

Sri Lanka National Migration Health Policy

Final Draft

Ministry of Health

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EXECUTIVE SUMMARY

Migration is a significant feature of Sri Lankan society and economy in terms of the numbers involved and the beneficial contribution to the country.

Sri Lanka recognizes that access to health is a right and one that is critical for human development. Health is a vital asset for migrants and their families throughout the migration cycle. Thus the negative health outcomes of migration have an effect on the individual migrant, cause social and economic burden on sending and host communities and have repercussions for families left behind and the wider community.

The Sri Lanka National Migration Health Policy is developed by the Ministry of Health in recognition and promotion of the right to health for internal, in bound and out bound migrants and their families left behind in Sri Lanka. Identifying the multifaceted nature of migration health, the Ministry of Health adopted a multi-stakeholder and evidence based approach involving thirteen key government ministries with technical assistance from the International Organization for Migration (IOM) in developing the National Migration Health Policy.

The National Migration Health Policy stems from Sri Lanka's overall vision for the protection of rights of all migrant populations, as part of the country's vision for development. With the acceptance of this National Migration Health Policy, Sri Lanka aims at placing the migrant health agenda within its national health policies and health care system comprising public and private health service providers.

The conceptualization of the National Migration Health Policy as the key policy document that sets out the country's commitment to migration health stems from the above understanding. The key line Ministry, the Ministry of Health, based its approach to policy making on the analysis of the current trends and changes in migration related sectors such as labour migration, permanent migration, student migration, irregular migration and tourism. This evidence based approach provides an insight into Sri Lanka's international and national migration dynamics using empirical evidence and statistical data.

The National Migration Health Policy recognizes the needs of out bound, internal and in bound migrant populations and includes policy responses and a detailed action plan of strategies and actions to address these needs.

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BACKGROUND

The Sri Lanka National Migration Health Policy is developed by the Ministry of Health in recognition and promotion of the right to health for internal, in bound and out bound migrants and their families left behind in Sri Lanka. Identifying the multifaceted nature of migrant health, the Ministry of Health adopted a multi-stakeholder and evidence based approach involving thirteen key government ministries with technical assistance from the International Organization for Migration (IOM) in developing the National Migration Health Policy.

The National Migration Health Policy stems from Sri Lanka's overall vision for the protection of rights of all migrant populations, as part of the country's vision for development, and the World Health Assembly Resolution on "Health of Migrants" adopted in 2008.

Migration is a significant feature of Sri Lankan society and economy in terms of the numbers involved and the beneficial contribution to the country.

Sri Lanka recognizes that access to health is a right and one that is critical for human development. Health is a vital asset for migrants and their families throughout the migration cycle. Thus the negative health outcomes of migration have an effect on the individual migrant, cause social and economic burden on sending and host communities and have repercussions for families left behind and the wider community.

The 61st World Health Assembly called upon member states to "promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants."

In 2009 the *Global Consultation on Migration Health Development* identified four guiding principles to inform countries on migration health and development through a public health approach. These principles aimed to establish migrant sensitive health policies and practices. Member States were urged to promote migrant health in collaboration with other relevant organizations; encourage interregional and international cooperation; and establish monitoring of migrant health and promote the exchange of information and dialogue among Member States, with particular attention to the strengthening of health systems.

Nationally, Sri Lanka's endorsement of the *United Nations Convention on the Protection of the Rights of all Migrant Workers and Members of Their Families* reinforces its commitment to the protection of the human rights of migrants. In 2009 Sri Lanka adopted the *National Labour Migration Policy* which spells out non-binding principles and guidelines for a rights based approach to labour migration. The *National Labour Migration Policy* commits to the governance, protection and empowerment and

development of migrant workers. However, in terms of health, the policy was limited to addressing HIV and Reproductive Health.

The *Colombo Process*¹ and the *Abu Dhabi Process*² are two forums facilitated by the International Organization for Migration (IOM) that bring together receiving and sending countries with common objectives on policy and cooperation surrounding labour migration, and take the migration health and development agenda forward.

The Regional *Dialogue on Addressing the Health Challenges of Asian Migrant Workers* held in 2012 facilitated by the IOM brought together health, foreign affairs, immigration and labour officials of the *Colombo Process* countries and set out commitments to be adopted at country, regional and international level to address the health impacts on labour migration. This multi stakeholder dialogue provided an opportunity for diverse stakeholders from South and South East Asian countries including Sri Lanka to raise and address pertinent issues related to labour migration and its health challenges.

