

VULNERABLE POPULATION AND COMMUNITY RESILIENCE

URBANIZATION, MIGRATION AND BARRIERS IN HEALTH EQUITY IN SOUTH AFRICA

PROF DEB BASU

STEVE BIKO ACADEMIC HOSPITAL AND
UNIVERSITY OF PRETORIA

CONTENT

- ▶ Global context
- ▶ South Africa and Urbanization
- ▶ NHI/ UHC
- ▶ Concluding remarks

The UCL–Lancet Commission on Migration and Health: the health of a world on the move

‘With **one billion people** on the move or having moved in 2018, migration is a global reality. International migration has increased to **258 million**, and the numbers of refugees and people displaced by conflict, natural disasters, and climate change are at their highest levels: 22 and 40 million, respectively.

Despite negative political narratives, migration is not overwhelming high-income countries—instead, it takes place mostly **between low-income and middle-income countries** and most people are migrating for work.

By and large, migration is a positive and diverse experience. But migration has also become a political lightning rod’

GLOBAL COMPACT FOR MIGRATION

- ▶ **aims to mitigate the adverse drivers and structural factors** that hinder people from building and maintaining sustainable livelihoods in their countries of origin;
- ▶ **intends to reduce the risks and vulnerabilities migrants face at different stages of migration** by respecting, protecting and fulfilling their human rights and providing them with care and assistance;
- ▶ **seeks to address the legitimate concerns of states and communities**, while recognizing that societies are undergoing demographic, economic, social and environmental changes at different scales that may have implications for and result from migration;
- ▶ **strives to create conducive conditions that enable all migrants to enrich our societies** through their human, economic and social capacities, and thus facilitate their contributions to sustainable development at the local, national, regional and global levels.

<https://refugeesmigrants.un.org/migration-compact>

INTERNATIONAL FRAMEWORK

- ▶ **19/09/2016:** New York Declaration for Refugees and Migrants, adopted by the UNGA on and the health-related commitments in the Global Compact on Refugees and the Global Compact on Safe, Regular and Orderly Migration (GCM)
- ▶ **12/12/2017:** Secretary-General's report, *Making migration work for all*, adopted by the UNGA
- ▶ **January 2017:** 140th EB session, : Secretariat to develop a *Framework of priorities and guiding principles to promote the health of refugees and migrants* with IOM and UNHCR
- ▶ **May 2017,** WHA endorsed resolution WHA70.15 on promoting the health of refugees and migrants ... in line with the New York Declaration for Refugees and Migrants
- ▶ **15-16/10/2018:** Global Migration Network, Geneva

WHAT DOES THE LAW SAY ABOUT MIGRANTS AND REFUGEES ACCESSING HEALTHCARE IN SOUTH AFRICA?

LEGAL FRAMEWORK

▶ **Constitution**

- ▶ everyone has the right to have access to health care services, and
- ▶ 'no one' may be refused emergency medical treatment.

▶ **National Health Act**

- ▶ All persons in South Africa can access primary health care at clinics and community health centers.²
- ▶ All pregnant or breastfeeding women and children under the age of six are entitled to health care services at any level

▶ **Refugees Act**

- ▶ Refugees in South Africa have the same right to access healthcare as South African citizens.

▶ **Department of Health 2007 Circular**

- ▶ Refugees and asylum seekers, with or without permits, can access the same basic health care services as South African citizens (which means it is free at point of use, but can be charged thereafter), and
- ▶ Refugees and asylum seekers, with or without permits, can access Antiretroviral Treatment in cases of HIV.

▶ **Immigration act**

- ▶ hospitals and clinics (along with other state institutions) 'shall report to the Director-General [of Home Affairs] any illegal foreigner' or anyone whose status is not clear

PAYMENT AT CLINICS AND HOSPITALS

- ▶ Mean-tested
 - ▶ South African Citizen
 - ▶ Non-South Africans who have permanent or temporary residency in a passport, and
 - ▶ Anyone from the SADC region who is undocumented
- ▶ Full fees
 - ▶ Undocumented people from outside the SADC region,
 - ▶ people on a tourist/visitor's visa
- ▶ Private Sector
 - ▶ If a patient is able to afford private medical fees, they can be attended to by a private hospital or clinic, regardless of documents

REALITY OF ACCESSING HEALTHCARE IN SOUTH AFRICA

9

- ▶ Medical xenophobia refers to the negative attitudes and practices of health professionals and employees towards migrants and refugees based purely on their identity as non-South African
- ▶ *Migrants or refugees being denied treatment is not always due to “medical xenophobia”.*

MIGRANTS' BURDEN THE HEALTHCARE SYSTEM

- ▶ Only **3%** of the population are foreign-born
- ▶ **healthy migrant effect:** Majority of migrants in the Southern African Development Community (SADC) not moving in search of healthcare, but are typically healthy
- ▶ 'Non-South Africans pay for their healthcare services just as South Africans do.
- ▶ **Challenges**
 - ▶ governmental planning of budgets without migration in mind.
 - ▶ Internal migration (i.e. people moving *within* the country of their birth) accounts for much more than cross-border migration in SADC.
 - ▶ Use of fake ID/address

ACCESSING SPECIALIST TREATMENT

► *Dialysis*

- 'while the state must always provide everyone with emergency medical treatment, this does not include 'chronic illnesses for the purpose of prolonging life'
- Provision of this type of specialist care (such as dialysis) should be administered by hospitals to their best ability.'

► *Organ transplant*

- an organ may not be transplanted into a person who is not a South African citizen or a permanent resident of the Republic without the Minister's authorisation in writing

► *TB/ HIV*

- regardless of their nationality or documentation status, has the right to access treatment for HIV (Anti-Retroviral Treatment) and TB.



