

# Improving health care for migrant workers, mobile populations, and border communities

## Background

Labor migrants, particularly the unskilled and undocumented, are often in poor working and living conditions, work under limited social protection and have poor access to health and other social services. These circumstances in turn may contribute to health hazards, especially infectious diseases. The economic rationale for providing access to healthcare for migrant labor is that it saves costs for healthcare systems of both origin and host countries. Infectious diseases cross borders bringing threats to migration and livelihoods of migrants and border communities. **Cooperation among countries to ensure access to health and social protection**, not only mitigates the threat but also increases control of infectious diseases.

Access to health care by undocumented migrants (with no contracts and healthcare not covered by the employer) remains a significant problem in CAREC. Providing health care for documented migrants remains difficult and its implementation has been slow.

Cooperation in providing **health care services across borders aims to bridge the gaps in regional healthcare provision** (due to economic, geographical or health system conditions), and eventually lower the cost of service provision across borders.

## Existing initiatives

Acknowledging this regional issue, CAREC countries have been undertaking efforts at country and regional levels to provide social protection and healthcare access for migrants.

**Example 1:** Kazakhstan, Kyrgyzstan, and Tajikistan signed bilateral agreements on **cross-border cooperation for TB- and MDR-TB** control, prevention and care among migrant workers from Central Asia, and established a mechanism for exchanging information on TB patients among countries through the Euro WHO TB electronic platform (tbconsilium.org)

**Example 2:** Countries of the Commonwealth of Independent States (CIS) are introducing **electronic cards for migrant workers** under a July 2014 agreement. These cards contain migrants' personal data such as residence,

employment status, health insurance coverage, and educational records. Once the mechanism is introduced, the countries can use the cards to facilitate access to healthcare for migrants by integrating the cards within an information system to access health services.

**Example 3:** Along the China-Pakistan Economic Corridor (CPEC) is a **facility building and service improvement** project. This is the China Pakistan Fraternity Emergency Care Centre and it was inaugurated in the port city of Gwadar, Pakistan in July 2017. It is the first facility (out of seven planned) with each center to be established according to the model of a community hospital in the PRC, with medical personnel, medical and communication equipment, and an ambulance. It was built to provide medical services to the workers along the CPEC. Prior to 2018, the ratio of Chinese to Pakistani patients was 8:2, it has since reversed to 2:8.

## Recommendations for improving health care for migrants, mobile populations & border communities

Multiple modalities for regional cooperation in improving health services exist, ranging from:

- Assessing current state of portability of health care benefits and liabilities across borders
- Further develop health services and cross-border referrals along CAREC economic corridors (e.g., Almaty-Bishkek Economic Corridor),
- Develop joint strategies to improve access to health services for most vulnerable in border areas,
- Improving information at pre-departure stages,
- Updating and harmonizing provisions for access under bilateral agreements, and
- Expanding migrant health insurance schemes. Several CAREC countries are part of existing agreements under the CIS and/or EAEU framework.

There is potential to further assess cross-border health services along the CAREC economic corridors (e.g. Almaty-Bishkek Economic Corridor) and ascertain feasibility of cross-border specialty care. Some work has already been undertaken to upgrade cross-border facilities and enhance infrastructure and capacity, including for migrant workers.