## MIGRATION AND HEALTH

Migrants' empowerment, rights and information to health

Migrants' voluntary, social and economic transfer for improved health

**Presented** 

by

Mary M. Kezzah

Of Ministry of Labour, Social Security & Services, Kenya.

## Introduction

- Kenya because of its strategic position is a country of origin, transit and destination for migrants.
- Kenyans leave to go and work in the Middle East, Europe, America and within the East African Region. Migrants from the Horn of Africa transit through Kenya to South Africa or the Middle East. At the same time we host a large immigrant population made up of asylum seekers, refugees economic migrants and mobile pastoral communities as well as internally displaced persons.

- Kenya also attracts people within the east African and Horn of Africa region who engage in various economic activities.
- Most Kenyans who go to work in Middle East are semi skilled and unskilled while those who go to work in Europe and North America are highly skilled professionals.

# Legislation and Policy

The Kenya Health Policy which is currently under review has the following goals and objects:

#### Goal:

 to promote and improve the health status of Kenyans by making health services more effective, accessible and affordable

### Objective:

- Enhance the governments regulatory role in healthcare provision
- Create an enabling environment for increased private sector and community involvement

# National Hospital Insurance Fund (NHIF)

NHIF is a State Corporation established in 1966 under the Ministry of Health

The mission of the Fund is to provide accessible, affordable, sustainable and quality social health insurance through effective and efficient utilization of resources to the satisfaction of stakeholders.

The enabling Act has been reviewed over the years to accommodate the changing healthcare needs of the Kenya population. The funds core mandate is to provide medical insurance cover to all its members and their declared dependants. It is open to all Kenyans over 18 years with an income of Kshs. 1000.

It registers members from the formal and informal sector and retirees.

- The fund has however, been restructured so that it operates like an insurance fund. This has enabled it bring more people under its scope and coverage, including workers in the informal sector who were previously out of the funds reach.
- There are no special provisions for migrant workers. Anybody seeking health care is treated equally.
- As long as one is a contributor to the fund they together with their spouses and children aged below 18 years are entitled to benefit.
- The NHIF runs advertisements in the local media about the services they offer to clients.
- However the structure of the Fund does not lend it to easy accessibility by migrant workers

- Migrants especially those in an irregular situation may not be able to benefit from inpatient in government hospitals because they lack identification and they also do not contribute to the scheme.
- Insurance companies also insure Kenyans against health risks. This is in addition to NHIF.
- Civil Society Organizations and Government Institutions can make guidelines to help insurance companies pay only genuine claims.
- Most health insurance schemes are territorial and do not directly cover migrants out of the country. However family members can benefit from schemes only as second level beneficiaries. Even then one is not fully covered as it depends on the health facilities they attend.

- Access to health is a major challenge for migrants within the country mainly because of language barriers stigma lack of health literacy.
- The other challenges are availability, some health facilities are very far making it hard to get to them.
- Because of one's migrant status affordability can also pose a challenge. This is especially so for irregular migrants who fear and distrust their hosts and vice versa

- Migrants may also have a challenge of being accepted by the host community, making access to health care a challenge.
- Assistance to migrant populations is implemented by the Department of Special Programmes which is under the Ministry of Devolution.
- This is limited only to disasters and there are no programmes for preventive health and health promotion.

# Challenges faced in accessing healthcare

In spite of the government's commitment to make health care accessible and available to all migrants and other mobile populations they face the following challenges:-

### Structural vulnerability factors:

- Poverty and unemployment
- Vacant migrant health policies and guidelines
- Neglected health systems in border towns
- Unaffordable health care and restricted access

## cont....

### **Environmental vulnerability factors**

- Language and cultural barriers
- Gender based violence
- Lack of appropriate and targeted health information
- Stigma and lack of awareness
- Hazardous work environment, poor housing and labour exploitation
- A change of physical environment can increase vulnerability to malaria, tuberculosis, measles, accidents and HIV/AIDS

#### **Individual Risk Factors**

- Lack of Basic health Literacy
- Irregular migration status.

# Recommendations and Conclusion

- The burden of providing health care is enormous and the government is not able to adequately bear it alone.
- There is need for collaboration with international partners.
- Government led partnerships with neighboring and international communities can facilitate health care for migrants.
- Stakeholders in the health sector and donor communities can be involved in drawing up health care programmes for migrants.

There should be a National Forum for Migration health chaired by the government to strengthen coordination among stakeholders and to draw a common action plan for migration health.

