NATIONAL STRATEGY

FOR MIGRATION HEALTH IN PAKISTAN

INTERNATIONAL ORGANIZATION FOR MIGRATION

AUGUST, 2015

ISLAMABAD, PAKISTAN

EXECUTIVE SUMMARY

Background: Migration is the movement of a person or a group of persons, either across an international border, or within a State. People on the move includes economic migrants, refugees, trafficked persons, internally displaced persons and persons moving for other purposes including family reunification. The current migration trends continue to exponentially rise globally, and according to the International Organization for Migration, the number of migrant population in the world would be 405 million by 2050. The number of migrants around the world increased by 50 per cent between 1990 to 2013. Of these, 69 per cent had moved to developed countries. By the year 2005, about four million people of Pakistani origin were settled outside of Pakistan, although, figures do not account for informal immigrants of Pakistani origin settling in foreign countries. Approximately 80 per cent of Pakistani migrant workers are located in just two countries, Saudi Arabia and UAE. There are four million immigrants living inside Pakistan and majority of these came from Afghanistan.

Situational Analysis: IOM conducted a baseline assessment on Health Vulnerabilities of Pakistani Migrants in 2013. Survey respondents included 200 outbound and 200 returnee Pakistani migrants. Qualitative assessment included spouses of migrants, as well as stakeholders from recruiting agencies, health centres, development agencies, Ministry of National Health Services Regulation and Coordination. The assessments found that most migrants were labourers working in the construction, domestic service and agricultural sectors. Relatives and friends were the main sources of assistance during the pre-departure migration phase with a very limited role of recruitment agencies. Most common health problems were related to hypertension, stress and mental health. Majority of migrants perceived not being at risk of tuberculosis (TB), sexually transmitted infections (STIs) including HIV & AIDS or hepatitis. However, one third of migrants were not aware of their health risks, and had poor understanding of diseases and consequences thereof. More than half of returnee migrants reported paying for their own health care in the destination countries, one-third had their health care financed by insurance, while ten per cent reported health care was unaffordable in the destination countries.

Among these individuals who expressed difficulties in accessing health care in the destination countries, the main barriers consisted of language barriers, lack of information, unaffordable costs and discrimination due to migration status. Only five per cent of migrants had received a pre-departure health orientation or training. A minority of migrants had used drugs that could lead to substance misuse and abuse in past 12 months. These patterns were very similar between returnee and departing migrants. Currently there is no program to address the migrant health in Pakistan. However IOM Pakistan has been advocating for improving health status of migrants in Pakistan.

Strategy Development Process: A desk-review was carried out from online sources, national and international documents and migration reports. A consultative process was adopted for the development of Pakistan's migrant health strategic plan. Two consultative meetings were conducted in Islamabad with stakeholders. First consultation highlighted the priority areas for migrant health while on the second meeting, draft strategy was discussed and monitoring matrix was developed. The discussions led to prioritize four major priority areas for migrant health in Pakistan.

Strategic Objectives and Action Agendas: These include actions in following four areas:

1- Regular monitoring of migrant health condition
2- Advocacy and policy development
3- Capacity building of providers
4- Improving services at all levels of health facility

1. **Regular monitoring of migrant health condition**
    a. Develop a multi-sectoral taskforce for implementation and monitoring of migrant health strategic plan.
    b. Develop and implement health assessment of migrants from Pakistan on a regular basis. Information system must ensure appropriate disaggregation and analyses of migrant health information, and ensure standardization and comparability of data.

c. Develop and monitor health assessment and surveillance of all migrants. This may include all phases of migration; pre-departure, travel, and after reaching Pakistan.
d. Develop and implement health assessment of all returning Pakistani migrants

2. Advocacy and policy development

e. Develop bilateral or multilateral engagements with destination countries for provision/protection of health of Pakistani migrants.
f. Raise awareness about migrant health needs especially linked with other health agendas e.g., TB, HIV&AIDS, hepatitis, maternal and child health, non-communicable diseases (NCDs) and mental health.
g. Develop and implement a mechanism to provide pre-departure information to all outbound migrants about health systems in destination countries.
h. Develop public - private sector partnerships for rendering quality health services across regions of migrant concentrations globally and inside Pakistan.
i. Extend social protection in health and social security for all migrants in Pakistan.
j. Ensure evidence-based health and non-health sector policies are coherent and inclusive.

3. Capacity building of providers

k. Develop the capacity of health and relevant non-health workforce to understand and address health issues associated with migration at origin, during travel, at destination and upon returning home. -
l. Increase the health workforce's understanding of and respond to migrants' health needs including physical health needs, mental health and well-being needs and communicable and non-communicable diseases prevention in countries of destination.

4. Improving services at all levels of health facility

m. Develop and implement mechanism to promote, protect and restore health

and well being of migrants and their families left behind.

n. Families left behind must be considered as vulnerable groups in the overall migrant health strategy. This must be critical for single or double parent migrants, as the single parent or in the case of both parents being away, the caregivers usually elderly parents left behind need additional support. Similarly the children left behind will need child health and nutrition support.
o. Ensure that all the migrants have access to preventive and healthcare services without any prejudice and discrimination throughout the migration process.
p. Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way and to enforce laws and regulations that prohibit discrimination.
q. Implement and monitor occupational and health safety standards at all sites of migrant health workers.