“Health is to be brought within reach of everyone in a given country. And by ‘health’ is meant a personal state of well-being, not just the availability of health services, a state of health that enables a person to lead a socially and economically productive life.”

**Halfadn Mahler
Director-General, World
Health Organization - in
defining “Health for All” in
1981.**

In 2010, at the *Asia-Pacific Preparatory Meeting for the Global Forum on Migration and Development*, participants called for improved migrant health services including the development of guidelines and minimum standards to facilitate provision of health services such as health financial schemes, social protection in health and mandatory health insurance.

In April 2011, during the *Colombo Process Fourth Ministerial Consultation*, eleven labour sending countries, including Sri Lanka, adopted the *Dhaka Declaration* which includes the recommendation to promote migrant-inclusive health policies to ensure equitable access to health care and services as well as occupational safety and health for migrant workers.

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With the acceptance of this National Migration Health Policy Sri Lanka aims at placing the migrant health agenda within its national health policies and health care system comprising public and private health service providers.

¹ The Regional Consultation of Labour Sending Countries

² The Regional Consultation of the Labour Receiving Countries

Sri Lanka recognizes the need for a multi sector dialogue, policy coherence, and financial investment towards the promotion of migrant health to achieve greater equity in health for migrants.

Sri Lanka places importance on access to essential preventive and public health services for all migrants, regardless of status or origin. Sri Lanka further commits to ensuring that health professionals, who interact with migrants in-country and in countries that absorb migrants, are better prepared and trained to identify, treat and manage migrant health issues.

The conceptualization of the National Migration Health Policy as the key policy document that sets out the country's commitment to migration health stems from the above understanding. The key line Ministry, the Ministry of Health, based its approach to policy making on the analysis of the current trends and changes in migration related sectors such as labour migration, permanent migration, student migration, irregular migration and tourism. This evidence based approach provides an insight into Sri Lanka's international and national migration dynamics using empirical evidence and statistical data.

National Policy Statement on Migration Health

Preamble

Committing to the international principles of ensuring fair access to health services for all men and women migrants, accepting that health issues cut across the entire migration process in countries of origin, transit, destination and return, and accepting that improving migrants' access to health care and promoting their well being contribute to creating prosperous, productive and healthy environments; Sri Lanka recognizes the movement of women and men to, within and from Sri Lanka and commits to safeguarding the right to health for all migrants in all stages of the migration process.

Scope of the Policy

The Sri Lanka National Migration Health Policy aims to engage all relevant sectors and agencies that are responsible to ensure the health of migrants throughout the migration cycle. Sri Lanka has recognized that out bound, internal and in bound migrants and the families left behind by out bound migrants as the key groups considered in this policy.

Therefore,

The State shall recognize that securing the health of migrants is a critical public health challenge that needs to be addressed by all sectors of society; Government, private sector and civil society.

The State shall ensure mechanisms, infrastructure and political will enable all such sectors to protect, maintain and promote the health of migrants as well as the public health of the country now and in the future.

The State shall ensure that migrants and mobile populations benefit from an improved standard of physical, mental and social well-being, which enables them to substantially contribute towards the social and economic development of their home communities and host societies.

The State shall achieve such by ensuring the right to health of migrants, avoiding disparities in health status and morbidity among migrant populations, reducing excess mortality and morbidity among migrant populations and minimizing the negative health outcomes of migration.

Vision of the Policy

The Vision of the National Migration Health Policy is to safeguard the health of all categories of migrants throughout the migration cycle to contribute to the development goals of the country.

Mission of the Policy

The Mission of the National Migration Health Policy is to implement it through a coordinated multi-sectoral, multi-agency approach leading to the enhancement of the benefits of out bound, internal and in bound migration on the economy and society by promoting the beneficial aspects of migration and minimizing the negative health impacts, integrating migrant health care into development, public health care and social welfare goals of Sri Lanka, and working towards the realisation and protection of human rights in the process of migration.

Key results areas

1. Out Bound Migrants and Families of Out Bound Migrants Left Behind: Objectives and Key Strategies

Policy Objectives

- To ensure the health and social wellbeing of all men and women to engage in migration for decent and productive employment in conditions of freedom, equity, security and human dignity.
- To ensure the health and wellbeing of the families left behind.
- To ensure support and creation of an enabling environment for the migrants and their families through all phases of the migration cycle: pre-departure, during travel, at destination and upon return.

