Sri Lanka National Migration Health Policy

Certification of Authorisation

The final draft of Sri Lanka Migration Health Policy (supported by the International Organization of Migration (IOM)) was submitted in December 2011; Cabinet Memorandum No 11/2140/509/159 dated 14th Nov 2014, On the subject of implementation of a programme to evaluate the health status of Resident Visa applicants had been ascertained by the Cabinet of Ministers of Democratic Socialists Republic of Sri Lanka and advised the Ministry of Health to re-submit with a) an evaluation report on legal provisions b) plan of administrative structure

MIGRATION IN SRI LANKA

Migration dynamics in Sri Lanka are categorized into three typologies: out bound migrants, internal migrants and in bound migrants. A fourth dimension to these migrant categories is the families left behind by out bound migrants.

OUT BOUND MIGRANTS

Out bound migrants are defined as people who move out of a country's international borders to other destinations, temporarily for employment, education, or leisure. They fall into two categories: regular migrants and irregular migrants. Regular migration is voluntary travel with valid travel documents and is undertaken for employment, studies, permanent residence, or taking a vacation or to attend conferences. Irregular migration is travel outside the formal regulatory system without valid travel documents.

Out bound migrants comprise the flow of population moving out of Sri Lanka for diverse reasons including for employment and education, and due to man-made disasters. They include migrant workers (professional, skilled, semi-skilled and low skilled workers, members of the armed forces serving on peace keeping missions and other areas, seafarers), students and those seeking asylum in other countries. An additional vulnerable group that is recognized is the families of out bound migrant populations left behind.

Sri Lanka's main avenue for foreign exchange earnings is labor migration and its migrant labor force continues to be a vibrant and vital part of the country's economy. The profile of Sri Lanka's labor migrants show that the majority is in the low skilled category (dominated by women migrant workers) drawing minimum wages and working in informal or semi-formal work spheres rife with uncertainty

The government is dedicated to supporting labor migration and improving the profile of migrant workers from low skilled to semi-skilled, skilled and professional. The Ministry of Foreign employment promotion and welfare (MFEPW) convenes a National Advisory committee of related Government representation, employers, workers,

trade unions and concerned civil society organizations to monitor the implementation of the Sri Lanka National Labor migration policy that focuses on governance, protection and empowerment of migrant workers and their families and works towards the development of migration to secure the dignity of workers.

The health issues of out bound migrant workers are distinct at all stages of the migration process, namely at the pre-departure stage, in service and on return and reintegration. The health issues associated with the process of out bound migration includes the migrant and the family left behind.

Migrant workers: The primary category of Sri Lanka's out bound migrants is labor migrants. Sri Lanka's migrant workforce is the highest foreign exchange earner to the country contributing 5.1 billion USD to the national economy in 2011. Sri Lanka's total migrant worker population of approximately 2 million people comprises approximately 60% females and 40% males. In the past two years migrant workers continued to secure largely low skilled employment with 84% of the female migrant workers and 39% of the male workers being employed at the low skilled level. In 2010 and 2011 male migration marginally exceeded female migration with approximately 51% male worker departures to 49% female worker departures. Out bound migrant labor reaches a variety of destinations but the overwhelming majority is employed in Gulf countries.

The process of labor migration from Sri Lanka receives strong state attention with a dedicated ministry, the Ministry of Foreign Employment promotion and welfare (MFEPW), governing the out bound labor migration process. The MFEPW is guided by the National Labor Migration policy, which sets in place mechanisms for improved governance of the migration process, the protection and empowerment of migrant workers and their families, and the development of the migration industry in an equitable manner for all those involved in the process. The administrative arm of the MFEPW is the Sri Lanka Bureau of Foreign Employment (SLBFE), which works towards securing the rights and well-being of all out bound migrant workers.

In terms of the protection and promotion of the health status of migrant workers the National Policy on Labor Migration is limited to Sexually Transmitted Infections (STI) and HIV/AIDS and does not focus on other communicable and non-communicable diseases more common among labor migrants, nor does it focus on the public health impacts of migrant and mobile populations.

