Towards a migration-aware health system in South Africa: a strategic opportunity to address health inequity

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Similar to the rest of the region, South Africa has a high prevalence of communicable diseases, an increasing non-communicable disease burden, and diverse internal and cross-border population movements. Healthy migration should be good for social and economic development, but in South Africa, current health responses fail to address migration adequately. A review was done of the available data in order to provide recommendations for improved health-systems responses to migration and health in the country, and we drew on our experience in relevant policy processes.

The findings show that addressing migration and health is a priority globally and locally. The number of people moving internally within South Africa far exceeds the number of cross-border migrants. Contrary to popular assumptions, internal migration presents greater governance, health-system, and health-equity challenges than cross-border migration, but current responses do not recognise this. Our findings show why recognising migration as a determinant of health assists in addressing associated health inequities. Data suggest that a healthy migrant effect, and a subsequent health penalty prevail in South Africa. Evidence shows that both non-nationals and South African nationals who move within the country face challenges in accessing health care; of particular concern is the lack of a co-ordinated strategy to ensure continuous access to treatment, care and support for chronic conditions.

Migration impacts the South African public healthcare system but not in the ways often assumed, and sectors responsible for improving responses have a poor understanding of migration. The need for better data is emphasised, existing policy responses are outlined, and strategic opportunities for intervention are suggested. Recommendations are made for migration-aware health systems that embed population movement as central to the design of health interventions, policy and research. Such responses offer strategic opportunities to address health inequity, both nationally and regionally, with resulting health and developmental benefits for all.

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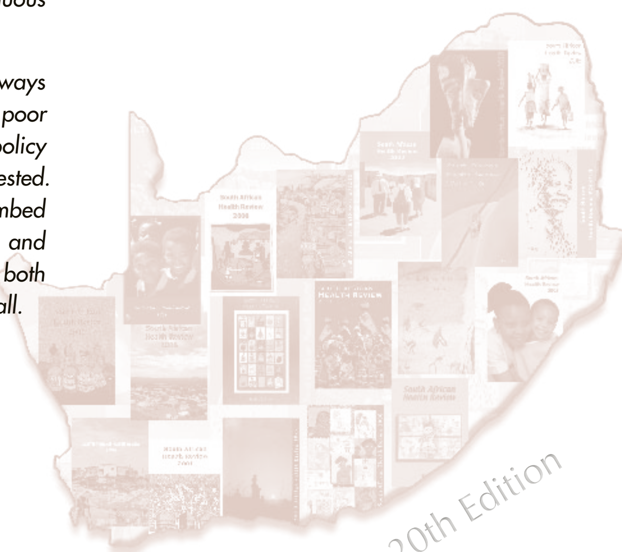

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Introduction

This chapter provides an overview of the associations between migration and health in South Africa, and calls for the urgent development of 'migration-aware'[a] health systems: a whole-system response whereby population movement is embedded as a central concern in the design of health interventions policy, and research.[1] Healthy migration is good for development,[2] but current responses within public-health systems – including for communicable and non-communicable diseases, and maternal and child health – do not engage adequately with migration.[1,3,4] The resulting health inequities undermine the developmental opportunities of migration.[1,5] In the absence of a migration-aware approach to health and health-systems planning, inequities will persist and South Africa will struggle to meet its key health targets. These targets include the UNAIDS 90:90:90 targets[6] and those associated with the Sustainable Development Goals (SDGs), including that of universal health coverage.[7] Adopting a migration-aware approach in South Africa will support initiatives to address inequities in health, and provide strategic opportunities for both primary health care (PHC) re-engineering initiatives, and implementation of National Health Insurance (NHI).