Soobramoney case (1997)

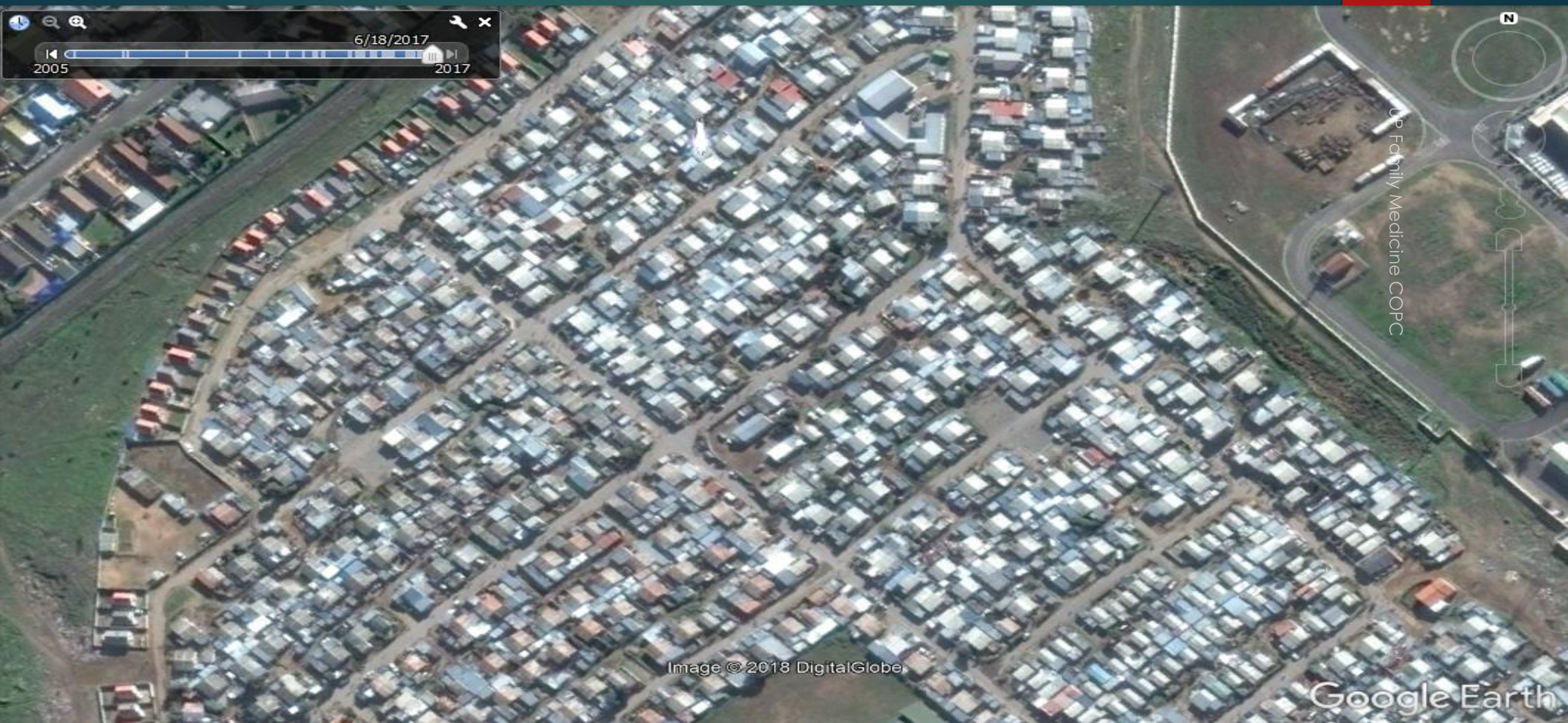
JOHANNESBURG AND SOUTH AFRICA



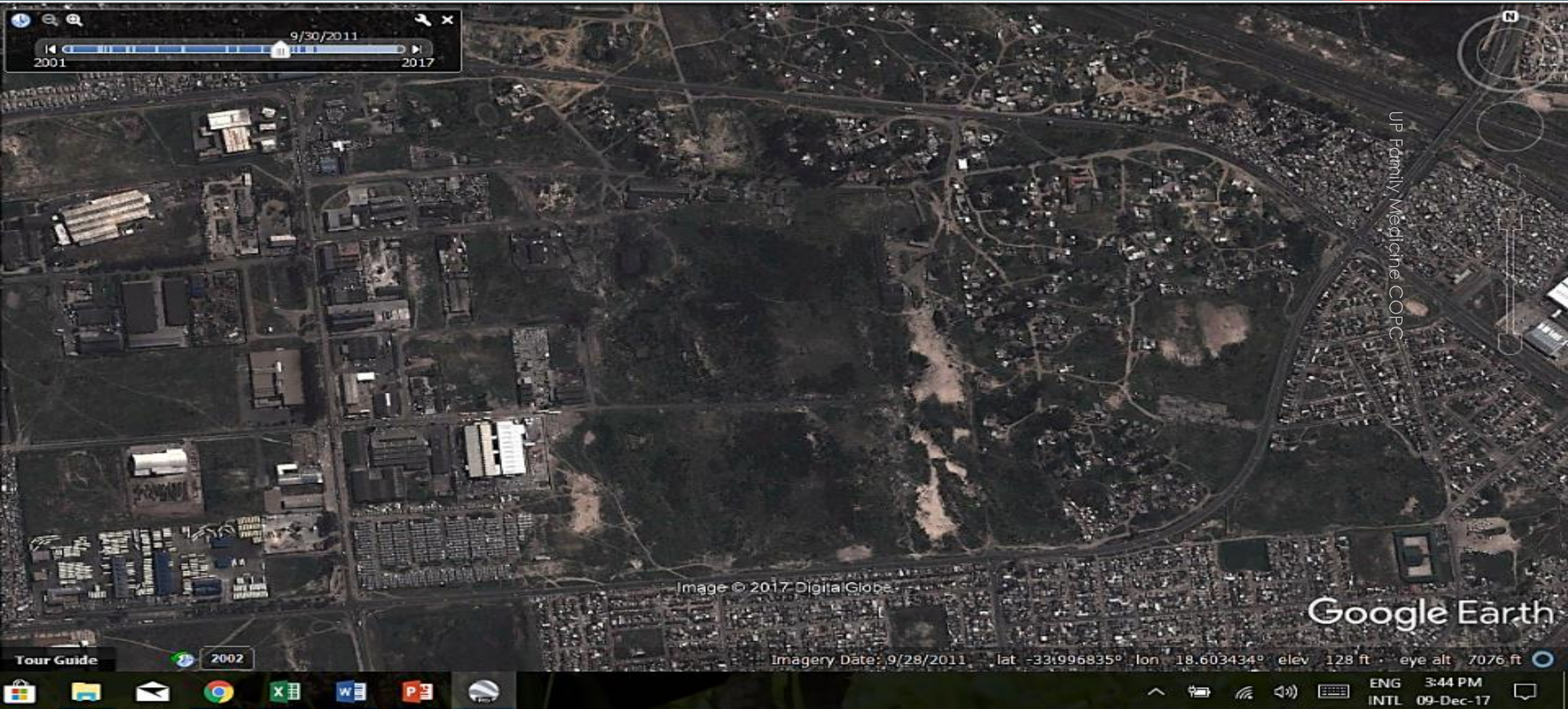
POST CENSUS GROWTH & DENSIFICATION