For the purposes of this Policy, out bound migrants from Sri Lanka will include, but not be limited to, migrant workers (professional, skilled, semi skilled and low skilled workers, members of the armed forces serving on peacekeeping missions and other areas, seafarers), students and those seeking asylum in other countries.

For the purposes of this Policy, families of out bound migrant populations left behind will be identified as a vulnerable group and within the mandate of this Policy.

Key Strategies

The State will through multi-sectoral engagement:

- Develop and implement a comprehensive and standardized Health Assessment for out bound migrant populations of Sri Lankan origin at the pre-departure stage that endorses the dignity and protection of these migrants. The Health Assessment for out bound Sri Lankan migrants at the pre-departure stage will provide continuity of care through access to the State health care system.
- Ensure health protection for Sri Lankan migrant workers by entering into bilateral agreements and memoranda of understanding with countries that employ Sri Lankan migrant workers.
- Facilitate widespread access to pre-departure health related information and promote informed choice amongst potential migrants through State and private sector networks.
- Offer voluntary Health Assessments for returnee migrants to be effectively reintegrated into the national primary health care system, which includes the State and private health care network.
- Adopt and implement a coordinated local response that will address mental and physical health services and social welfare support to migrant workers and families left behind by migrants.
- Develop and implement a coordinated plan to address the welfare needs of single parent families where the single parent migrates for employment.
- Develop and implement a coordinated Child Health Protection Plan, including nutrition programmes for vulnerable children of migrant workers, which feeds into Child Welfare and Protection Plans for vulnerable children of migrants implemented by other State institutions.
- Develop and implement a system of information generation and dissemination among migrants and their families left behind to raise awareness on special situations such as health emergencies and death of a migrant worker.

2. Internal Migrants: Objectives and Key Strategies

Policy Objective

- To ensure the health and well-being of internal migrants within the country's social protection and health systems that are responsive to the health needs of migrants.

For the purposes of this Policy, internal migrants will include labour migrants, students and internally displaced people. Labour migrants include, but are not limited to, women and men migrating to Export Processing Zones, seasonal agricultural workers, fisher folk, construction workers, professionals, including members of the armed forces and any other skilled, semi skilled or low skilled, and permanent or temporary labour migrants.

Key Strategies

The State will through multi-sectoral engagement:

- Set in place a National Programme that addresses specific nutritional issues and needs of vulnerable internal migrant populations.
- Improve access to primary occupational health care to all internal migrant populations, in partnership with private sector health service providers.
- Identify psychosocial and mental health needs of all migrant populations and improve access to health services through a National Programme.
- Ensure improved access to reproductive health information and services to all internal migrant populations.
- Improve accessibility to health information for internal migrant populations through special and strategic awareness raising programmes and develop the knowledge, attitudes and practices of health care providers through comprehensive basic and in-service training programmes.
- Set in place mechanisms that encourage primary health care access through the existing government primary health care units, private health care facilities, health facilities established for armed personnel, university students and public-private partnerships to support existing health care providers.

3. In Bound Migrants: Objectives and Key Strategies

Policy Objectives

- To ensure that the migration process does not endanger the health of the migrant or the host population.
- To identify and address conditions of public health concern in order to mitigate the impact of the migrants' disease burden on national health or social services.
- To promote Sri Lanka as a country with high health standards.

For the purposes of this Policy, in bound migrants will include, but not be limited to, overseas (or foreign) migrant workers (professional, skilled, semi skilled and low skilled workers), students and tourists. These migrants will be identified as valid visa holders (visit/entry visa or resident visas as defined by the laws applicable to immigration and emigration in Sri Lanka). The Policy also recognizes returning Sri Lankan refugees and failed asylum seekers of Sri Lankan origin.

Key Strategies

The State will through multi-sectoral engagement:

- Ensure health care access to in bound migrant populations including non-citizens employed in Sri Lanka without burdening the State sector health system and through public and private partnership.
- Set in place mechanisms to provide access to primary health care services, including occupational health and safety to all in bound migrant workers through fee levying services by the State sector health services and private sector health services.
- Strengthen and implement a systems for monitoring, assessment and surveillance of all in bound migrants prior to arrival or soon after arrival in the country to address diseases of public health concern to Sri Lanka. This shall include a formal Health Assessment for long stay visa applicants to Sri Lanka to ensure the protection of the health status of such visa holders and to identify and address conditions of public health concern in order to mitigate the impact of migrants' disease burden on national health and social services.

