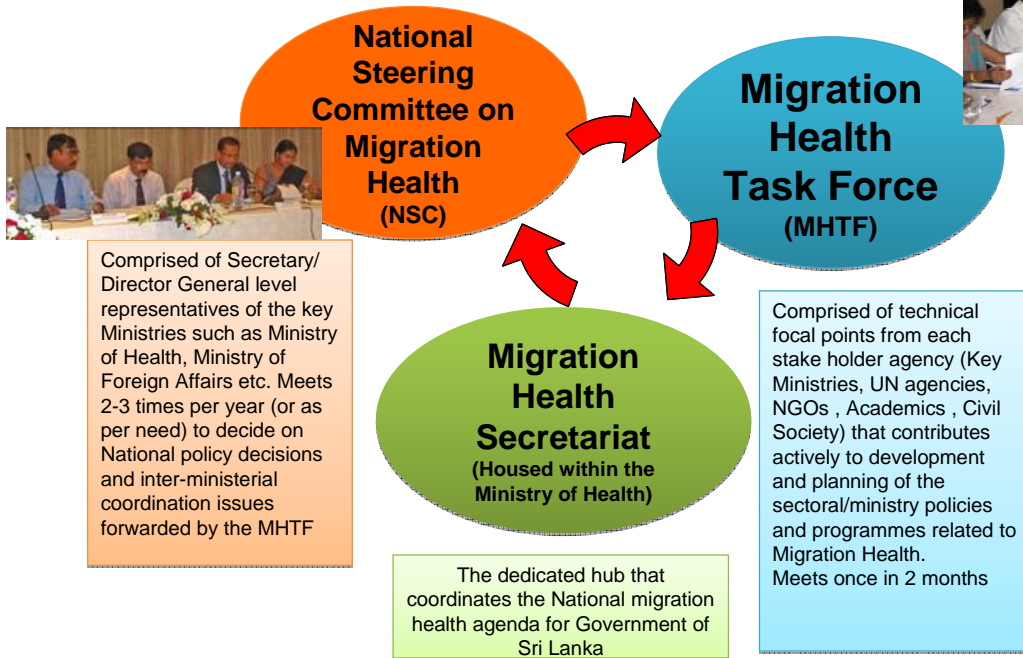
	coordination framework was established	<p>Ministry of Health to function as the permanent coordinating hub to facilitate the inter agency coordination on migration health</p> <p>Migration Health Task Force was appointed and it comprised of technical focal points from each key agency that contributes actively to migration health development programme.</p> <p>National Steering Committee – is the highest level decision making body comprised of Secretaries and the Director Generals of the key ministries involved in migration health development</p> <p>Technical briefs are prepared for the meetings by the migration health secretariat. Special expert subcommittees are appointed by the Additional Secretary Health or directly by the Secretary Health whenever it is required. The recommendations are discussed by the National Task Force and policy decisions are made at the National Steering Committee level.</p>
<p>2. <i>“Promote equitable access to health promotion and care for migrants, subject to national laws and practices, and devise mechanisms for enhancing the health of migrants”</i></p>	Health Service Provision for the returning Sri Lankan refugees	<p>Returning Sri Lankan refugees from India have been identified as a vulnerable in-bound migrant group (along with failed asylum seekers), and measures have being taken to integrate the refugees with the routine health system.</p> <p>A special sub-committee was appointed at the central level with experts from different health specialties and also the Ministry of foreign affairs. . After an intensive period of consultation, an Action plan was catalyzed into action by the Ministry of Health, Ministry of Defense and Government Agents across 5 refugee-resettling districts in the North. The Health administration military and other local Government administrators were sensitized to ensure registration and health assessment of the returning refugees. Health information dissemination will also be done in India before departure.</p>
	Enhance the existing health modules at the Sri Lanka Bureau of Foreign Employment (SLBFE) Pre-departure training programmes for Labour migrants.	The pre-departure training of both male and female labour migrants need to be improved. Currently these only focus on female domestic labour migrants, and are limited to only a few disease conditions. The health training module needs to be improved to address wide range of health issues linked with whole migration cycle and typology of work. Ministry of Foreign Employment, Promotion and Welfare is also committed for health promotion and health education for potential labour migrants at district level.
<p>3. <i>“Assess and analyze trends in migrants’ health, disaggregating health</i></p>	Existing gaps in policies, laws and practices were identified through a ‘Rapid Situation Analysis’ (RSA) before initiating the policy process.	The RSA review has paved way for greater understanding on health issues and policy dialogue. A migration health issues data-base was developed following examination of Immigration and emigration statistics, extensive literature search and key informant