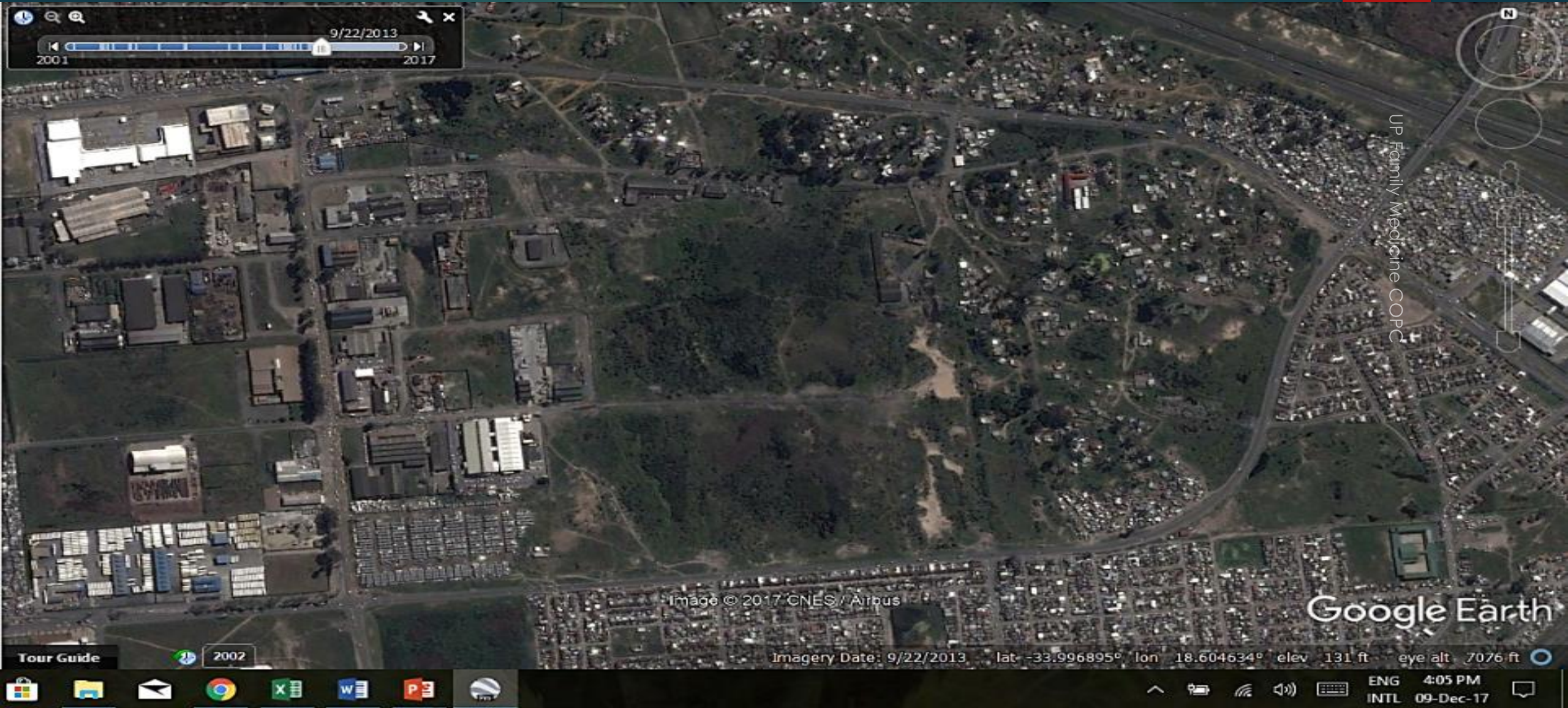
POST CENSUS GROWTH & DENSIFICATION



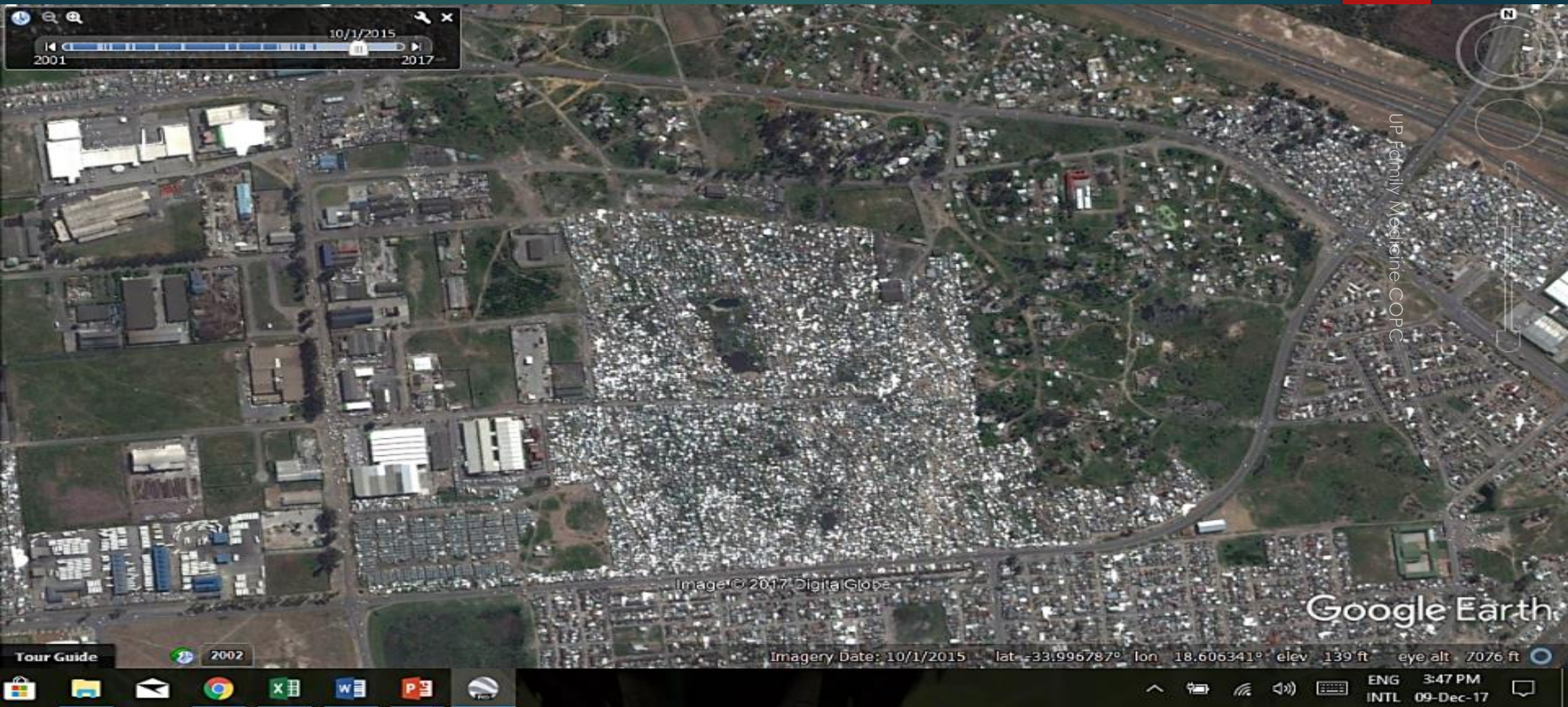
SEP 2011



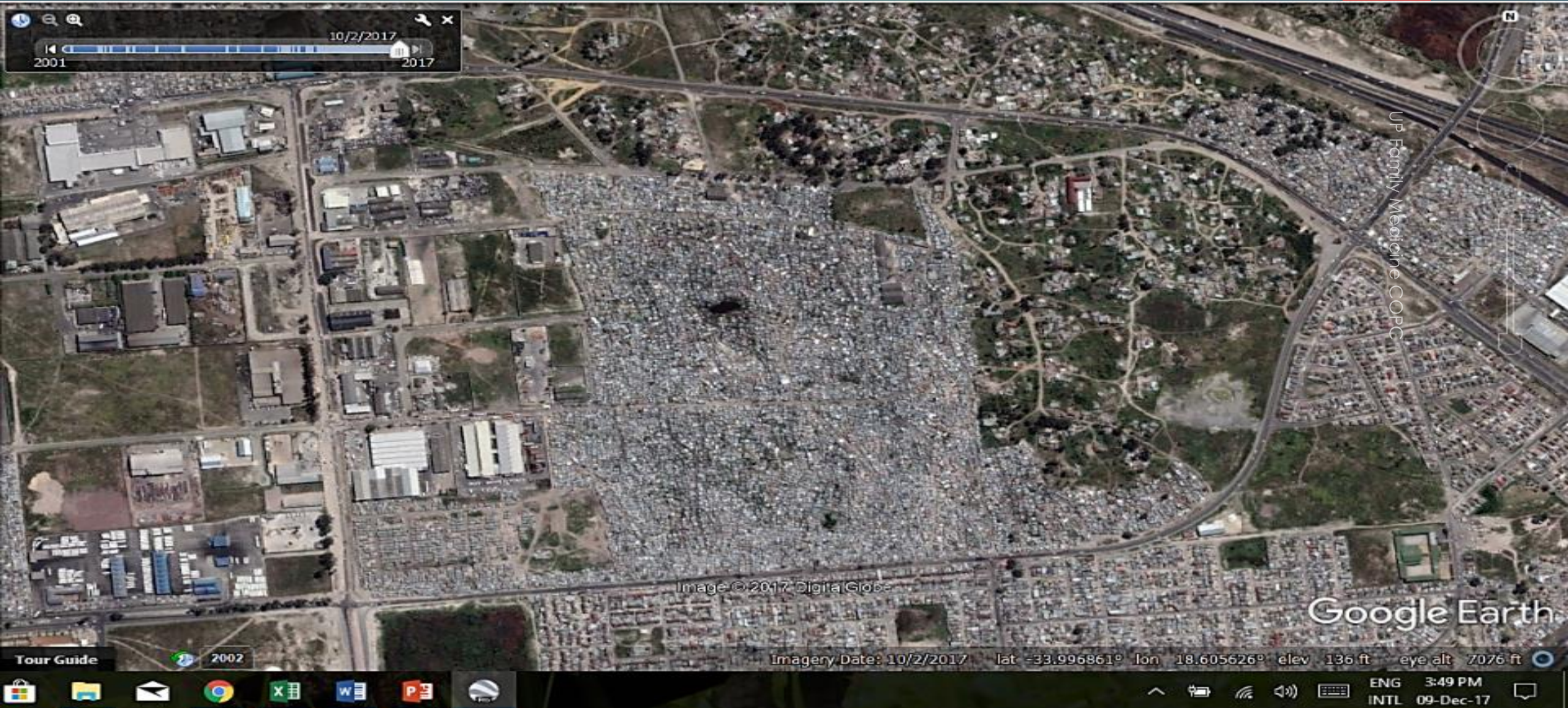
SEP 2013



OCT 2015