Policy Implementation: Key Strategies

- The implementation of the National Migration Health Policy will be led by the Ministry of Health.
- An Inter Ministerial Committee representing relevant Ministries and other stakeholders will be established to take forward the policy commitments pertaining to the health status of all categories of migrants in Sri Lanka.
- The Inter Ministerial Committee will be chaired by the Ministry of Health.
- The Inter Ministerial Committee will commit to guide, ensure effective implementation and to monitor the implementation of the National Migration Health Policy.
- The Inter Ministerial Committee will identify, as and when required, the need for legislative, regulatory and administrative reforms and set in place processes to meet such needs.
- The Inter Ministerial Committee will develop and ensure the implementation of national standards that prohibit discrimination within the health care system and include cultural and language sensitive health services for migrants and their families.
- The Inter Ministerial Committee shall initiate and guide research and data collection on migration.

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Annexes

Migration in Sri Lanka
National Commitment to Health of All Migrants

MIGRATION IN SRI LANKA

Migration dynamics in Sri Lanka are categorized into three typologies: out bound migrants, internal migrants and in bound migrants. A fourth dimension to these migrant categories is the families left behind by out bound migrants.

OUT BOUND MIGRANTS

Out bound migrants are defined as people who move out of a country's international borders to other destinations, temporarily for employment, education, or leisure. They fall into two categories: regular migrants and irregular migrants. Regular migration is voluntary travel with valid travel documents and is undertaken for employment, studies, permanent residence, or taking a vacation or to attend conferences. Irregular migration is travel outside the formal regulatory system without valid travel documents.

Out bound migrants comprise the flow of population moving out of Sri Lanka for diverse reasons including for employment and education, and due to man-made disasters. They include migrant workers (professional, skilled, semi skilled and low skilled workers, members of the armed forces serving on peace keeping missions and other areas, seafarers), students and those seeking asylum in other countries. An additional vulnerable group that is recognised is the families of out bound migrant populations left behind.

Sri Lanka's main avenue for foreign exchange earnings is labour migration and its migrant labour force continues to be a vibrant and vital part of the country's economy. The profile of Sri Lanka's labour migrants shows that the majority is in the low skilled category (dominated by women migrant workers) drawing minimum wages and working in informal or semi formal work spheres rife with uncertainty.

The Government is dedicated to supporting labour migration and improving the profile of migrant workers from low skilled to semi skilled, skilled and professional. The Ministry of Foreign Employment Promotion and Welfare (MFEPW) convenes a National Advisory Committee of related Government representation, employers, workers, trade unions and concerned civil society organizations to monitor the implementation of the Sri Lanka National Labour Migration Policy that focuses on governance, protection and empowerment of migrant workers and their families and works towards the development of migration to secure the dignity of workers.

The health issues of out bound migrant workers are distinct at all stages of the migration process, namely at the pre-departure stage, in service and on return and reintegration. The health issues associated with the process of out bound migration includes the migrant and the family left behind.

Migrant workers: The primary category of Sri Lanka's out bound migrants is labour migrants. Sri Lanka's migrant workforce is the highest foreign exchange earner to the country contributing 5.1 billion USD to the national economy in 2011. Sri Lanka's total migrant worker population of approximately 2 million people comprises approximately 60% females and 40% males. In the past two years migrant workers continued to secure largely low skilled employment with 84% of the female migrant workers and 39% of the male workers being employed at the low skilled level. In 2010 and 2011 male migration marginally exceeded female migration with approximately 51% male worker departures to 49% female worker departures. Out bound migrant labour reaches a variety of destinations but the overwhelming majority is employed in Gulf countries.

The process of labour migration from Sri Lanka receives strong State attention with a dedicated Ministry, the Ministry of Foreign Employment Promotion and Welfare (MFEPW), governing the out bound labour migration process. The MFEPW is guided by the *National Labour Migration Policy*, which sets in place mechanisms for improved governance of the migration process, the protection and empowerment of migrant workers and their families, and the development of the migration industry in an equitable manner for all those involved in the process. The administrative arm of the MFEPW is the Sri Lanka Bureau of Foreign Employment (SLBFE), which works towards securing the rights and well-being of all out bound migrant workers.