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LIST OF ACRONYMS

BEOE	Bureau of Emigration and Overseas Employment
GDP	Gross Domestic Product
GFMD	Global Forum on Migration and Development
GMG	Global Migration Group
HIV	Human Immunodeficiency Virus
HLDs	High Level Dialogues
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
ILO	International Labor Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
LDCs	Least Developed Countries
MoNHSRC	Ministry of National Health Services Regulations and Coordination
MDG	Millennium Development Goals
NGO	Non-governmental Organization
OECD	Organization for Economic Co-operation and Development
PCO	Population Census Organization
PILDAT	Pakistan Institute of Legislative Development and Transparency
STI	Sexually Transmitted Infections
SDG	Sustainable Development Goals
UAE	United Arab Emirates
UNDESA	United Nations Department of Economic and Social Affairs
UNGA	United Nations General Assembly

UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization

1. Introduction

1.1. Migrant's Definition

Globally, there is no universally accepted definition for "migrant" which is accepted by all. However, this term has been applied to persons moving from one country to another to improve their economic and social conditions and to improve the prospect for themselves or their family. The United Nations defines migrant as,

"***an individual who has resided in a foreign country for more than one year irrespective of the causes, voluntary or involuntary, and the means, regular or irregular, used to migrate***.

As per this definition, all those people who are travelling for shorter periods, like tourists and business trips are not considered as "migrants". Nonetheless, there are instances where people travelling for a smaller period may be considered as migrants, for example, seasonal farm workers who travel for short periods to work planting or harvesting farm products.

The International Organization for Migration (IOM) considers a "migrant" to be any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, and his/her children, regardless of (1) a person's legal status; (2) whether the movement is voluntarily or involuntarily; (3) what the causes for the movement are; or (4) what the length of the stay is. IOM concerns itself with migrants and migration-related issues and, at the request of a State, with migrants who are in need of international migration services.

1.2. Migration

Migration is defined as, ***"the movement of a person or a group of persons, either across an international border, or within a State"***

Migration includes all kinds of movement of people, irrespective of its length of stay, composition and causes for migration. Various types of migrations include,

1. Economic migrants
2. Refugees
3. Internally displaced persons
4. Persons moving for other purposes, including family reunification

The International Glossary on Migration developed by IOM in 2004 and updated in 2011, provides definitions of various concepts of migration at an international level. [i]

2. Migrants of Pakistan

By the year 2005, about four million people of Pakistani origin were settled outside of Pakistan. However, these figures do not account for informal migrants of Pakistani origin settling in foreign countries. These estimates increase, if informal migrants are taken into account.[ii] Pakistani migrants, along with those of India, Bangladesh, Philippines, Mexico and China prefer moving to countries with which their country of origin, having long standing ties such as Australia, Canada and the United Kingdom. From Pakistan, most of the migrants were males who moved to the United Kingdom and other western countries for low paid industrial jobs in the 1950s and 1960s and were then followed by their families. The trend was extended to the Middle East after the oil boom of the 1970s. All these men were mostly concerned with manual labour and were not very well educated. In the 1980s and 1990s, educated people and professionals started to move out of the country, mostly to the North America and Europe.[iii] Pakistan was ranked 6th among countries experiencing net emigration (outbound migration) rates since 1990 to 2000, but due to increased emigration, the rank has increased to 5th between 2000 to 2010. [iv]

According to the Bureau of Emigration and Overseas Employment (BEOE), Islamabad, Pakistan, from 1971–2015, a total of 7,957,414 Pakistanis have been recorded to be registered for overseas employment. An estimated 94 per cent population of Pakistani migrant workers is concentrated in six Gulf countries, including Saudi Arabia, United Arab Emirates (UAE), Kuwait, Qatar, Bahrain and Oman.

About 80 per cent of Pakistani migrant workers are seen to be located in just two countries, Saudi Arabia and UAE. So the most common country for the emigration of Pakistanis to work is Saudi Arabia, followed by the United Arab Emirates and Oman.[v]

Until a few years ago the most popular places for migration for Pakistanis were the Middle East, United Kingdom and other places in the West. The last decade has seen a

shift towards other countries including Greece[6] and Norway.[vi] However, the most commonly studied groups of Pakistani migrants are apparently those settled in the United Kingdom and the United States of America.[vii, viii, ix] In 1980, the number of Pakistani migrants in the United States was around 30,000. Since then, the population of first and second generation migrants in has gone up to 455,000.

In the US the majority of Pakistani born migrants arrived before the year 2000. The education and income levels in many of the Pakistani Diaspora are higher than those of the general US population. The Pakistani Diaspora family's income median about $10,000 above that of the US family. In the United Kingdom, by 2008, the number of Pakistani migrants had reached 826,000, and in 2010, the Pakistanis made the largest ethnic minority group resident there. [x]

Table 1: Net Emigration Rates (Ranks)

Net Emigration Rates (Countries Ranks)					
1990-2000			**2000-2010**		
Rank	**Country**	**Net Rate**	**Rank**	**Country**	**Net Rate**
1.	Kazakhstan	-284	1.	Bangladesh	-557
2.	Mexico	-264	2.	Mexico	-498
3.	Egypt	-205	3.	India	-490
4.	Bangladesh	-169	4.	China	-418
5.	Iran	-166	**5.**	**Pakistan**	**-360**
6.	**Pakistan**	**-159**	6.	Philippines	-236
7.	Philippines	-147	7.	Myanmar	-180
8.	China	-143	8.	Viet Nam	-165
9.	Morocco	-118	9.	Zimbabwe	-150
10.	Republic of Korea	-115	10.	Nepal	-148

Source: World Population Prospects: The 2012 Revision. UNDESA, Population Division, 2013

According to the United Nations, in 2013, Pakistan hosted about 4,080,766 migrants, which is 2.1% of total population of Pakistan. Most common countries of origin of

migrants in Pakistan included Afghanistan, Bangladesh, Tajikistan, Turkmenistan, Iran, India, Sri Lanka, Great Britain and Myanmar.[xi,xii,xiii] About 1.7 million of migrants in Pakistan are Afghan refugees.[xiv] Approximately 33 per cent of the refugees live in 76 specified Refugee Villages in Khyber Pukhtunkhwa, Punjab and Balochistan while 67% live in urban and rural areas of Pakistan. The majority of these Afghan refugees come from five provinces, namely Kabul, Nangarhar, Logar, Kunduz and Paktya.[xv]