Setting the scene

Like many other countries globally, South Africa must develop improved responses to the governance of both international and internal migration,[8,9] including in relation to public health, population health, and health-systems planning.[10–12] As elsewhere, these population movements are mostly linked to the search for improved livelihood opportunities,[11] but also include moving in order to seek safety from conflict or natural disasters.[13,14] Migration is high on political and public agendas globally, including in South Africa, and many unfounded assumptions associated with political scaremongering and the scapegoating of foreign nationals persist.[15] At the centre of these debates within South Africa are important questions related to the development of comprehensive responses that will address the associated, yet competing, political concerns of (im)migrant welfare (including public-health concerns), social cohesion, xenophobia, and the often over-emphasised and unsubstantiated rhetoric surrounding national security.[16]

While not officially acknowledged within the World Health Organization's (WHO) social determinants of health (SDH) framework, migration is increasingly acknowledged to be a key determinant of health.[17,18] It has been suggested that this lack of recognition within the SDH framework has contributed to the global failure to engage with migration in efforts to improve health and address health inequities.[5] In 2008, the World Health Assembly (WHA) passed Resolution 61.17 on the Health of Migrants.[19] The Resolution calls on Member States, including South Africa, to improve their response to health and migration through an operational framework based on four key components: monitoring of migrants' health; policy and legal frameworks; migrant-sensitive health systems; and partnerships, networks and multi-country frameworks.[19,20] In its current iteration, the Resolution is very health-systems focused. This limitation has been acknowledged, and the recent Global Consultation on Migrant Health explored ways to 'reset the agenda'.[21]

In this chapter, we draw on our review of existing evidence and experience in current policy processes to show that working towards the development of migration-aware responses nationally and regionally will provide an important and strategic opportunity to address health inequities in South Africa, with health and developmental benefits for all.[1,22]

Methodology

Following the approach of a previous contribution in the *South African Health Review* (SAHR),[23] and drawing on our respective professional experience, a rapid analysis was done of key policy documents and relevant literature produced between 2006 and 2016, including published and unpublished reports from international organisations. The review draws on recently published work and work in press by the authors, with additional literature searches conducted using ScienceDirect and Google Scholar. Each author has over 10 years' experience researching and/or working on migration and health issues, including participation in relevant policy processes at local, national, regional and international levels.[b]

Key findings

Key findings of the review are presented, and implications of the findings are considered. Despite some progress, the review shows that understanding of population mobility remains limited within the South African health sector.[3,24] As a result, negative, unsubstantiated assumptions linking migration and health prevail, including claims that over-inflate the prevalence of cross-border migration, and that incorrectly associate non-nationals with the spread of communicable diseases and with over burdening the South African public healthcare system.[1,25] While evidence highlighting the importance of working to establish migration-aware health policies and responses exists,[22] very little effort has gone into providing evidence-based recommendations and guidelines for the development of concrete migration and health-policy solutions and programmes that could assist in developing migration-aware responses to health in this country.[1,10,22] An overview of the seven key findings is presented in detail below.[c]

1 The movement of South African nationals presents greater governance, health-system and health-equity challenges than the movement of cross-border migrants

Despite popular assumptions to the contrary, the largest population of migrants within South Africa are South African nationals who move within the country, often between provinces.[26,27] For example, in Gauteng, 44% of the population are South Africans born in another province, and only 7–8% are estimated to be cross-border migrants.[26] Challenging the popular notion that South Africa is 'overwhelmed' by immigrants, analysis of data from the 2012 Quarterly Labour Force Survey shows that South African nationals make up over 90% of those employed in every sector, including in self-employment.[28] South Africa has a long history of migration, mostly associated with labour migration and the search for improved

a This chapter draws on the idea of migration-aware health systems proposed by Vearey, 2014.[1]

b Further details on these processes can be found online at https://goo.gl/p0qlbW

c A summary can be found online at https://goo.gl/D1B9CR

livelihood opportunities. In the post-apartheid era, migration into and within South Africa has increased due to changes in immigration regulations. Cities, previously inaccessible to most South Africans and immigrants, are now home to many internal and cross-border migrants.[2]

While media reports often suggest otherwise, South Africa is home to a much smaller number of refugees (individuals who have been granted refugee status and who hold a Section 24 permit) and asylum-seekers (people who have applied for refugee status and who hold a Section 22 permit) than is commonly presumed. According to the Green Paper on International Migration published by the Department of Home Affairs in June 2016, there are approximately 100 000 refugees and 80 000 asylum-seekers in South Africa, and over 91 000 applications for work-related temporary-residence visas were received between 2010 and 2013.[16]