OCT 2017



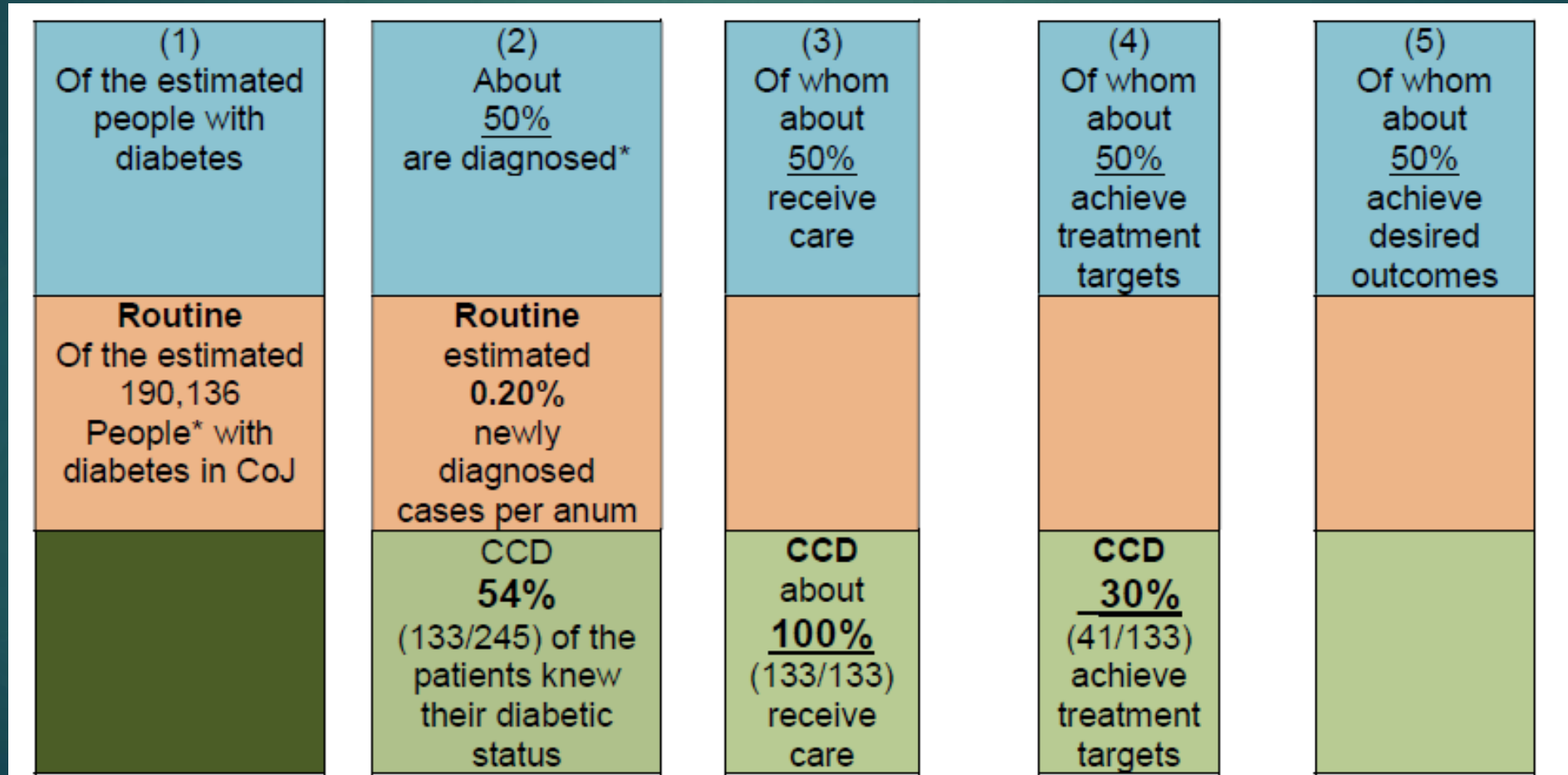
DISEASES OF PUBLIC HEALTH IMPORTANCE



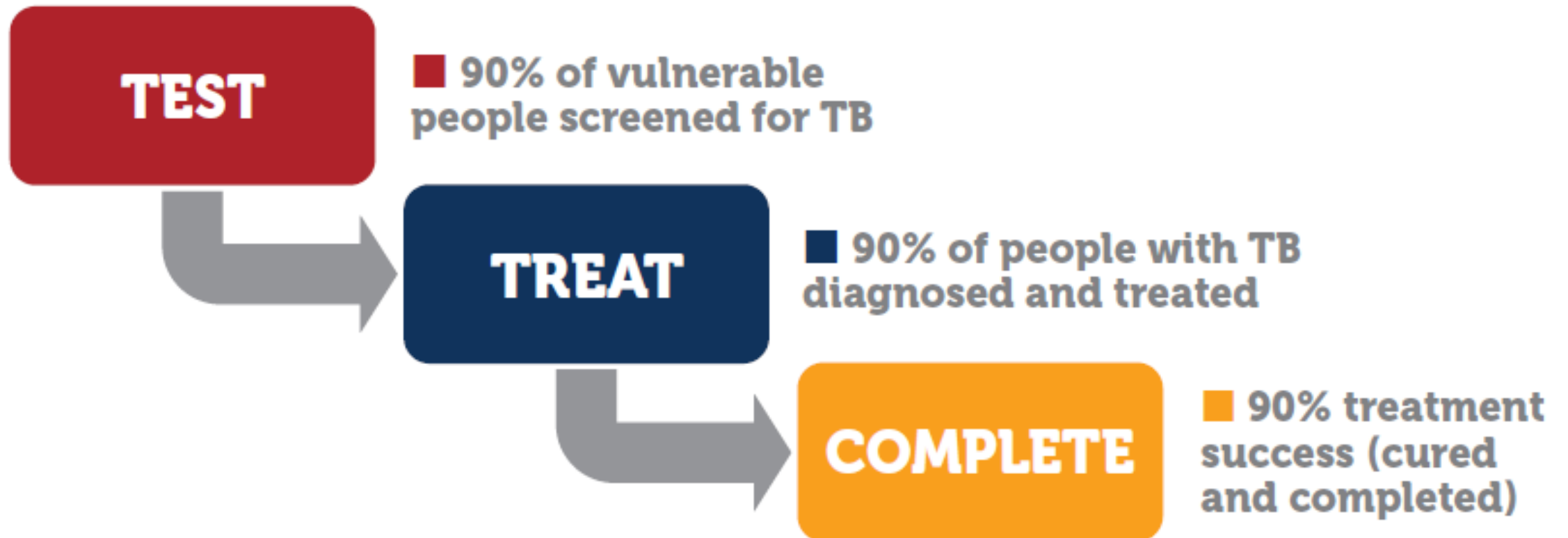
HBA1C

HBA1C (%)	2017 no	2017 (%)	2009 (%)
<7	259,715	16%	37.5%
7 to < 8	341,918	21%	13.7%
8 to < 9	407,689	25%	10.3%
9 to < 10	464,539	28%	8.8%
>=10	172,125	10%	29.7%
Gauteng (%)	1,645,986	100%	100%
Gauteng Average		8,4	8.9
		84%	62.5%