2.1. Internal Migrants

The Population Census Organization (PCO) is the main source of data on internal migration in Pakistan. Other sources include the labor force survey, and the integrated household surveys. The census identifies 'lifetime' migrants by districts of origin, and labour force survey allows disaggregation between 'rural' and 'urban' locations of origin. These datasets can be used for analysis of rural-to-urban, rural-to-rural, and urban-to-urban migration flows in Pakistan. There are several types of internal migration: rural to urban, as well as rural to rural, like displacement due to projects; migration from arid areas; migration of share-tenants; pastoralists; and seasonal migrants. According to the 1998 census, the reason for 43 per cent of lifetime migrants has been 'moving with household head' as reason for migration. The second most frequent reason (17%) was marriage, followed by employment (12%) and business (9%). The majority of migrants, therefore, migrate for 'family-related' reasons.

For internal migration in Pakistan, the cities of Punjab and Sindh have been the main destinations. Urban areas of districts of Karachi, Lahore and Rawalpindi account for most of all internal migrants. For Punjab, urban immigration was from rural to urban areas of Punjab. In contrast, urban immigrants in Sindh (predominantly in Karachi) were mostly from other provinces of Pakistan. There was very little emigration from Sindh to other provinces. Khyber Pukhtunkhwa has been a major source of internal migrants to all provinces, particularly to Sindh and Punjab. [xvi, xvii]

2.2. Key Issues Related to Pakistani Migrants

There are some key issues related to migration with reference to Pakistan. PILDAT highlighted some important determinants of migrations and factors affecting migrants and Pakistan.[ii, iii] Although health was not directly mentioned, most of these factors may lead to higher risks to the health problems of migrants. These include,

1. Exploitation of potential migrants by recruiting agencies inside Pakistan
2. Exploitation of migrant workers abroad
3. Unsafe migration practices
4. Problems for families left behind
5. Resettlement of returnee migrants in Pakistan
6. Absence of Pakistani worker unions for migrants abroad
7. Low relative wages to Pakistani migrants

2.3. Baseline Assessment of Pakistani Migrants

In 2013 a baseline assessment of health vulnerabilities of Pakistani departing migrants and returnees was conducted by IOM. It was a mixed method study with quantitative and qualitative data collection. Respondents were departing and returnee Pakistani migrants, their spouses, as well as stakeholders from recruiting agencies, health centres, development agencies, Ministry of National Health Services Regulations and Coordination. The assessments found that most migrants were young males with less education, most of whom work as labourers, construction workers, technicians, domestic workers and agricultural workers. The Middle East was the intended destination for departing migrants. Relatives and friends were the main sources of assistance during the pre-departure migration phase with a very limited role of recruitment agencies.

Most common reported health problems were related to stress, mental health and hypertension. Majority of migrants perceived being not at risk of tuberculosis, HIV, STIs or Hepatitis. However, one third of migrants did not know their health risks, and poor understanding of diseases. Among those who sought health care, the most common form of health care financing was out of pocket payments, with 56 per cent of migrants paying for their own health care. A further 30 per cent had their health care financed by

insurance, although this is slightly under the 37 per cent of migrants who had insurance abroad. Employers fully or partly paid for 12 per cent of returning migrants.

Among these individuals who expressed difficulties in accessing health care in the destination countries, the main barriers consisted of language barriers, lack of information, unaffordable costs and discrimination due to migration status. Most migrants had the history of pre-departure health check-up, including general health check-up, and the most specific test was a TB test, followed by HIV test and STI test.

Television, radio, newspaper, and educational institutions or peers were the most important sources of health information among all respondents. Departing migrants appeared to have more access to health information for most communication media compared to returnee migrants. Health topics of particular interest included HIV/AIDS, STIs, TB, malaria and mental health.

Twenty-five per cent of migrants reported receiving health related communication materials from health providers or facilities in their destination countries. About half of them did not receive it in their own language and had difficulties understanding the content.

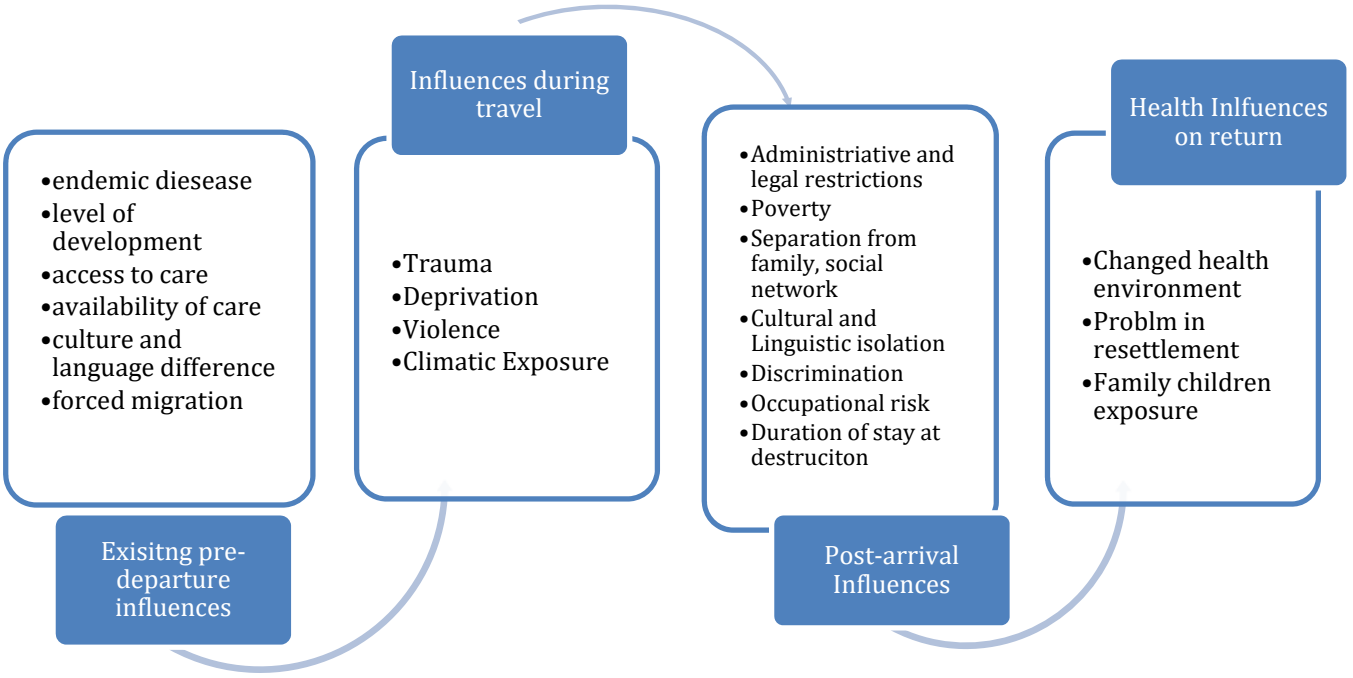
Only five per cent of migrants had received a pre-departure health orientation or training.

