WEEKLY EPIDEMIOLOGICAL REPORT

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Migrant Health (Part II)

This is the second in a series of 2 articles on Migration health dedicated for 2nd Global Consultation on Migration Health which will be held on 21st to 23rd February 2017 in Colombo.

Health issues of the international migrants cont.

Migrant workers especially unskilled workers and housemaids are prone to get exposed to physical and sexual harassment and abuse of the employer. Also as they are away from home and loved ones, they are prone to have psychological problems and difficulty in adjusting to new environment and culture and being unskilled for work, overwork aggravates the psychological problems. On top of that physical and sexual abuse, uncertainty of the future, problems of being left behind may also exaggerate the problem which leads to poor concentration and poor work performance. This is acting as a vicious cycle worsening the worker's physical and psychological condition. As most of our migrant workers are unskilled, they are prone to occupational health hazards and some climatic conditions and poor living conditions and workplace conditions may aggravate the problem.

Students migrating for higher studies also have a separate set of health issues finally affecting their psychological and physical health. Isolation and separation from family, educational stress, language problems, socioeconomic stress and uncertainty of the future career have an adverse effect on their health.

WHO defines Universal Health Coverage (UHC) as "all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship" and they recommend UHC in all countries in the world. Although Sri Lanka has achieved the population coverage for all within the country, it is a challenge to provide UHC to around 2 million Sri Lankan migrants in other countries, and the responsibility lies on the host country. At the same time, we are responsible for the provision of health care for the migrants from other countries coming into Sri Lanka. To achieve the population target for the whole world, an international agreement is needed on the health care provision for the migrants.

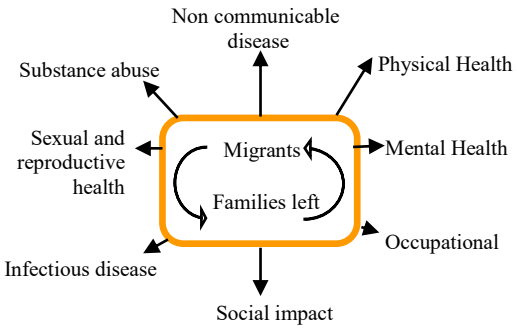

Figure 2. Summary of health issues of migrants and families left behind

Health issues of internal migrants

Most of the internal migrants in Sri Lanka are living under substantial living conditions. Overcrowded places with poor housing conditions promote spread of many infectious diseases. Poor water and sanitation facilities also help in spreading of food and waterborne diseases.

Due to stressful occupational conditions, educational environment etc. and poverty and poor income management, they are used to consume unhygienic junk food and this worsens their nutrition condition.

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They are a highly vulnerable group for physical and sexual harassment and engaging in unprotected sex increasing the risk of spreading STIs including HIV. Provision of facilities for sexual and reproductive health is also difficult due to their poor health seeking behavior. Therefore health sector has to pay more attention to find a suitable method to reach these groups.

Health Issues of the left behinds

The absence of a parent negatively affect the overall health and development as well as the social and cultural aspects of the left behind children. Studies have showed that 25% of the children in a family with a migrant worker are underweight.

Disruption of the family structure badly affects mental and physical health of the left behind spouse and studies have shown that prevalence of alcohol usage among these family members high. Therefore children lack good role models, leading to poor life skills and deficiencies in decision making and acceptance of responsibilities, cope-up ability, critical and creative thinking, and effective communication etc. and are more prone to get engaged in anti-social activities.

These can be considered as vulnerable families for physical and sexual abuse and neglect. Therefore, special attention of the health care professionals are essential for these family members.

Sri Lanka National Migration Health Policy

Sri Lanka is the only country which has a comprehensive migration health policy. It aims to engage all relevant sectors and agencies that are responsible for ensuring the health of four affected groups of migrants namely out bound, internal and inbound migrants and the families left behind by out bound migrants throughout the migration cycle including origin, transit, destination and return.