CITIES CHANGING DIABETES PROJECT IN CITY OF JOHANNESBURG



TUBERCULOSIS



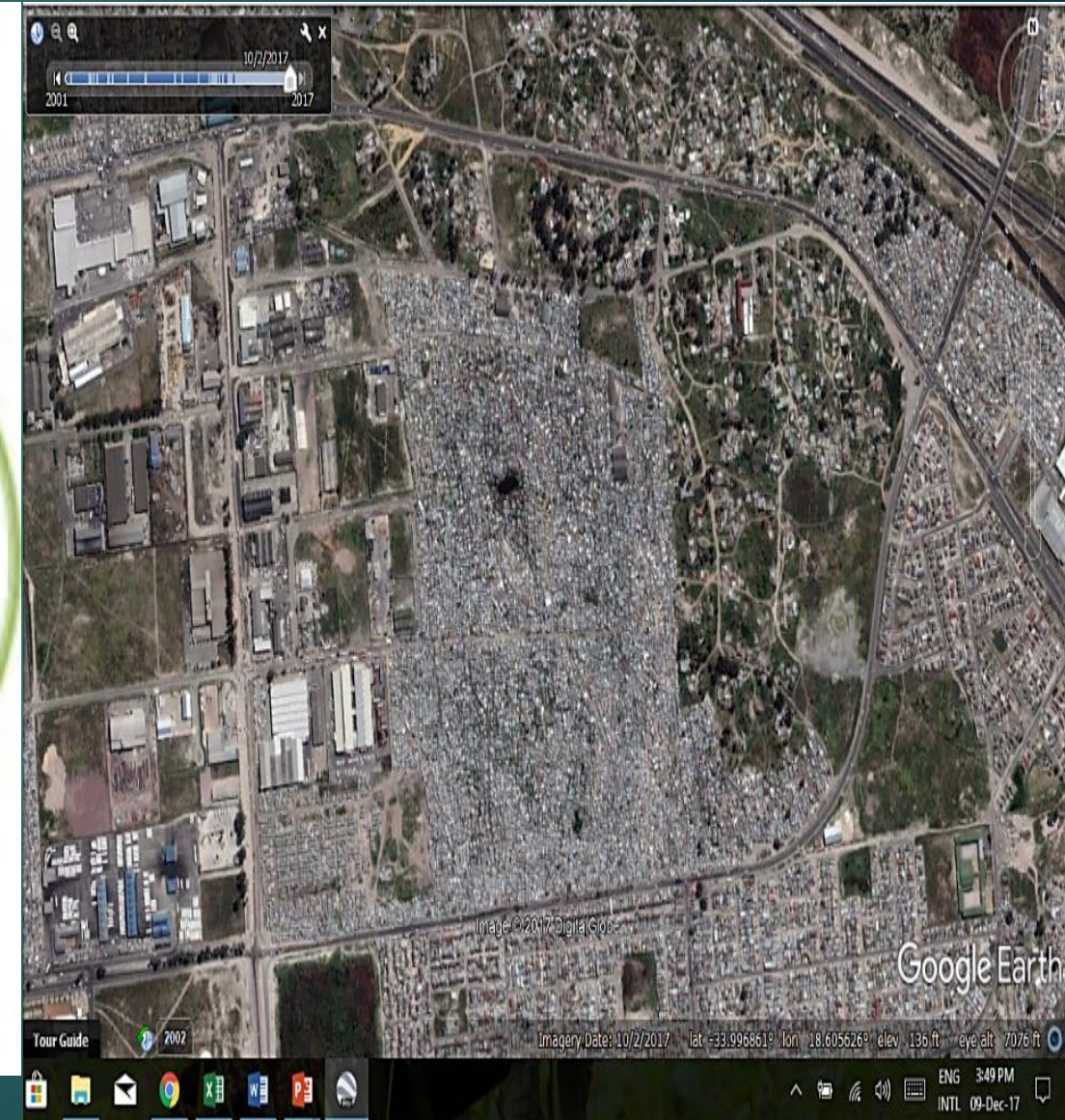
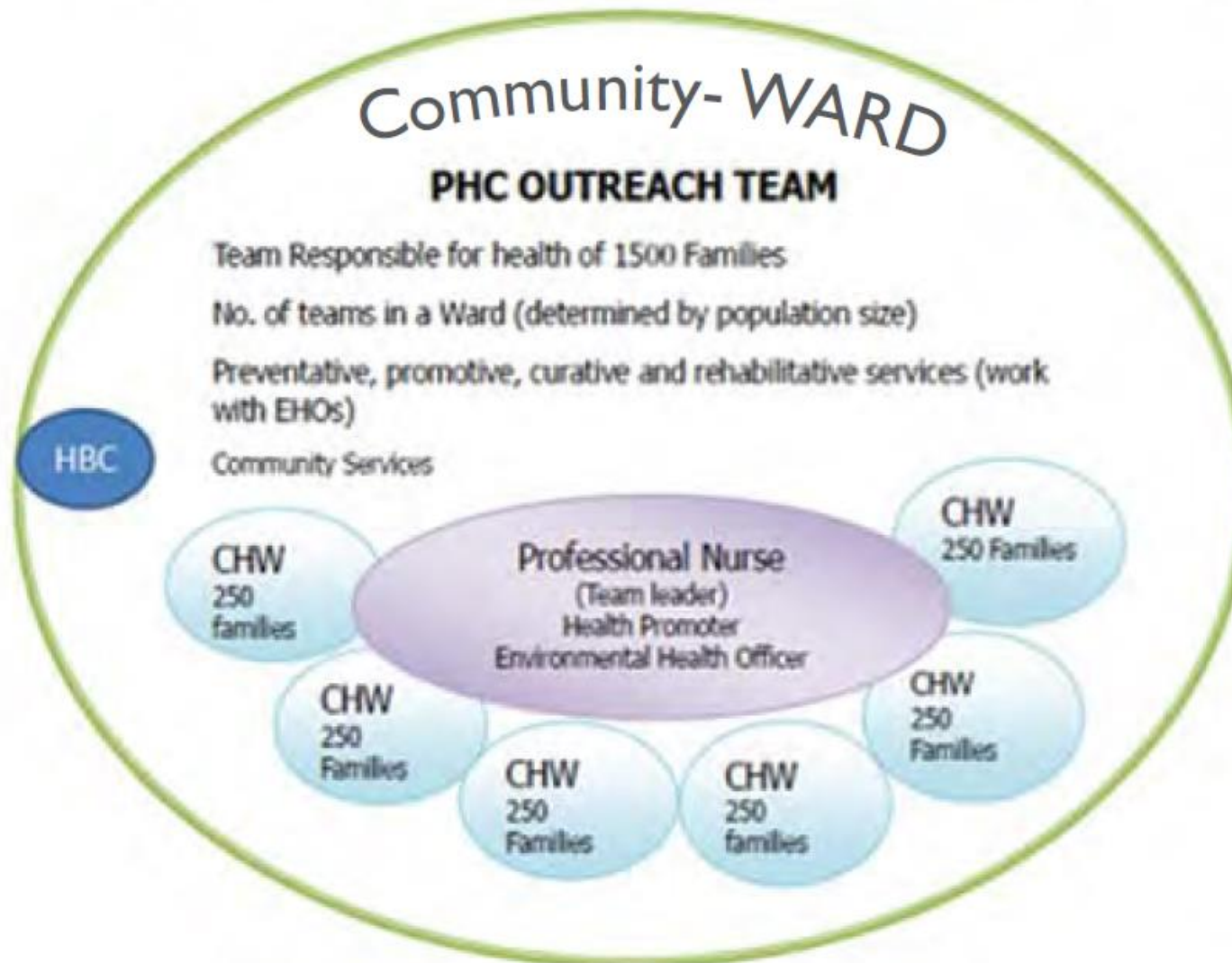
TB STRATEGIC GOALS