About 23% of migrants had used drugs in the past 12 months; alcohol and hashish were the main substances identified. These patterns were very similar among returning and departing migrants. Out of those who had history of drug abuse, 8.6 per cent of them had injected drugs.

3. Migration and Health

There is not much evidence available on negative consequence of migration on health and well being and how the migration phenomenon affects health outcomes. A review by Gushulak, Weekers and MacPherson (2006) provided various levels of health influences of migration as given in Table 2.

Figure 1: Health Influences of Migration



Source: Gushulak BD, MacPherson DW*

* Gushulak BD, MacPherson DW. The basic principles of migration health: population mobility and gaps in disease prevalence. Emerg Themes Epidemiol 2006;3:3 doi:10.1186/1742-7622-3-3.

The speed, magnitude and diversity of migration trends are enormous and they contribute to inequalities in health of migrants and their families left behind, which leads to further social exclusion of vulnerable migrant populations. The health of migrants and health matters associated with migration are critical public health challenges. There are multiple barriers that need to identify and addressed.

Access to health care is of utmost importance in right-based health system and to harness the contribution of migrant in global economic development. Global economic crisis further raises concern about the working and living condition of migrants that is very important in health outcomes. In additional to it, disasters, armed conflicts and food insecurity further aggravate the situation.

4. An Introduction of International Organization for Migration

International Organization for Migration (IOM) was established in 1951 as an inter-governmental organization. IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. With 157 member states, a further 10 states holding observer status and it has offices in over 100 countries. With a working mandate "Humane and orderly migration benefits all", IOM provides services and advice to the governments and migrants. IOM works to ensure orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM works in the four broad areas of migration management:

- Migration and development
- Facilitating migration
- Regulating migration
- Forced migration

IOM has core activities that cover these broad areas, which encompass the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration. During the migration cycle, the sending as well as receiving destinations benefit from an improved standard of physical, mental and social wellbeing of the migrants.

IOM carries Migration Health assessment and travel health assessment of migrants before departure or upon arrival to reduce and mange potential public health impact of human mobility on migrants, receiving countries and communities. IOM promotes the health of migrants and communities through advocating for migrant-inclusive health policies, delivering technical assistance and enhancing the capacity of governments and

partners to provide migrant-friendly services. IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems. IOM Migrant Health Division also work on cross cutting issues of mental health and psychological support, emerging and reemerging diseases and HIV and population mobility.[2]

IOM strategic objectives of migrant health are achieved by the following four constituent pillars as derived from the 2008 World Health Assembly Resolution on the Health of Migrants (61.17).

1. **Enable conducive policy and legal frameworks on migrant health**: Advocacy for migrant inclusive health policy at national, regional and global level

2. **Monitoring migrant health:** Health Screening, Research and Information Dissemination

3. **Strengthen migrant friendly health systems:** Equitable and migrant friendly health service delivery and capacity building