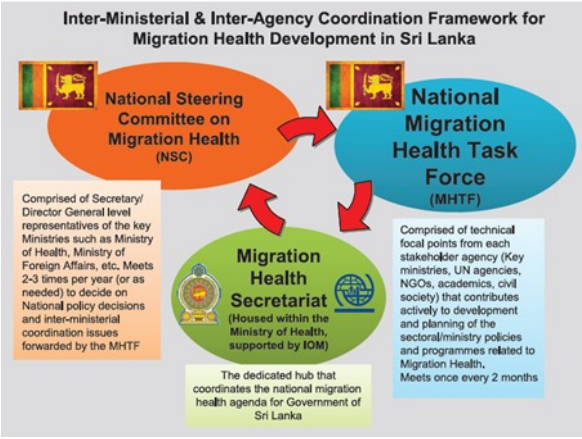

Figure 3 inter-ministerial and inter-agency coordination framework

(Source—National migration health policy draft, downloadable from http://www.migrationhealth.lk/sri_lanka_national_migration_health_policy.pdf)

Though it mainly focus the inter-sectoral collaboration and engagement in provision of health including nutrition and social wellbeing of four groups, it emphasizes the importance of standardization of health assessments and health related information system on migration health.

The 2nd Global Consultation on Migration Health

In response to the emerging international attention to the migration health, International Organization for Migration (IOM) and WHO and the Government of Sri Lanka jointly organize the 2nd Global Consultation on Migration Health. As Sri Lanka is the only country having a comprehensive migration policy, this important event will be conducted in Colombo from 21st to 23rd February 2017, seven years after the 1st consultation held in Madrid, Spain in 2010.

The objectives of The 2nd Global Consultation on Migration Health

1. To share lessons learned, good practices and research in addressing the health needs of migrants, and to identify gaps, opportunities and new challenges;
2. To reach consensus on key policy strategies to reach a unified agenda across regions on the health of migrants, reconciling acute large scale displacement, as well as long-term economic and disparity-driven structural migration, and to pave the way towards a possible roadmap of key benchmarks;
3. To engage multi-sectoral partners at policy level for a sustained international dialogue and an enabling policy environment for change.

The main outcome of the consultation is to produce the "Colombo Statement" expressing governments' support to promote the health of migrants at multi-sector level and to emphasize the importance of experts' and policy makers' recommendations to lead the future advancement of migration health as a key global health agenda. In the 1st global consultation, an Operational Framework was developed based on the World Health Assembly resolution no.61.17 and in this consultation they are expected to enhance it with a progress-monitoring framework. Establishment of a research agenda and network for the production and sharing of evidence to enhance migrant-inclusive policy development is also an expected outcome.