	2018/19	2019/20 target
Increase number of people screened for TB	440,000	500,000
Increase percentage of people screened for TB from of total population with HIV	90%	95%
Decrease number of new TB infections		50%
Increase the percentage of people cured of TB	83%	85%
Reduce defaulter rate among people with TB	5.1%	<4%
Increase the percentage of people death rate	5.2%	<5%
Increase the percentage of patients with MDR-TB initiated on treatment should	45%	80%
Increase the percentage of patients with MDR-TB success rate	35%	65%
Increase number of clinical and district nurses trained to initiate MDR-TB treatment from 40 to 500 by 2019/20		

PRIMARY HEALTH CARE STRUCTURE

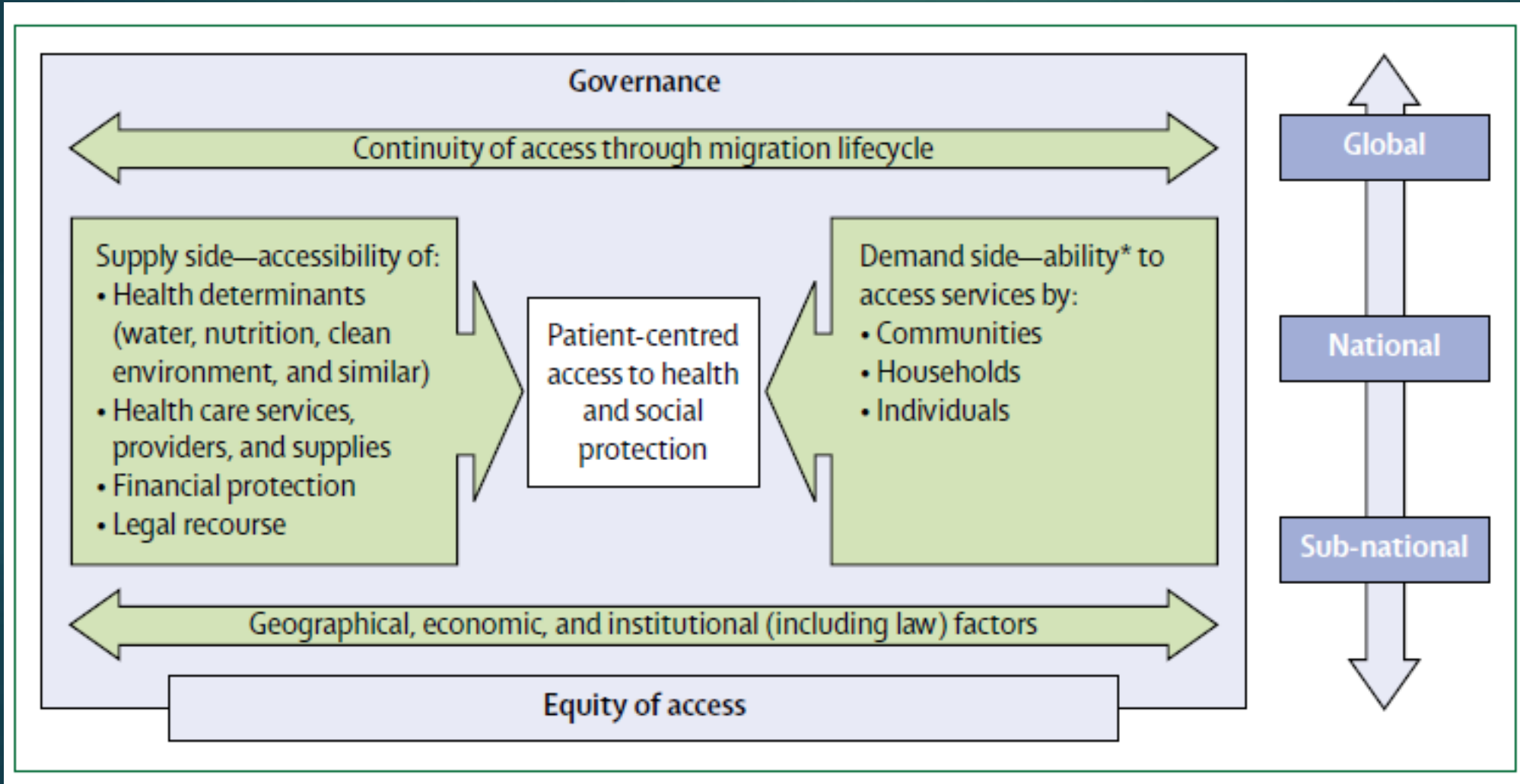


CONTACT TRACING?



SO WHAT SHOULD WE DO?

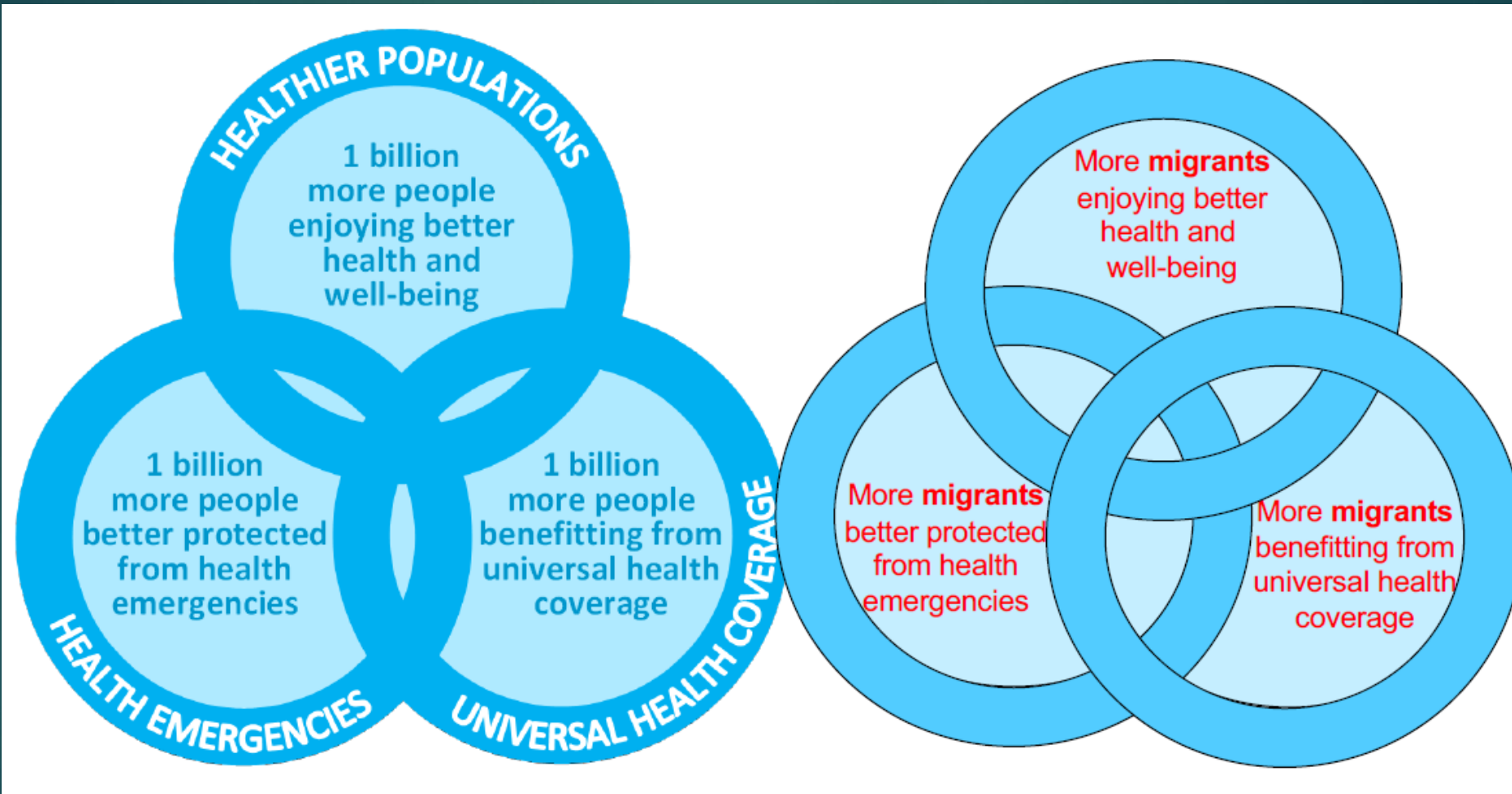
HEALTH SYSTEM FRAMEWORK FOR MIGRANT'S ACCESS TO HEALTH CARE



DISEASES AND MIGRATION

- ▶ Relationship between migration and disease: complex;
- ▶ both internal and international migrants move to urban areas for reasons other than healthcare seeking;
- ▶ most migratory movements into urban areas involve the positive selection of healthy individuals. Healthy migration has economic benefits for rural sending households,
- ▶ Return migration (internally or across borders) in times of sickness, placed significant burden of care placed on the rural, sending household.

Glob Public Health. 2012;7(1):58-70



CONCLUDING REMARKS

- ▶ Relationship between migration and disease: complex;
- ▶ both internal and international migrants move to urban areas for reasons other than healthcare seeking;
- ▶ most migratory movements into urban areas involve the positive selection of healthy individuals. Healthy migration has economic benefits for rural sending households,
- ▶ Return migration (internally or across borders) in times of sickness, placed significant burden of care placed on the rural, sending household.



Migration Series by American painter Jacob Lawrence. Painted in 1941, this series of 60 paintings depicts the Great Migration