information by relevant categories”		interviews. Migration patterns were identified and it is projected that Sri Lanka will not only increase its labour outflow, but also become a labour receiving country. With a post-war development boom, the Board of Investment and state sector development projects throughout the country are set to expand and increase in-bound migration flows.
	A national census will be conducted in 2011	Two questions relevant to migration will be included in the next National census, which will result in mapping of in-migration and out-migration patterns.
4. “Better identify the gaps in service delivery in order to improve the health of all populations, including migrants”	Commissioning of the <i>Sri Lanka National Research study on Health of Migrants</i>	A scientific research study on health issues pertaining to all migrant flows (outbound, inbound, internal and of the <i>families left behind</i>) was commissioned with the support of IOM. The research questions and scope was designed after extensive consultations with the key stakeholders. The studies are already underway and are being conducted by independent research institutes.
5. “Gather, document and share information and best practices for meeting migrants’ health needs in countries of origin or return, transit and destination”	Promoting the migration health agenda via regional and global exchanges	Members of the Migration Health Task Force participated in regional and global forums on migration health (i.e., Regional Dialogue on the Health Challenges for Asian Migrant Workers, July 2010, Preparatory meeting for Global Forum on Migration Management, September 2010, Global Forum on Migration and Development –November 2010, 4 th Colombo Process Meeting – April 2011). Sri Lanka has taken a lead role in advocating for consolidated approaches in migration health issues, since public health impacts in terms of disease threats, primary health care access, and costs to health care system resulting from migrant flows are common concerns for both labour sending and receiving countries.
	Conduct an Inter-Ministerial policy forum	The evidence harnessed from <i>Sri Lanka’s National Research study on Health of Migrants</i> will be channeled through inter-agency debate/discussion via a National policy forum with wider stakeholder participation. Policy formulation and frameworks will be built on this evidence base.
6. “Raise health service providers’ and professionals’ cultural and gender sensitivity to migrants’ health issues”	Raise awareness and stimulating organizational and academic research in linking migration health and development	Advocacy is a part of the policy process. To enhance both the advocacy and research agenda surrounding human mobility, health and development, we engage with key public health sessions at national, regional and international public health conferences (i.e., academic sessions on Health and Migration were presented at the 10th International Epidemiological Association Conference, Asia Pacific Academic Consortium Public Health and Asian Action Alliance on Human resources for health Conference. Whilst dealing with some urgent issues that have arisen we find that it is easier to address them jointly because

		of the ongoing policy process. Currently advocacy is to address these urgent issues.
	The policy dialogue will identify service areas where other Ministries will require inclusion of selected activities into their strategic and operational plans	The National Steering Committee has met regularly and several inter-ministerial issues have been taken up and interventions are being planned and some have already been implemented.
	Currently the Sri Lanka Foreign Employment Bureau conducts pre departure training for female migrant workers. Selected topics on health were included to the program from 2007.	The policy dialogue has had such benefits where we are now responding to certain needs. Based on the findings of the research study (which will be available by August 2011) the Government will be in a better position to address training needs
7. “Train health professionals to deal with the health issues associated with population movements”	Sensitization of the health and social services workforce	Local health workforce is to be sensitized on identifying vulnerable migrant groups (i.e. trafficked victims, returning refugees) and integrating them with routine health (i.e. primary healthcare system) and social support services at district level
8. “Promote bilateral and multilateral cooperation on migrants’ health among countries involved in the whole migratory process”	Bilateral and multilateral corporation was stimulated through the Ministry of External Affairs, consular missions and other relevant ministries.	Sri Lanka’s participation in Ministerial Forums such as the Colombo process in July 2011 have been important in advancing the migration health agenda. Ministry of Foreign Employment, Promotion and Welfare also advocated for minimum standards in wages and other protections for Sri Lanka’s labour migrants.
9. “Promote strengthening of health systems in developing countries”	Sri Lanka is currently giving emphasis to strengthen the primary level health services. We are cognizant of the need to encourage health access for family members of migrants who are <i>left behind</i> . A health record for primary care has been designed which will be given to all citizens, beginning with those above 35 yrs. A similar system can be adopted by the private sector.	A pilot study is to be implemented from this year in selected districts, where the Ministry of Health will explore further on how this capacity building can be done within health system. The health ministry intends to share clinical guidelines and health records with the private sector to ensure continuity of care.
10. “Contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems”	Development of a Strategic Plan for the Human Resource for Health Establishment of the Foreign Placement Coordinating Center (FPCC) with the Ministry of Health	



Inter-Ministerial & Inter-Agency Coordination Framework for Migration Health Development in Sri Lanka



For more information contact:

Migration Health Secretariat (MHS)

Ministry of Health

Colombo 10

Sri Lanka

e-mail: mhdsec@gmail.com

The MHS is supported with technical and financial contributions from the International Organization for Migration (IOM)