In addition to that, this global consultation will provide member states and partners working for migration health a meaningful platform for a multi-sectorial dialogue leading to enhance the political commitment towards the health of the migrants.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 28th – 03rd Feb 2017 (05th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	417	3045	1	13	0	0	0	3	1	3	1	7	0	1	0	4	0	0	3	21	1	5	1	1	**63**	**81**
Gampaha	20	1312	0	4	0	5	0	1	0	0	1	4	0	0	0	0	0	0	2	12	0	9	0	1	**13**	**73**
Kalutara	50	593	0	6	0	0	0	1	1	6	4	25	0	2	0	0	0	0	9	39	0	10	0	0	**43**	**71**
Kandy	25	288	0	6	1	2	0	0	0	0	0	7	3	23	0	3	0	0	5	35	1	7	0	0	**61**	**87**
Matale	8	134	0	3	0	0	0	0	0	0	1	9	0	0	0	1	0	0	0	2	1	16	0	2	**54**	**92**
NuwaraEliya	9	61	0	4	1	1	0	2	0	0	0	4	2	21	1	2	0	0	4	17	1	4	0	0	**100**	**100**
Galle	28	827	0	7	0	1	0	2	0	2	0	19	0	9	0	0	0	0	6	35	0	4	0	0	**40**	**95**
Hambantota	24	239	0	10	1	1	0	2	0	0	0	10	0	6	0	2	0	0	0	25	0	3	0	28	**50**	**92**
Matara	118	546	1	7	0	2	0	0	0	2	0	8	0	5	0	1	0	1	1	14	1	1	0	5	**100**	**100**
Jaffna	56	605	4	46	1	2	1	6	0	17	1	9	15	170	0	2	0	0	8	56	0	7	0	0	**67**	**79**
Kilinochchi	6	61	1	5	0	0	0	0	0	0	0	1	1	7	0	2	0	0	0	0	0	0	0	0	**50**	**100**
Mannar	22	166	0	1	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	**60**	**100**
Vavuniya	18	79	1	4	0	0	1	5	0	1	0	2	0	0	0	1	0	0	2	7	0	0	0	2	**100**	**100**
Mullaitivu	0	37	0	1	0	0	0	2	0	0	0	6	0	2	0	0	0	0	0	1	0	4	0	0	**20**	**80**
Batticaloa	27	220	1	21	0	4	0	1	0	0	0	5	0	0	0	2	0	0	2	13	1	7	0	1	**43**	**100**
Ampara	2	52	2	3	0	0	0	0	0	0	0	3	0	0	0	1	0	0	0	27	2	4	0	0	**43**	**100**
Trincomalee	132	518	1	1	0	0	1	1	0	1	0	2	0	5	0	3	0	0	2	22	0	3	0	0	**67**	**85**
Kurunegala	37	438	0	15	0	0	0	0	0	0	0	14	1	10	0	1	0	0	3	46	0	10	1	15	**41**	**90**
Puttalam	9	174	1	9	0	1	0	0	0	0	0	2	0	7	0	1	0	0	2	12	0	9	0	1	**29**	**86**
Anuradhapura	11	145	0	3	0	0	0	0	0	2	0	16	1	8	1	2	0	0	4	31	0	8	4	29	**32**	**68**
Polonnaruwa	17	72	1	5	0	0	0	0	0	0	1	9	0	1	0	1	0	0	3	15	0	2	0	16	**57**	**100**
Badulla	32	260	2	16	0	3	0	1	0	1	0	11	2	5	1	5	0	0	6	48	5	31	0	1	**65**	**94**
Monaragala	20	117	0	9	0	1	0	0	0	1	2	16	4	20	1	3	0	0	7	21	2	11	1	3	**64**	**91**
Ratnapura	34	435	1	13	0	11	0	2	0	0	1	36	0	2	1	6	0	0	2	13	3	16	0	0	**28**	**83**
Kegalle	31	234	1	9	0	0	0	0	0	3	1	5	4	10	0	0	0	0	1	25	3	12	0	2	**73**	**91**
Kalmune	12	405	0	14	0	2	0	1	0	3	0	2	0	0	0	0	0	0	5	30	0	1	0	0	**15**	**69**
SRILANKA	**1165**	**11063**	**18**	**235**	**4**	**36**	**4**	**31**	**2**	**42**	**13**	**232**	**33**	**315**	**5**	**43**	**0**	**1**	**77**	**568**	**21**	**184**	**7**	**107**	**51**	**87**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 03rd February , 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 304 **C****-Completeness

A = Cases reported during the current week. **B** = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

28th – 03rd Feb 2017 (05th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	00	00	00	01	01	07	05	+40%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	00	02	00	00	01	01	00	00	00	04	02	28	36	-22.2%
Measles	00	01	00	00	00	00	00	00	01	02	13	34	73	-53.4%
Rubella	00	00	00	00	00	00	00	00	00	00	02	00	03	-100%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	01	00	00	00	00	00	00	00	01	00	01	00	0%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	04	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	03	01	13	-92.3%
Tuberculosis	87	17	09	18	08	03	00	04	10	156	157	809	867	-6.6%

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

Number of Malaria Cases Up to End of January 2017,

09

All are Imported!!!

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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