In terms of the protection and promotion of the health status of migrant workers the National Policy on Labour Migration is limited to Sexually Transmitted Infections (STI) and HIV/AIDS and does not focus on other communicable and non-communicable diseases more common among labour migrants, nor does it focus on the public health impacts of migrant and mobile populations.

Some key issues of the health aspects of labour migration are:

- International, regional and national policy initiatives have paved the way for dialogue between receiving and sending countries. The deliberations, however, have yet to be realized. Bilateral agreements in which health care provision is stated as a responsibility of prospective employers, though adopted only by a very small number of receiving countries, is one strategy for translating the concerns expressed in international conventions into concrete action. Sri Lankan government initiative is needed to extend these agreements.
- Inadequate insurance cover for migrant workers is a major constraint. This results in the reluctance of employers to pay for health expenses of workers including hospitalization and the deduction of expenses for health incurred by them on behalf of workers from their wages. Returnee workers state that the lack of proper health care results in migrant workers having to purchase over the counter medication for illnesses. Further, migrant workers are reluctant to report medical conditions due to fear of repatriation.
- Compulsory health tests required to be done by migrant workers prior to departure are carried out according to the guidelines of receiving countries. Whilst standards

- are in place for private health institutions to perform these health tests, there is an urgent need to review these processes, and set up monitoring systems.
- As the current pre-departure health assessment procedures do not comprehensively address the management of diseases, the required referrals for further investigations and management of non communicable diseases have to be identified. The importance of detecting these non communicable diseases at the time of the pre-departure health assessment and ensuring their management during the period of employment must be included in the health test and the pre-departure health assessment. Evidence shows that a proportion of migrant workers suffer from non communicable diseases such as hypertension and diabetes. These workers are medically cleared for travel upon following a prescribed regime of treatment prior to departure. Although they take a stock of medication when leaving, they are denied regular medical supervision on arrival and during employment in the receiving country.
 - Some migrant workers enter countries of employment without a proper health assessment at the pre-departure stage. This category of worker is equally, if not more vulnerable to health problems, as they are excluded from national health care systems of the destination countries.
 - Gaps in the system of pre-departure health assessments place the burden of ensuring that out bound labour migrants are of sound mental and physical health on arrival in receiving countries on sponsors or potential employers who are required to pay all costs involved in obtaining the services of a migrant worker.
 - Migrant workers face adverse health situations due to the lack of information and awareness on health. Similarly, there is a lack of focus on health aspects in the promotion of migrant employment, and the services provided through Sri Lanka's diplomatic missions in destination countries.
 - A major cause of morbidity and mortality among migrant workers are accidents including injuries sustained by them at their workplaces primarily due to the lack of knowledge, lack of preparation for the work at hand, lack of focus on occupational safety issues, as well as negligence on their part.
 - Health related issues resulting from gender based violence faced by out bound migrant workers, particularly women in low skilled work and employed in domestic environments, have to be addressed.
 - The focus on primary health care needs and issues of returnee migrant workers is minimal. Although the mental and physical health care needs of traumatised returnee workers are identified and necessary services including medical services, psychiatric services and counselling are provided, there is a need to integrate health issues into the reintegration process.

Families of out bound migrant workers left behind: Evidence shows that migration has a significant negative impact on the health status of family members left behind (spouse, caregivers and children). Thus, the promotion of international labour migration has to be balanced with health and social protection of migrant workers and family members left behind.

- There is an urgent need to examine and respond to the mental and physical health needs of family members left behind.
- Psychosocial issues faced by family members of migrant workers left behind include the prevalence of common mental disorders such as depression, somatoform disorders and anxiety along with child psychopathology such as behavioural, conduct and emotional disorders.
- Vulnerable children of migrant workers need to be cared for on a regular basis through a coordinating mechanism between school/education authorities and authorities responsible for migrant care.

INTERNAL MIGRANTS

Internal migration refers to the movement of people from one area of a country to another for diverse reasons. The policy identifies all typologies of internal migrant groups in Sri Lanka including labour migrants, students, and internally displaced people. Labour migrants include, but are not limited to, women and men migrating to Export Processing Zones, seasonal workers, fisher folk, construction workers, professionals and any other skilled, semi skilled or low skilled, and permanent or temporary labour migrants.