While conclusive data are not available on irregular migrants, South Africa (like other countries) is home to a number of undocumented cross-border migrants. These are individuals who for various reasons are currently without the documentation required to be in the country legally. Evidence shows that this is associated with challenges in accessing documentation, such as renewal of asylum permits or visa extensions, and as a result of South Africa's restrictive Immigration Act, which makes it difficult for lower-skilled workers to regularise their stay.[25,29] Lack of documentation – itself a determinant of poor health[4] and a persistent 'daily stressor'[30] – has a range of negative health impacts, including challenges in accessing health care and emotional distress.[4,25,30]

There is no evidence to support the idea that people move over large distances in order to seek health care.[11] However, due to the high prevalence of population movements within the country, South African public healthcare users have a long history of mobility.[11] Despite this, the South African health system does not respond adequately to the movement of people.[1,3,11]

2 Response to migration and health is a global, regional and national priority

Globally, there is momentum towards a proactive, long-term strategy to address migration and health.[20] Following the 2008 WHA Resolution on the Health of Migrants[19] and global consultations on migration and health in 2010 and 2017,[20,21] there has been increasing recognition that healthy migration can occur when government systems integrate migration and mobility in their planning agendas.[2,9] South Africa has been involved in the development and adoption of the 2008 Resolution; has participated actively in various regional and global forums on migration, health and development; and as a member of the Foreign Policy and Global Health (FPGH) initiative[31] has engaged with health concerns during disasters and conflicts.

3 Migration is associated with inequities in health and is a social determinant of health

Migration is increasingly recognised as a determinant of health as it interacts with health outcomes and influences health inequities in multiple ways.[4,5,17,18,32] Figure 1 highlights the key ways in which migration determines health in South Africa, and highlights opportunities for intervention.

Figure 1: A summary of the structural determinants of health inequity and the social determinants of health experienced by internal and cross-border migrants in South Africa

<table>
<tr><td colspan="2">Structural determinants of health inequity: factors determining distribution and exposure to social determinants of health</td><td>Social determinants of health: social causes of (ill)health</td><td rowspan="4">Impact on equity in health and wellbeing</td></tr>
<tr><td>Socio-economic and political context</td><td>Structural determinants and socio-economic position</td><td>Intermediary determinants</td></tr>
<tr><td rowspan="2">Governance (role of different spheres of government, including local government)
Policies and the political structure
Macro economic policies (labour market structure)
Public policies (labour, housing, land, health, education, social protection, immigration policy, refugee policy)
Legal status and documentation
Culture and societal values (how health is valued, how migration is valued and viewed)
Epidemiological conditions</td><td>Social structure/social position (in destination; inclusion, exclusion, marginalisation)
Gender
Ethnicity
Nationality
Education
Occupation
Income (urban livelihood activities)
Migration status</td><td>Urbanisation experience (migration experience, place in the city)
Material circumstances (living and working conditions, food availability, access to secure tenure, access to social grants, household structure, environmental conditions, access to basic services)
Psychosocial factors (fear of police, detention and deportation, safety, fear of violence, experience of trauma, stress, dependents, hunger)
Behaviours and biological factors
Health system (accessibility, affordability, acceptability; plural system: public, private, traditional, non-governmental)</td></tr>
<tr><td colspan="2">Social cohesion and social capital
Social cohesion/integration; bridging, bonding and linking capital</td></tr>
</table>

Source: Vearey, 2013.[4]

4 Migration impacts the public healthcare system in South Africa

Migration impacts the public healthcare system in South Africa, but not in ways often assumed: public healthcare users are mobile for reasons other than healthcare-seeking and there is no evidence of people moving in order to access health care.[1,11] However, border areas present specific challenges as individuals may cross national borders in order to access their geographically closest healthcare facility.[11] Our review showed that access to public health care is problematic for non-nationals[1,4,22] and internal migrants living on the urban periphery.[33] These access challenges are shaped by documentation (or lack thereof); languages spoken; and discrimination by healthcare providers.[11,25]