The health of migrants impacts on the social economic, cultural and political environment of the host countries and therefore countries can only ignore it at great cost to their development. It is with this in mind that Kenya is taking steps towards bringing all stakeholders together to chart the way forward.

## Introduction

- Kenya because of its strategic position is a country of origin, transit and destination for migrants.
- Kenyans leave to go and work in the Middle East, Europe, America and within the East African Region. Migrants from the Horn of Africa transit through Kenya to South Africa or the Middle East. At the same time we host a large immigrant population made up of asylum seekers, refugees economic migrants and mobile pastoral communities as well as internally displaced persons.

- Kenya also attracts people within the east African and Horn of Africa region who engage in various economic activities.
- Most Kenyans who go to work in Middle East are semi skilled and unskilled while those who go to work in Europe and North America are highly skilled professionals.

# **Legislation and Policy**

The Kenya Health Policy which is currently under review has the following goals and objects:

#### Goal:

 to promote and improve the health status of Kenyans by making health services more effective, accessible and affordable

### Objective:

- Enhance the governments regulatory role in healthcare provision
- Create an enabling environment for increased private sector and community involvement

# National Hospital Insurance Fund (NHIF)

NHIF is a State Corporation established in 1966 under the Ministry of Health

The mission of the Fund is to provide accessible, affordable, sustainable and quality social health insurance through effective and efficient utilization of resources to the satisfaction of stakeholders.

The enabling Act has been reviewed over the years to accommodate the changing healthcare needs of the Kenya population. The funds core mandate is to provide medical insurance cover to all its members and their declared dependants. It is open to all Kenyans over 18 years with an income of Kshs. 1000.

It registers members from the formal and informal sector and retirees.

- The fund has however, been restructured so that it operates like an insurance fund. This has enabled it bring more people under its scope and coverage, including workers in the informal sector who were previously out of the funds reach.
- There are no special provisions for migrant workers. Anybody seeking health care is treated equally.
- As long as one is a contributor to the fund they together with their spouses and children aged below 18 years are entitled to benefit.
- The NHIF runs advertisements in the local media about the services they offer to clients.
- However the structure of the Fund does not lend it to easy accessibility by migrant workers

- Migrants especially those in an irregular situation may not be able to benefit from inpatient in government hospitals because they lack identification and they also do not contribute to the scheme.
- Insurance companies also insure Kenyans against health risks. This is in addition to NHIF.
- Civil Society Organizations and Government Institutions can make guidelines to help insurance companies pay only genuine claims.
- Most health insurance schemes are territorial and do not directly cover migrants out of the country. However family members can benefit from schemes only as second level beneficiaries. Even then one is not fully covered as it depends on the health facilities they attend.

- Access to health is a major challenge for migrants within the country mainly because of language barriers stigma lack of health literacy.
- The other challenges are availability, some health facilities are very far making it hard to get to them.
- Because of one's migrant status affordability can also pose a challenge. This is especially so for irregular migrants who fear and distrust their hosts and vice versa

- Migrants may also have a challenge of being accepted by the host community, making access to health care a challenge.
- Assistance to migrant populations is implemented by the Department of Special Programmes which is under the Ministry of Devolution.
- This is limited only to disasters and there are no programmes for preventive health and health promotion.

## Challenges faced in accessing healthcare

In spite of the government's commitment to make health care accessible and available to all migrants and other mobile populations they face the following challenges:-

### Structural vulnerability factors:

- Poverty and unemployment
- Vacant migrant health policies and guidelines
- Neglected health systems in border towns
- Unaffordable health care and restricted access

## cont....

### **Environmental vulnerability factors**

- Language and cultural barriers
- Gender based violence
- Lack of appropriate and targeted health information
- Stigma and lack of awareness
- Hazardous work environment, poor housing and labour exploitation
- A change of physical environment can increase vulnerability to malaria, tuberculosis, measles, accidents and HIV/AIDS

#### **Individual Risk Factors**

- Lack of Basic health Literacy
- Irregular migration status.

## **Recommendations and Conclusion**

- The burden of providing health care is enormous and the government is not able to adequately bear it alone.
- There is need for collaboration with international partners.
- Government led partnerships with neighboring and international communities can facilitate health care for migrants.
- Stakeholders in the health sector and donor communities can be involved in drawing up health care programmes for migrants.

There should be a National Forum for Migration health chaired by the government to strengthen coordination among stakeholders and to draw a common action plan for migration health.

The health of migrants impacts on the social economic, cultural and political environment of the host countries and therefore countries can only ignore it at great cost to their development. It is with this in mind that Kenya is taking steps towards bringing all stakeholders together to chart the way forward.