The reasons for migration are multifaceted but are primarily based on fulfilling economic needs through employment and education. Internal migration due to the impact of natural or human-made disasters is also seen in the country.

Internal migration has positive and negative health impacts on the migrants themselves, their family members as well as on the public health of the country. Over the years, internal migration has become more diversified, providing new opportunities for people due to the increase in information flows and better transportation. The health of internal migrants is an inadequately addressed area of migration and has being identified as one of the significant public health challenges.

A salient feature of internal migration in Sri Lanka is the movement of people from rural areas to urban areas seeking better employment opportunities, better educational opportunities and improved living facilities.

Sri Lanka has a comprehensive health care system with a well established state sector health service network connecting both curative and preventive health services and the wide network of private health care providers. Health services are also provided to specific groups of migrants through University based health services and health establishments in the Armed Forces. Despite the availability of comprehensive health care services, the nature of the migration process makes internal migrants vulnerable to a range of health related issues resulting from food, housing, occupational hazards, and neglect of personal health during periods away from their place of residence.

Internal labour migrants: Internal migrants include women and men professionals, skilled, semi skilled and low skilled workers migrating for employment. Internal labour migrants also include seasonal agricultural workers, fisher folk and construction workers who move from place to place in search of work.

Internal migration to Export Processing Zones: With the establishment of the Export Processing Zones (EPZs) in 1977 and the expansion of industry related job opportunities, large numbers of women and men commenced migrating to the areas where these EPZs are located. Studies of migrant workers employed in the EPZs show an employee profile of largely women in the age group of 16 to 29 years with a significant proportion of unmarried workers. The average service period of these workers is less than two years.

Research studies show that the general health status of a considerable number of those who migrated to the EPZs had deteriorated following employment in the Zones. They are at a significantly higher risk of physical and mental health problems due to factors such as inadequate attention to personal health and hygiene, under nutrition, work pressure, poor sanitation facilities, unhealthy living conditions, limited or lack of access to health services during working hours, and inadequate availability of counseling services leading to psychological stresses and pressures. Further, internal migrant workers lack knowledge and access to information on health issues such as on reproductive health issues and sexually transmitted diseases. Numerous negative health effects are reported among the female workers in this population due to poor eating habits, sub standard housing and occupational hazards. Workers are vulnerable to mental health issues such as depression. Male workers are more susceptible to occupational injuries due to lack of knowledge and safety equipment in their workplaces.

Internal migration for temporary employment: The development of the rural economy based on agriculture, fisheries and construction work is another reason for populations to migrate from one rural location to another seeking employment opportunities. This type of migration is seasonal and is limited to the lifetime of each season of agricultural and fisheries cycles. Studies have shown that seasonal migrant workers prefer to attend to health problems at their original places of residence and consequently do not focus on their health while away from home and limit their expenditure on accessing health services and medication. Knowledge of health issues among this population is poor due to lower levels of education and awareness, concentration on the occupation and poor health literacy. Depression brought about by loneliness affect the mental health of workers.

Internal migration for education: The primary cause for student migration is disparity in development of the education system. Students move mainly from rural areas to urban centres to take advantage of better education facilities at primary and secondary school level and to enter universities located in such urban centres. They are vulnerable to an increase of illnesses after migration, and studies have recorded a perceived decrease in the health status of students, primarily female university students attributable to the lack of nutritious food and inadequate housing.

Internally displaced persons: Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of usual residence, especially as a result of, or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters. Sri Lanka has seen large numbers of displaced persons due to conflict and natural disasters.

IN BOUND MIGRANTS

In bound migrants are individuals and groups entering Sri Lanka for diverse purposes including employment, tourism and return and resettlement. Foreign citizens as well as returning Sri Lankan citizens make up this population flow. Accelerated development in post war Sri Lanka has seen an increase in in bound migration of overseas (or foreign) migrant workers, tourists, students, returning refugees and failed asylum seekers.

A large proportion of in bound migrants who arrive in Sri Lanka are non-citizens. Approximately 35,000 foreign citizens arrive in the country annually on residence visas with their numbers increasing due to the recent development boom in the country.