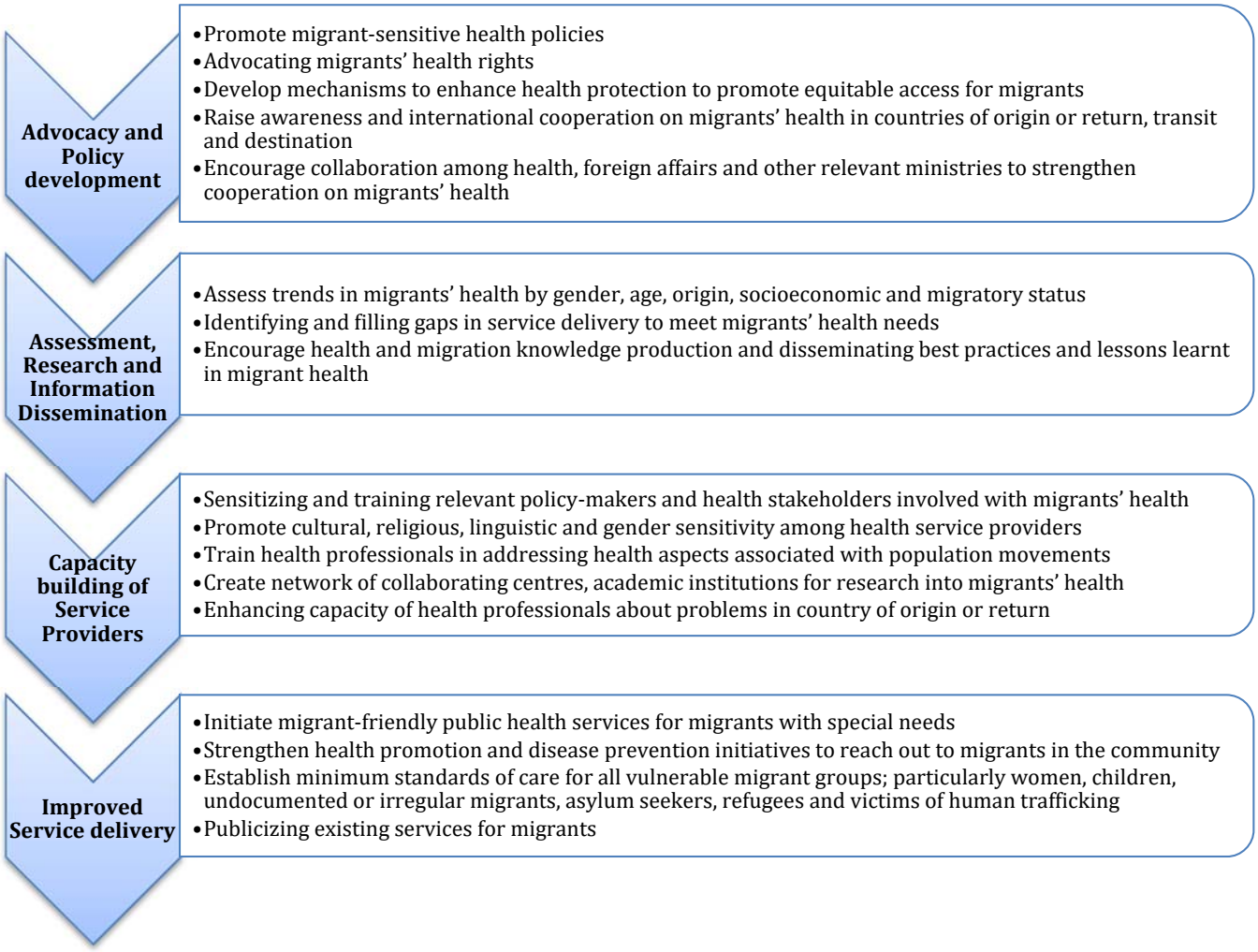
4. **Facilitate partnerships, networks and multi-country frameworks on migrant health:** Strengthening multisectoral and inter country coordination and partnerships

4.1. Priority Action Areas

Priority actions for migration health in Pakistan will be based on international commitments. The 61st World Health Assembly agenda item 11.9 discussed various strategies for improving health of migrants on April 7, 2008. These priority areas are given in figure 4 below:

[2] HEALTHY MIGRANTS IN HEALTHY COMMUNITIES: promoting and delivering quality health care for migrants and host communities

Figure 2: Priority Areas for Migrant Health



4.2. IOM Pakistan

4.2.1. Migration Health Division (MHD) of IOM Pakistan

The IOM Pakistan's Migration Health started in September 2001 to deliver Immigration Medical Examinations on behalf of the government of New Zealand. In 2005, emergency health response unit was established due to the devastating earthquake in the country. In March 2007, MHD was established with implementation of United Kingdom Tuberculosis Detection Program for UK visa applicants. MHD IOM Pakistan has been entrusted with conducting Immigration Medical Exams for immigrants proceeding to Australia, Canada and New Zealand. The Health Assessments are carried out at four IOM offices placed geographically in Islamabad, Lahore, Karachi and Mirpur as per caseload

of the migrants. The statistical data shows that as of May 2015, a total of 517,578 prospective migrants have been screened at IOM clinics across the country.

In addition to Health Assessments and providing health care assistance in emergency situations, MHD is also committed to promote preventive health benefitting the migrants. In 2013, MHD conducted "Baseline Assessment of the Health Vulnerabilities of Inbound and Outbound Migrants in Pakistan". This study aimed to understand the health vulnerabilities of departing and returnee migrants in Pakistan in order to inform policy and programme development regarding the health of migrants in South Asia. This was part of IOM Regional project "Strengthening government's capacity of selected South Asian Countries to address the Health of Migrants through a multi-sector approach" among Nepal, Bangladesh and Pakistan. The study was conducted separately in selected countries.

The Migration Health Division at IOM Pakistan is striving hard to deliver consistent quality services for the benefit of migrants in line with the mission and vision of IOM and according to established International standards and evolving requirements.

5. Process of Migration Strategy Development in Pakistan

A comprehensive desk-review was carried out to collect information from online sources, various national and international documents and migration reports.

