“PROMOTING MIGRANT-SENSITIVE HEALTH POLICIES AND PROGRAMS: LESSONS FROM INDIA”

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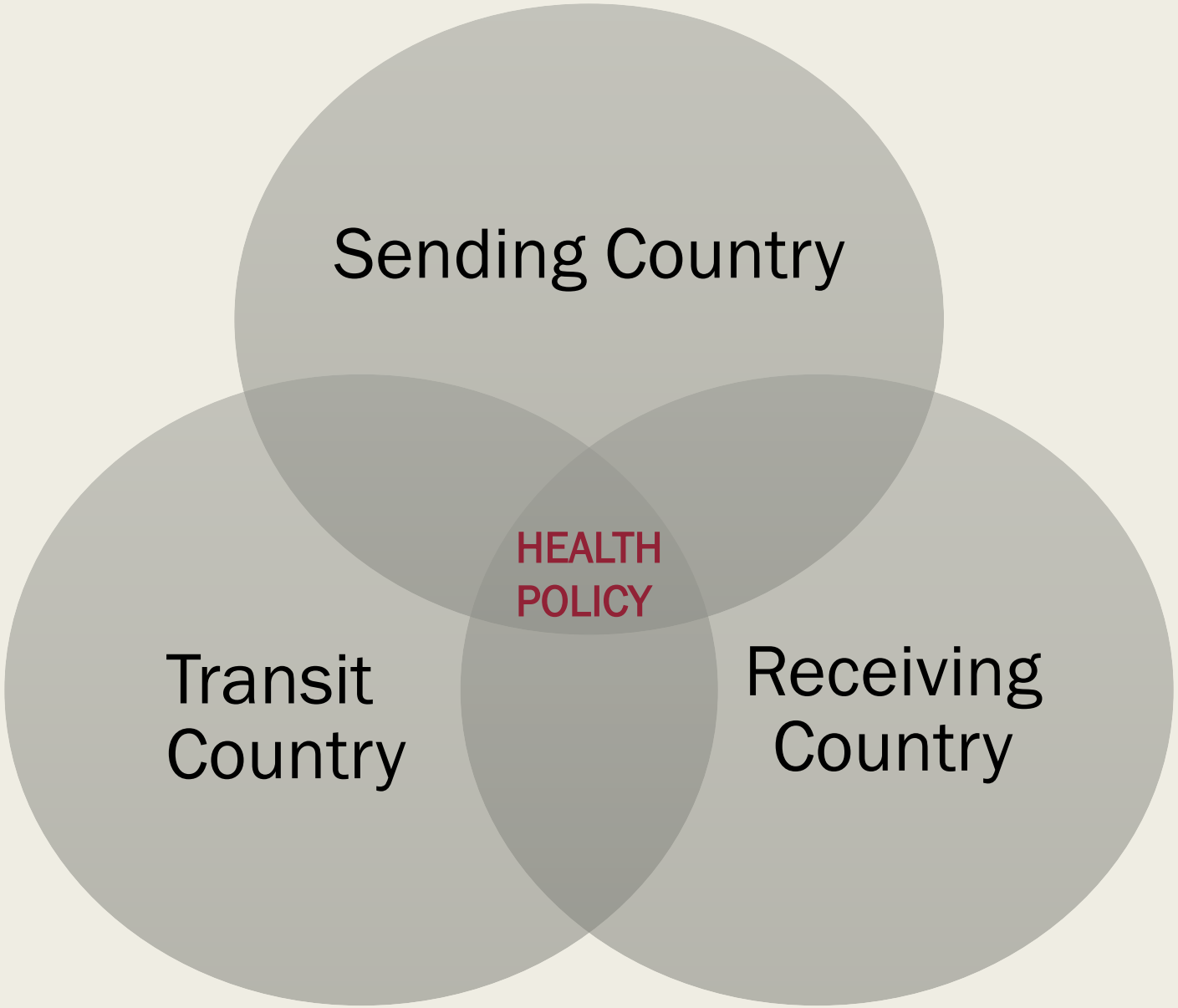
- Migration and Health, twin pillars identified in 2015 UN Sustainable Development Goals
- India has the largest population of people living abroad (UN Migration Report 2015) The Gulf is home to over 8 million Indian migrants, Saudi and UAE account for over half of the total Indian migrant stock in the region. The total Indian emigrants is estimated at 16 million.
- Gulf States receive the highest share of migrants from India (between 6-9 million), and this trend has been stable over the last few decades.
- With respect to state-wise share in Gulf Migration, Kerala has consistently ranked among the top sending states.

Whose Responsibility?



Multi-tiered Health Services across the Migration Cycle

- Pre-departure: Pre Departure Health Assessments, Health Awareness Campaigns (risks, health services, work and living conditions, Sexual and reproductive health, social security provisions)
- Travel/Transit: Push for safe, legal, orderly migration flows. modes of transport, border crossing as well as place of transit can have deleterious effect on health outcomes.
- Migration Phase: Embassy Open House, medical camps, house shelters, Indian Community Welfare Fund (ICWF), Indian Workers Resource Centre (Dubai), harnessing remittances for healthcare development
- Return and Repatriation : Rescue of stranded migrants (Kuwait War, Saudi, Iran, Yemen, Libya), Migrant knowledge transfers (Brain Gain)

India’s Interventions for Migrant Health

- Pravasi Bharatiya Bima Yojna (PBBY) Insurance Scheme
- Mahatma Gandhi Pravasi Suraksha Yojana (MGPSY) Insurance Scheme for ECR countries: about five million workers covered with health benefit
- Indian Community Welfare Fund, Overseas Worker Resource Centre, Migrant Resource Centre, Indian Worker Resource Centre, Protector of Emigrant offices
- Regulation of Irregular Migration, particularly to West Asia and other ECR Countries
- Kerala- NORKA pre-departure training, Insurance scheme for migrants and migrant families with particular attention to women, training of healthcare professionals to respond to needs of internal migrants and international migrants, rolling-out ‘AWAS’ insurance and registration service to extend coverage and support to internal migrants.

Implications of India-Gulf Migration

- Gulf states reliant on migrant healthcare professionals, 75% of physicians and 79% of nurses are non- national (Aspen Institute)
- High Cost and Compulsory Health Insurance
- Intersection of Health and Legal Status: Fear of Detection & Deportation
- Occupational risks, non-payment of wages, no medical leave, lack of training/ safety equipment, high heat- risk of sun stroke and death (construction sites)
- Isolation and stress-related health hazards: drug abuse and alcoholism (in Gulf States eg: Saudi high costs), poor nutrition (suicides in Gulf due to mental health)
- Migrant Domestic Workers in the Gulf (many of them live-in) are particularly vulnerable to sexual and physical abuse.

Filling the Gaps: Migrant Health Provisioning

- Right to physical and mental wellbeing of migrants irrespective of their migration status
- Extended counseling and psychosocial services
- High cost of medical care and medical screening
- Healthcare accessibility for women and families left behind, particularly in rural areas
- Development of data collection, monitoring and surveillance mechanisms is needed to understand migrant health needs and influence migrant health policy
- Policy coordination across borders and across policy sectors
- Efforts to bolster Medical Tourism and specialized hospitals to global standards may mitigate the effects of brain drain of healthcare professionals