There is some evidence of self-selection, namely of healthier individuals migrating, primarily in the context of south-north migration.[34,35] Some studies have suggested that migrants arrive with healthier diets and lifestyles, and are therefore initially less likely to have diet-related chronic illness.[36,37] Over time, the health of migrants converges with that of the host population.[38] Existing evidence suggests a 'healthy migrant' effect in South Africa, with healthy working-age individuals moving to seek improved livelihood opportunities in urban and peri-urban areas.[39,40] An urban health penalty appears to be present in that migrants struggle to access the benefits of city living/positive determinants of health.[33] This results in individuals losing their 'healthy-migrant' benefit and returning home when they are too sick to work, presenting a burden on the (predominantly rural) households and healthcare systems they came from.[39,41–43] This potentially creates a cycle of health inequity: healthy individuals move in response to (rural) family members getting sick, then return home in need of support themselves. This is particularly the case where migrants and their households are separated from extended family and the support typically provided in times of illness.[44]

5 Strategic opportunities exist to develop a migration-aware health system in South Africa and regionally

Various policy processes provide strategic opportunities to influence the development of a migration-aware health system in South Africa and regionally, namely a whole-system response whereby population movement is embedded as a central concern in the design of health interventions, policy and research.[1] Our review highlights that different opportunities exist within policy processes under way at international, regional (the Southern African Development Community (SADC)), and national levels, as discussed below.[d]

Internationally, the 2008 WHA Resolution is the most important framework calling for action on migration and health at global level.[19,20] However, its limitations have been noted, and the 2017 Global Consultation on Migrant Health aimed to 'reset the agenda' to make more informed recommendations to guide intervention.[21]

Regionally, the 15 SADC Member States represent diverse socio-economic contexts and epidemiological profiles; this presents a challenge to the development of harmonised and co-ordinated responses to diverse population movements and communicable diseases at regional level. For example, each Member State has different legislation relating to the rights of cross-border migrants to access healthcare, including HIV treatment.[45] Our rapid review of policies within the SADC indicates that migration and mobility are not addressed effectively in public-health responses. The 2009 SADC Framework for Population Mobility and Communicable Diseases remains in draft form.[46] This Framework is currently being considered by Member States based on the findings and recommendations from a regional consultancy exploring financing models for migration and communicable diseases within the region.[47] However, progress in this regard is slow. South Africa has contributed to promoting regional health through regional policy and cross-border healthcare initiatives, including the SADC HIV and AIDS Cross Border Initiative,[48] the Elimination 8 Strategic Plan,[49] Mozambique, South Africa and Swaziland (MOSASWA),[50] and TB in the Mines (TIMS).[51]

At national level, equity in access to health services is a fundamental objective of the South African healthcare system.[52] The National Health Act and the South African Constitution guarantee everyone access to life-saving care, but debate remains regarding healthcare access beyond life-saving care.[53] According to national legislation, refugees and asylum-seekers should be treated as South African citizens in terms of access to free public health care, while other non-citizens, including those with work or study permits, usually have to pay a 'foreign fee'.[25] Emergency health care is guaranteed for all, but variation in practice has been observed.[54,55]

Individuals who move – including those with well-planned, predictable seasonal movements – may experience challenges in accessing chronic medication. For example, healthcare users who know that they are travelling, or who return 'home' during the year, or who are involved in mobile work (such as taxi drivers) may be unable to access refills elsewhere. Pregnant women also face challenges; they may attend antenatal care in one location, go 'home' to have the baby, then return again to the first location. During these periods of movement between facilities, healthcare providers struggle to offer continuous care, which presents a challenge to healthcare users and providers alike.

The current roll-out of electronic unique patient identifiers[56,57] is an opportunity to establish an integrated information system enabling the National Department of Health to produce timely and accurate data for nationals (including those who do and do not move) and non-South African nationals. The unique patient identifier includes an electronic medical health record of the patient's place of origin, demographics and medical history, and will be used to ensure accurate linking of clinical transactions with the correct records.[56,57]