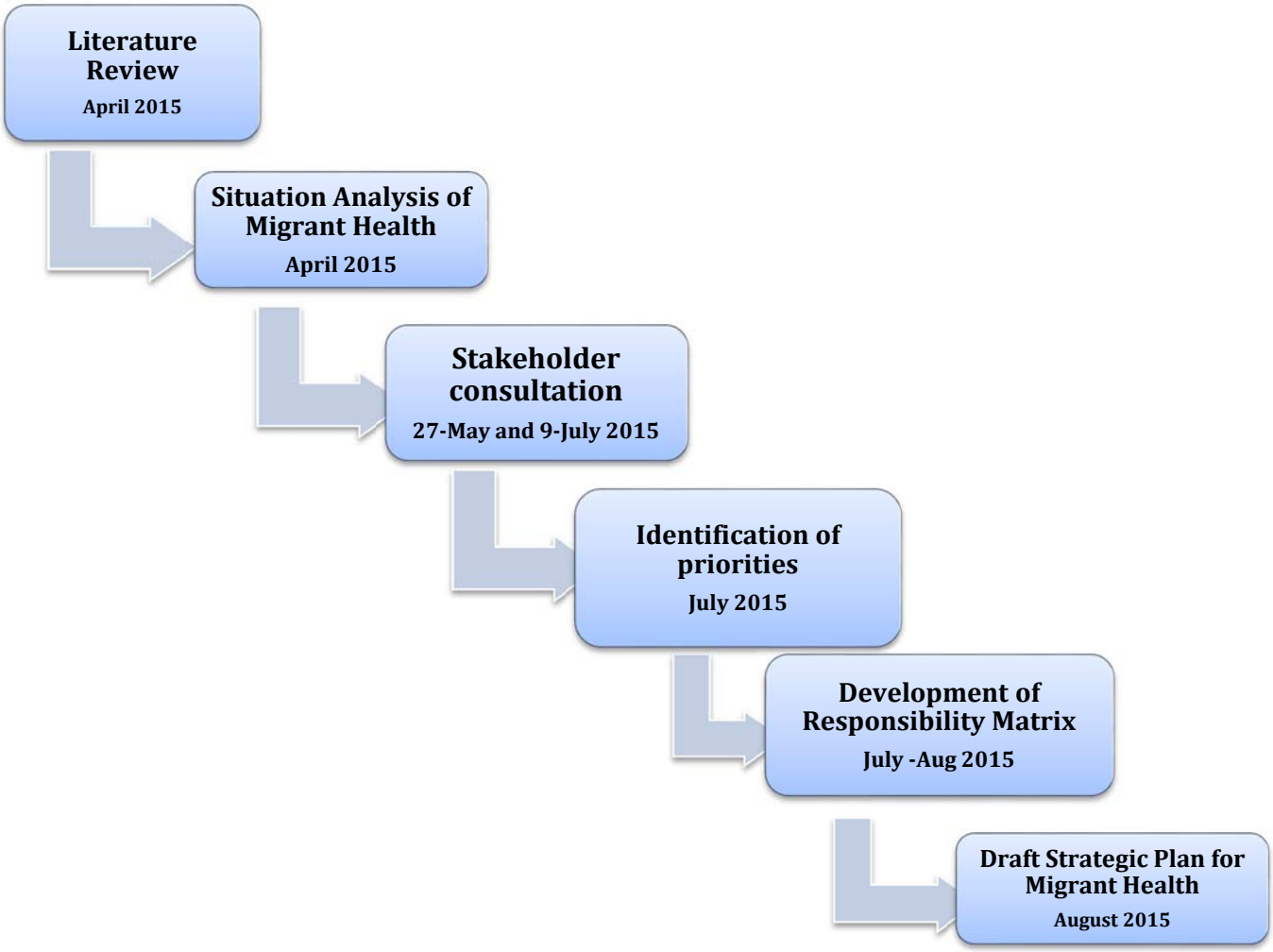
The baseline assessment of the health vulnerabilities of migrants conducted in Pakistan in 2013 by IOM was also reviewed to develop situational analysis components.

A consultative process was adopted for development of migrant health strategic plan. Two consultative meetings were conducted in Islamabad with relevant stakeholders including Employment Bureau, Ministry of Interior, Ministry of Capital Administration, Ministry of National Health Services Regulations and Coordination, representative of government hospitals, academia, researchers and representative from Pakistan medical dental council.

First consultation on 27th May 2015 in Islamabad highlighted the priority areas for migrant health while on 9th July 2015 in Islamabad for the second meeting with the same participants, the draft strategy was discussed and monitoring matrix was developed.

The flow chart given below depicts the process of strategy development:

Figure 3: Process of Migration Strategy Development



6. Stakeholder Consultation on Migrant Health in Pakistan

A stakeholder consultation was done with relevant officials and their input was sought. First meeting was held 27th May 2015 and second on 9th July 2015. Participants of stakeholder consultation included officials from Employment Bureau, Ministry of Interior, Ministry of Capital Administration, Ministry of National Health Services Regulations and Coordination, representative of government hospitals, academia, researchers and representative from Pakistan medical dental council. The discussion led to prioritize four major priority areas for migrant health in Pakistan. These included following four elements:

1. **Regular monitoring of migrant health condition**
2. **Advocacy and Policy development**
3. **Capacity building of providers**
4. **Improving Services at all levels of health facility**

1- Monitoring Migration Health in Pakistan

a. There is a need to develop mechanisms for monitoring migrant health in Pakistan. This must be done using a standardized approach so that it can be compared across countries and regions. It must ensure appropriate disaggregation and analyses of information in manners that account for the diversity in migrant populations.

b. **Health screening of Migrants**

   i. This also needs development of a database about migrants with incorporation of Health Management Information System (HMIS) accounting for foreigners and labour migrants.

   ii. There is a need for assessing health status of migrant workers and the returnee migrants.

   iii. A simple health form to be filled by outgoing migrants and returnee migrants, maintaining anonymity.

iv. Exit medical examination at destination, which should be confirmed by the recruiting agency.
v. An important consideration would be integration of screening data into existing data collection system as well as keeping in view the methodological and social consideration.