In bound tourism is one of the main sources of revenue for Sri Lanka. In bound students of foreign origin who are enrolled in both public and private educational institutions comprise a small number of the total student population of Sri Lanka. Returning refugees and failed asylum seekers are Sri Lankan nationals who left the country during the ethnic conflict.

- In bound migrants may originate from or travel through countries that have a higher prevalence of communicable diseases when compared to Sri Lanka. Consequently, a two fold threat to the health system could be discerned: one, the threat of introduction of new diseases to the country, and two, the threat of the re-emergence of eradicated diseases such as polio. This necessitates providing access to health services for non citizens while they are in Sri Lanka without posing an additional burden to the state health services.
- Currently a health assessment is not required for in bound migrant workers or for those seeking resident visas to live and work in Sri Lanka for longer periods. A significant number of foreigners obtain resident visas to Sri Lanka each year, and an increase in these numbers is projected. Hence, health assessment and vaccination of immigrants are vital in maintaining the country's health achievements.
- The Government recognizes the need to address this public health risk in a dignified and comprehensive manner while encouraging legal and safe entry of workers, tourists and returning Sri Lankans.
- The State's free health services are offered only to citizens of the country. The private health network is the main stakeholder in providing health services to in

bound migrants at present. While acknowledging the burden to the State health system, the provision of accessible, effective and affordable health care services to such in bound migrants must be made according to a strategic plan that will include partnerships with the private health service providers to ensure that the country's free health services are not burdened in any manner by providing quality, efficient and safe health care.

Labour migrants:

In bound migrant workers are either documented or undocumented while their legal, employment and educational status and skill levels vary widely. Undocumented workers are those who are illegally employed in the country without valid visas. Issues with regard to in bound migrant workers are as follows:

- Sri Lanka commits to diverse international instruments and has set in place laws, guidelines and procedures governing the health of migrant workers.
- The legal status, employment status, and education and skill levels of in bound migrant workers differ from individual to individual. They comprise high skilled workers holding flexible residency visas and high-paid and stable jobs and undocumented workers in low wage sectors enjoying almost no residence or job security and illegally employed in the country without valid visas.
- Sri Lanka receives foreign workers mainly for Board of Investment (BOI), private sector and state sector projects. The countries of origin of the majority of these workers are China and India.
- In accordance with the requirements of the country of origin or employment contract, in bound migrant workers undergo health assessments prior to their arrival in Sri Lanka. Some companies offer life and health insurance for employees of foreign origin while some do not cover medical expenses.
- Migrant workers seek medical treatment for minor work related injuries and accidents, as well as for medical conditions such as fever, cough and cold, allergic skin conditions, stomach aches and tooth aches. Workers prefer to visit private general practitioners for minor ailments. The language of communication is a major issue among workers and health service providers.

Tourists: In bound tourists are a main source of revenue for Sri Lanka and the promotion of tourism is a key aspect of Sri Lanka's economic development policy.

Returning refugees and failed asylum seekers: Returning refugees and failed asylum seekers are Sri Lankan nationals who left the country during the internal armed conflict that ended in 2009. They return to Sri Lanka either voluntarily or through compulsory repatriation. The majority of the returning refugees are from India, and the failed asylum seekers are from Europe and North America and Australia.

NATIONAL COMMITMENT TO HEALTH FOR ALL MIGRANTS

Sri Lanka's *Ten Year Horizon Development Framework 2006-2016 – the Mahinda Chintana*, which creates the vision for development and social well being in Sri Lanka is committed to maximizing the benefits of migration. This is strengthened by Sri Lanka's international and national commitments pertaining to safe migration and equality. Sri Lanka is also a signatory to a majority of the international conventions including the *International Convention on the Protection of the Rights of all Migrant Workers and Their Families*, which Sri Lanka ratified in March 1996.

Identifying the importance of migration health, in 2009, the Ministry of Health requested the International Organization on Migration (IOM) to assist in the preparation of the National Migration Health Policy. IOM's technical contribution to the preparation of the policy included establishing a sound evidence base for policy provisions, support to the Migration Health Secretariat and coordination of the National Steering Committee and National Task Force and technical assistance in the drafting and finalization of the policy.

In 2010 April Sri Lanka held its first National Consultation for Migration, Health and Development. At this consultation, key stakeholders in the process comprising government ministries, academics, UN agencies, NGOs, and foreign employment agencies developed a conceptual framework for the development of the national migration, health and development programme in Sri Lanka.