6 Improved data are needed to develop and implement migration-aware health system responses in South Africa

In addition to the on-going political challenges associated with developing improved data systems on migration, there are also complex conceptual, methodological and technical challenges involved, including the lack of a universally agreed definition of the term 'migrant',[20,58] resulting in unhelpful, non-specific definitions.[59]

d Further details can be found online at https://goo.gl/p0qlbW

7 Good practice examples are scarce, but those identified in the review present opportunities for scaling-up

Regional responses include SADC led initiatives to address migration, labour and health, including responses to malaria, TB and HIV and attempts to address the harmonisation of treatment protocols, surveillance and epidemic preparedness.[48,50,60–62]

Responses at national level are limited, but there has been recent mobilisation around the establishment of a national migration and health forum,[63] and migration has been recognised in the National Strategic Plan (NSP) on HIV, STIs and TB.[64,65]

From our rapid review, it appears that local-level responses are the most successful approaches to migration and health.[66] Migrant Health Forums (MHFs), namely inter-sectoral forums that involve civil society and State structures, are of particular importance here.[67,68] Several initiatives involving partnerships between international organisations, local (district-level) civil society and district health services have also shown promise; however, these examples focus almost exclusively on cross-border migration and we had difficulty in identifing interventions designed to support the health of internal migrants. Of note is recent research suggesting that in lieu of formal policies and programmes, frontline healthcare workers are finding ways to innovate in order to support healthcare access for migrants, particularly in relation to facilitating continuity of care in HIV treatment.[11]

Identified initiatives include tailored, local-level responses for domestic workers and farm workers, including the piloting of 'health passports' (patient-held records);[69,70] an antiretroviral therapy (ART) referral protocol for migrants moving between South Africa and Zimbabwe;[71] and the provision of ART through mobile clinics to migrant farm workers in Limpopo and Mpumalanga.[69,71] Research is needed urgently to explore whether these initiatives can be adapted to engage with internal migration, and their potential to be scaled up beyond local level.

Conclusion

South Africa is home to a diverse migrant and mobile population, and the country faces multiple health concerns. Recognition that the migration of South African nationals far outweighs the number of cross-border migrants moving into and within the country is critical in understanding and responding effectively to the ways in which migration mediates health. Importantly, responses should address local contexts as migration profiles differ greatly between and within districts. As argued here, progress towards achieving health targets is dependent on the development and implementation of co-ordinated, evidence-informed responses that engage with migration and mobility. Such a 'migration-aware' health-system response is a whole-system response, with population movement embedded as a central concern in the design of interventions, policy and research.[1] These health-system responses should, in the first place, engage with and respond to the movement of South African nationals within the country, including within and between provinces and districts; this includes both seasonal and circular migratory patterns between and within urban, rural and peri-urban areas. Secondly, such a system should be able to respond to the movements of the smaller population of cross-border migrants and South African nationals who move between different countries in the region. A 'migration-aware' health system will contribute to achieving universal health coverage, and will have developmental and public-health benefits for all who live, work and move within and through South Africa and the southern African region.[1,22]

Recommendations

South Africa should work to develop a national migration and health co-ordinating network and policy; this can be done by drawing on the experience of Sri Lanka,[72] drawing on existing policy processes at local and national level, and in consultation with multiple stakeholders. Furthermore, as the incoming chair of the SADC in August 2017, South Africa should take the lead in ensuring the finalisation, ratification and implementation of the regional framework for communicable diseases and population mobility.[46] Table 1 shows specific recommendations for action to develop migration-aware health systems in South Africa.

Table 1: Key recommendations for the development of a migration-aware health system in South Africa, 2017