2- Advocacy and Policy Development

a. **Coordinating Mechanism**

i. Migrant health requires a strong contribution from the health sector as well as non-health sector involving new partnerships. A coordinated and comprehensive approach is needed to develop a mechanism to deal with different stakeholders and partners.
ii. This coordinating mechanism will enable proper preparation, task assignment and collaboration between the relevant departments dealing with migrants' issues in Pakistan. This requires stronger partnerships between all tiers of government, non-government organizations, private sector, involved communities, and action by individuals and families to improve the health of migrant and family.
iii. As health is being managed by multiple offices of government after devolution, so it is more feasible that a task force be established and based in IOM office for coordinating all matters related to migrant health in Pakistan.

b. **Advocacy and Awareness campaign**

i. Raising awareness about migrant health needs and it has to be linked with other health agendas for instance HIV, Hepatitis, maternal health, and all related SDGs.
ii. Migrant health requires emphasis on social determinants of health within the Strategy. These determinants should be linked with priorities and action needed for migrant health.

iii. Health briefing for departing migrants to be incorporated in pre-departure orientation for providing an overview of health systems in destination countries.
iv. Awareness and sensitization of migrants should be provided at all ports of arrival.

3- Capacity building, Sensitization and Training on Migrant Health

Integration of migrant health into health care system and recognition of migrants as a particular group with health risks and needs should be promoted through capacity building sessions as well as regular staff meetings with both medical and migration staffs to encourage exchange of knowledge and best practices. This must be done both for policy makers as well as providers.

a. For policy makers

i. Advocacy and awareness raising regarding migrant health needs and migrant rights
ii. Evidence based policy briefs generation and presentation
iii. Formulation of migrant sensitive policies and resource allocation

b. For Health Professionals

i. Training of health professionals especially on migrant sensitive services must be initiated through public health institutes,
ii. Health Workforce preparation is critical to understand and respond to migrant health needs including medical health needs, mental health needs and communicable and non-communicable diseases
iii. Certificate courses in migrant health
iv. Promotion of research and evidence generation in public health institutes through academic networking
v. Short documentaries about country of destination of migrants to be provided for pre-departure orientation to lessen the impact of culture shock and health vulnerabilities

4- Improved Service Delivery for Migrants in health facilities

i. Health workforce preparation to understand and respond to migrant health needs both in the public sector as well as private sector
ii. Inclusive health services, inclusion of migrants and the non-governmental organizations that serve them in design and delivery
iii. Provision of health promotion, disease prevention and disease control support to all migrants
iv. Developing health leadership for multisectoral engagement
v. A registration or tracking system should be set up for Pakistani migrants and coordinated with the health systems of receiving countries, so as to enable a continuum of care for Pakistani migrants while abroad.

7. Vision / Mission of Migrant Health Strategy

To improve health and well being of all migrants through availability, accessibility and affordability of high quality essential health services.

8. Strategic Action Areas for Migrant Health in Pakistan

8.1. Strategic Objectives for departing migrants:

a) To ensure that all the migrants from Pakistan have access to quality health services in countries of destination.
b) To ensure that the families left behind also have access to basic health services for their health and well being.
c) To ensure that migrants are facilitated in all phases of the migration including pre-departure, during travel, at destination and on return to Pakistan.

8.2. Strategic Actions for departing migrants

8.2.1. Regular monitoring of migrant health condition

a. Development of a multi-sectoral task force for implementation and monitoring of migrant health strategic plan.
b. Monitoring of migrant health will require a strong contribution from outside as well as within the health sector, and may involve new partnerships.
c. Development and implementation of health assessment of migrants from Pakistan on a regular basis. Information system must ensure appropriate disaggregation and analyses of migrant health information, and ensure standardization and comparability of data.
d. Development and implement of health assessment of all returnee migrants.

8.2.2. Advocacy and Policy development

e. Developing bilateral or multilateral engagements with destination countries for provision/protection of health of Pakistani migrants.

f. Development a mechanism to provide pre-departure information to all departing migrants about health systems in destination countries.

8.2.3. Capacity building of providers

g. Health Workforce preparation to understand and respond to migrant health needs including medical health needs, mental health needs and communicable and non-communicable disease prevention in foreign countries.

8.2.4. Improving Services at all levels of health facility

h. Develop and implement mechanisms to promote, protect and restore the health of the families left behind.

i. These families left behind must be considered as vulnerable groups in overall health strategy.

This must be critical for single parent migrant, as the single parent left behind needs more support. Similarly children left behind will need child health and nutrition support.

8.3. Strategic Objectives for migrants:

a) To ensure that immigration does not add any risk to health of local population as migration is linked with transfer of infectious diseases from one country to another.

b) To determine and mitigate any negative impact of migrant health risks as health system of developing countries are already overburdened.

c) To ensure that the migrants have access to quality basic health care services in a responsive and facilitative environment.

8.4. Strategic Actions for migrants

8.4.1. Regular monitoring of migrant health condition

a. Develop and monitor health assessment and surveillance of all migrants.

This may include all phases of migration; pre-departure, travel, and after reaching Pakistan.

b. Ensure standardization and comparability of data of migrants.

8.4.2. Advocacy and Policy development

c. Raising awareness about migrant health needs (linked with other health agendas e.g., TB, HIV&AIDS, Hepatitis, maternal and child health, Non-Communicable Diseases and Mental health)
d. Develop public private partnerships for rendering quality health services across regions of migrant concentrations.
e. Extend social protection in health and social security for all migrants.

8.4.3. Capacity building of providers

f. Develop the capacity of health and relevant non-health workforce to understand and address health issues associated with migration.

8.4.4. Improving Services at all levels of health facility

g. Ensure that all the migrant population have access to health services without any prejudice and discrimination.
h. Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way and to enforce laws and regulations that prohibit discrimination.
i. Implement and monitor occupational and health safety standards at all sites of migrant health workers.

9. Monitoring Matrix of Strategy

In the second stakeholder consultation in July, the participants also discussed the role of various partners in migrant health in Pakistan. In order to develop mechanisms for improving migrant health in Pakistan it was discussed that following departments can play crucial role. The responsibility matrix was also developed to highlight roles of various partner institutions in migrant health in Pakistan.