Migrants' Right to Health makes Economic Good Sense

One of the challenges in our increasingly mobile and interdependent world is to ensure migrants' safety and health throughout the migration cycle, from their place of origin, in transit, in communities of destination and on their return. The key barriers to migrants accessing health services can include linguistic or cultural differences, discrimination and anti-immigrant sentiment, a lack of affordable health services or health insurance, administrative hurdles, absence of legal status and the long and unsocial hours that they often work. It is worth noting that the potential health impacts of migration are not limited to physical health. Long-term family separations and exploitative or abusive working conditions can also take a toll on mental well-being. Governments should therefore ensure that national health systems take into account the health needs of migrant workers and make health services available to them.

William Lacy Swing, Director General, International Organization for Migration

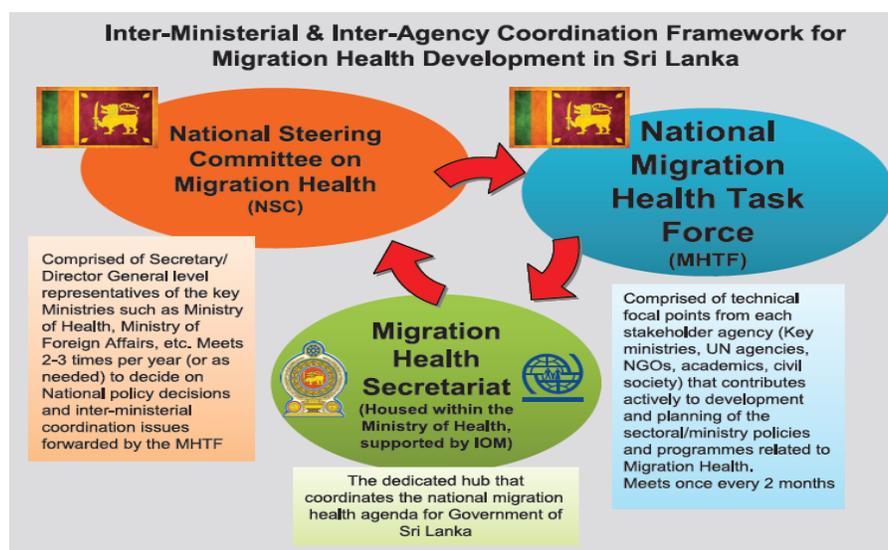
The process, led by the Ministry of Health set the mechanism to guide the policy and programmatic approaches to promote the health of migrants. The key Government ministries and the organizations involved in the process were the Ministries of Labour, Defense, Justice, Foreign Employment Promotion and Welfare, Finance, External Affairs, Social Services, Economic Development and Board of Investment (BOI), Child Development and Women's Affairs, Aviation, Public Administration and Home Affairs, Education, Higher Education and the Department of Immigration, the Sri Lanka Bureau of Foreign Employment, the National Child Protection Authority and the Sri Lanka Board of Insurance. Among other key stakeholders were academics from the Universities of Colombo, Kelaniya, Sri Jayawardhanapura, and Rajarata, UN agencies and civil society organizations.

The National Steering Committee on Migration Health Policy Development

The National Steering Committee on Migration Health Policy Development is led by the Ministry of Health and comprises high level decision makers representing key government ministries involved in migration.

The Task Force for Migration Health Policy Development

The Task Force for Migration Health Policy Development comprises technical focal points from all ministries and agencies involved in migration. The Task Force is key to formulating policy documents and technical proposals to be submitted to the National Steering Committee.



The initial step in the National Migration Health Policy formulation process was the establishment of an evidence-based foundation for the National Policy. The Migration Health Task Force with technical assistance from IOM launched the national research agenda to inform the policy process across four domains of migration; internal, out bound, in bound and families left behind. Based on the evidence and information derived from national research conducted on diverse aspects of migration and health, the Task Force held a series of consultations with representatives of stakeholder ministries, civil society organizations and the private sector to formulate the National Migration Health Policy.

The National Migration Health Policy contains sections on out bound migrants, internal migrants and in bound migrants, and the Policy Goals and Policy Statements. Integrated into these sections are the health concerns of families of out bound migrants. The fourth section is the National Action Plan on Migration Health, which sets out practical action plans to address the policy challenges providing space to fulfill the identified policy goals.