Health system strengthening		
Building block	**What is needed?**	**Who should act?**
Improve delivery of healthcare services to migrant and mobile users (including health promotion and education, preventive care and screening, continuity of treatment for chronic conditions, curative and palliative care, and access to medical technologies)	• Adopt a migration-aware approach: a whole-health system response whereby population movement is embedded as a central concern in the design of interventions, policy and research. • Strengthen and ensure that PHC reform initiatives integrate a migration-aware response as a key feature, including the implementation of unique identifiers. • Ensure that responses to migration and mobility are integrated into the existing healthcare system to avoid institutionalising social exclusion, to ensure quality control, and to guarantee sustainability and scale-up of responses. • Develop tailored interventions to meet the needs of certain migrant groups, **where evidence indicates that this is necessary**, including scaling up the provision of mobile clinic and outreach services at district level for migrant farm workers. • Work to implement a co-ordinated regional response to cross-border migration and communicable diseases, with an emphasis on ensuring continuity of access to treatment for chronic diseases regardless of immigration status. • Strengthen internal referral and cross-border referral systems, communication and co-ordination mechanisms so that migrants are not left behind. • Scale up pilot projects and tested interventions to support continuity of access to treatment for migrant healthcare users, including patient-held records ('health passports), standardised referral letters and treatment roadmaps. • Ensure that in all SADC countries there is no distinction or discrimination between locals and foreigners when providing health services and medical products and technologies.	• NDoH (SA) • Voluntary organisations and NGOs serving migrant communities • Private sector • Traditional health practitioners • Other Government agencies • Other SADC Member States and their institutions • SADC and other SADC healthcare providers
Stewardship	• Develop a multi-sectoral approach that recognises migration as a determinant of health, based on the principle of "equity and health in all policies". • Develop interventions to strengthen networks between different stakeholders, such as national, provincial and local Migrant Health Forums (MHFs) (inter-sectoral forums that involve civil society and state structures). • Provide outreach to share information about the public healthcare system and ways to make care accessible to internal and cross-border migrants. • Foster international, bilateral and regional co-operation on health-protection mechanisms concerning migrants. • Develop a whole-of-government, comprehensive, consultative and evidence-based approach: a National Migration and Health Policy Framework. • Establish an Inter-Ministerial Committee that will guide and ensure effective implementation and monitor implementation of the National Migration Health Policy Framework, including development and implementation of national standards that prohibit discrimination within the healthcare system. • Establish a Migration Health Task Force comprising technical focal points from key government and non-government agencies that would contribute actively to migration health-development programmes. • Establish a Regional Migration and Health Forum comprising technical focal points from key government and non-government agencies that would contribute actively to migration health development programmes at SADC level. • Ensure participation in regional and global forums on migration health to ensure gathering, documentation and sharing of information and best practices.	NDoH (SA) Voluntary organisations and NGOs serving migrant communities Private sector Traditional health practitioners Other Government agencies Universities, colleges, education centres and professional associations Other SADC Member States and their institutions SADC and other SADC institutions
Financing	• Reduce financial barriers to health care for the less well-off by limiting out-of-pocket payments and promoting universal coverage, through implementation of National Health Insurance (NHI). • Use equity-oriented health impact assessments to help articulate the relationship between policy measures, health outcomes, costs and benefits. • Finalise and implement the Health Financing Mechanism for migrants in the SADC Region to ensure protection of the health of cross-border mobile people in the face of communicable diseases, including source, transit and destination communities. • Ensure involvement of the private sector in health care both as a direct provider of services, and as a provider of finance through workplace and prepayment schemes. • Ensure access to health services and financial protection for migrants through various innovative mechanisms such as portable social security schemes, employer-based health insurances or tax-based schemes. • Mitigate the burden of out-of-pocket health spending and move towards prepayment systems that involve pooling of financial risks across population groups. • Develop or strengthen bilateral and multilateral social-protection agreements between source and destination countries, which include healthcare benefits, and the portability thereof.	NDoH (SA) Treasury Voluntary organisations and NGOs serving migrant communities Private sector Other Government agencies Universities, and research institutions Medical aid schemes Other SADC Member States and their institutions SADC and other SADC institutions

Health system strengthening		
Building block	**What is needed?**	**Who should act?**
Health information	Commission a National Research Study on Migration and Health. Develop and implement a unique identifier system that is inclusive of different forms of internal and cross-border migration. Establish a SADC Regional Migration and Health Information and Reporting Monitoring and Evaluation System. Roll out electronic unique patient identifiers to include information for internal and cross-border migrants. Establish an integrated health-information system that will enable the NDoH to produce timely and accurate data for nationals (including those who do and do not move) and for non-South African nationals.	NDoH (SA) Stats SA Voluntary organisations and NGOs serving migrant communities Private sector Traditional health practitioners Other Government agencies Universities and research institutions Other SADC Member States and their institutions SADC and other SADC institutions

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