10. Potential Partners in Migrant Health in Pakistan

1. International Organization for Migration (IOM)
2. United Nations High Commissioner for Refugees (UNHCR)
3. World Health Organization (WHO)
4. International Labour Organization (ILO)
5. Ministry of National Health Services Regulation and Coordination
6. Ministry of Overseas Pakistanis & Human Resource Development
7. Ministry of Interior
8. Ministry of Foreign Affairs
9. Bureau of Emigration & Overseas Employment
10. Overseas Pakistanis Foundation (OPF)
11. Overseas Employment Corporation (OEC)
12. Provincial Ministry of Labor and Manpower
13. Provincial Social Welfare Departments
14. Employees Old-Age Benefits Institution (EOBI)
15. Workers Welfare Fund (WWF)
16. National Industrial Relations Commissions Islamabad (NIRC)
17. Ministry of Information Technology
18. Provincial and District Health Departments

Table 2 provides the brief of action plan with responsibility matrix for implementation of migrant health strategy in Pakistan.

Table 2: Action Plan

Actions For Departing migrants of Pakistan				
	Potential Partners	**Indicators**	**Means of Verification**	**Risks/Remarks**
ealth kistan	• **International Organization for Migration** • Central Health Establishment • Ministry of Overseas Pakistanis & Human Resource Development.	• Protocol for outgoing migrants health assessment developed. • Assessment of health status initiated.	Availability of protocol for health assessment. Reports of health assessments.	This will require additional efforts from central health establishment as well as Ministry of Overseas
ntries lth of	• **International Organization for Migration** • Ministry of Foreign Affairs • Ministry of National Health Services Regulation and Coordination. • International Labor Organization	• Number of bilateral or multilateral agreements signed.	Availability of signed bilateral or multilateral agreements	International level dialogue and arbitration will be needed to initiate these agreements.
sm to n to all	• **International Organization for Migration** • Ministry of Foreign Affairs • Ministry of National Health Services Regulation and Coordination	• No. of training sessions conducted • No. of training materials/IEC materials disseminated	M&E reports (Quarterly and annual)	Needs an extra effort from multiple partners which needs strong advocacy
s	• **Central Health Establishment** • Ministry of National Health Services Regulation and Coordination and • Provincial Health Departments	• Surveillance Data available for health of all returnee migrants	Number of health assessments done for returnee migrants	Given the scope of current airport health operation, it will require SOPs approval from multiple sources
n to h of	• **Ministry of National Health Services Regulation and Coordination** • **Provincial Health Departments**	• Number of protocol developed to promote, protect and restore the health of family left behind • Number of family left behind reached for health promotion activities	Health statistics reports of families left behind	Given the geographical spread of migrant families, it will be difficult to manage by federal ministry

Actions For Migrants coming to Pakistan				
Strategy/Action	**Potential Partners**	**Indicators**	**Means of Verification**	**Risks/Remarks**
Ensure that all the migrant population coming to Pakistan have access to health services without any prejudice and discrimination	• **Ministry of National Health Service Regulation and Coordination** • Provincial Health Departments • District Health Departments	• Number of guideline on providing sensitive health services to inbound migrants trained to health providers • Number of health facilities provide migrant friendly services	M&E reports (Quarterly and annual)	Resource allocation problems and mobilization Coordination across regions and departments
Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way	• **Provincial Health Departments/District Health Departments** • Provincial Training Institutes	• Number of Exit interviews of migrants at facility level to assess perceived quality of care • % of migrants satisfied with the quality of health care services	M&E reports (Quarterly and annual) Exit interview report	Resource allocation and mobilization Coordination across regions and departments
Develop the capacity of the health and relevant non-health workforce to understand and address health issues associated with migration	• **Provincial Health Development Centres** • **Federal Health Services Academy**	• Number of training Sessions conducted	M&E reports (Quarterly and annual) Training reports	Resource allocation and mobilization
Extend social protection in health and social security for all migrants.	• **Provincial Ministry of Labor and Manpower** • Provincial Social Welfare Departments	• Number of legislation for social and health security of inbound migrants developed •	M&E reports (Quarterly and annual)	Resource mobilization Legislation and regulation Coordination across regions and departments
Develop public private partnerships for rendering quality health services across regions of migrant concentrations	• **Ministry of National Health Services Regulation and Coordination** • Provincial Health Departments • District Health Departments	• No. of standards and packages available for quality health services across regions of migrant concentrations • Number of public private partnerships meetings/dialogues for improved quality health services across regions of migrant concentrations	M&E reports (Quarterly and annual)	Coordination across regions and departments

Implement and monitor occupational and health safety standards at all sites of migrant health workers	• **Labor and Manpower Department** • Ministry of National Health Services Regulation and Coordination • Provincial Social Welfare Departments	• No. of M&E framework developed and implemented • No. of occupational and health safety standards developed • No. of migrant sites applied the occupational and health safety standards	M&E reports of concerned department	Involvement of all stakeholders especially employers will require strenuous efforts and strong lobbying.
Develop and monitor health assessment and surveillance of all migrants. This may include all phases of migration; pre-departure, travel, and after reaching Pakistan.	• **Ministry of Interior** • **Ministry of Foreign Affairs** • Central Health Establishment • Provincial Health Departments • District Health Departments	• Surveillance Data of all migrants available in Pakistan	Monitoring Reports of surveillance	Needs extra effort from multiple local and international partners which needs strong advocacy and leadership
Raise awareness about migrant health needs (linked with other health agendas e.g., TB, HIV&AIDS, Hepatitis, maternal and child health, NCDs and Mental health)	• **International Organization for Migration** • Provincial Health Departments • District Health Departments	• Availability of awareness raising training curriculum developed • Number of awareness raising training sessions conducted in Regions of migrant concentration	M&E reports (Quarterly and annual)	

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