Some key issues of the health aspects of labor migration are:

- International, regional and national policy initiatives have paved the way for dialogue between receiving and sending countries. The deliberations, however, have yet to be realized. Bilateral agreements in which health care provision is stated as a responsibility of prospective employers, though adopted only by a very small number of receiving countries, is one strategy for translating the concerns expressed in international conventions into concrete action. Sri Lankan government initiative is needed to extend these agreements.

- Inadequate insurance cover for migrant workers is a major constraint. This results in the reluctance of employers to pay for health expenses of workers including hospitalization and the deduction of expenses for health incurred by them on behalf of workers from their wages. Returnee workers state that the lack of proper health care results in migrant workers having to purchase over the counter medication for illnesses. Further, migrant workers are reluctant to report medical conditions due to fear of repatriation.

- Compulsory health tests required to be done by migrant workers prior to departure are carried out according to the guidelines of receiving countries. Whilst standards are in place for private health institutions to perform these health tests, there is an urgent need to review these processes, and set up monitoring systems.

- As the current pre-departure health assessment procedures do not comprehensively address the management of diseases, the required referrals for further investigations and management of non-communicable diseases have to be identified. The importance of detecting these non-communicable diseases at the time of the pre-departure health assessment and ensuring their management during the period of employment must be included in the health test and the predeparture health assessment. Evidence shows that a proportion of migrant workers suffer from non-communicable diseases such as hypertension and diabetes. These workers are medically cleared for travel upon following a prescribed regime of treatment prior to departure. Although they take a stock of medication when leaving, they are denied regular medical supervision on arrival and during employment in the receiving country.

- Some migrant workers enter countries of employment without a proper health assessment at the pre-departure stage. This category of worker is equally, if not more vulnerable to health problems, as they are excluded from national health care systems of the destination countries.

- Gaps in the system of pre-departure health assessments place the burden of ensuring that out bound labor migrants are of sound mental and physical health on arrival in receiving countries on sponsors or potential employers who are required to pay all costs involved in obtaining the services of a migrant worker.

- Migrant workers face adverse health situations due to the lack of information and awareness on health. Similarly, there is a lack of focus on health aspects in the promotion of migrant employment, and the services provided through Sri Lanka's diplomatic missions in destination countries.

- A major cause of morbidity and mortality among migrant workers are accidents including injuries sustained by them at their workplaces primarily due to the lack of knowledge, lack of preparation for the work at hand, lack of focus on occupational safety issues, as well as negligence on their part.

- Health related issues resulting from gender-based violence faced by out bound migrant workers, particularly women in low skilled work and employed in domestic environments, have to be addressed.

- The focus on primary health care needs and issues of returnee migrant workers is minimal. Although the mental and physical health care needs of traumatized returnee workers are identified and necessary services including medical services, psychiatric services and counseling are provided, there is a need to integrate health issues into the reintegration process.

Families of out bound migrant workers left behind: Evidence shows that migration has a significant negative impact on the health status of family members left behind (spouse, caregivers and children). Thus, the promotion of international labor migration has to be balanced with health and social protection of migrant workers and family members left behind.

- There is an urgent need to examine and respond to the mental and physical health needs of family members left behind.

- Psychosocial issues faced by family members of migrant workers left behind include the prevalence of common mental disorders such as depression, somatoform disorders and anxiety along with child psychopathology such as behavioral, conduct and emotional disorders.

- Vulnerable children of migrant workers need to be cared for on a regular basis through a coordinating mechanism between school/education authorities and authorities responsible for migrant care.

INTERNAL MIGRANTS

Internal migration refers to the movement of people from one area of a country to another for diverse reasons. The policy identifies all typologies of internal migrant groups in Sri Lanka including labor migrants, students, and internally displaced people. Labor migrants include, but are not limited to, women and men migrating to Export Processing Zones, seasonal workers, fisher folk, construction workers, professionals and any other skilled, semi-skilled or low skilled, and permanent or temporary labor migrants.

The reasons for migration are multifaceted but are primarily based on fulfilling economic needs through employment and education. Internal migration due to the impact of natural or human-made disasters is also seen in the country.

Internal migration has positive and negative health impacts on the migrants themselves, their family members as well as on the public health of the country. Over the years, internal migration has become more diversified, providing new opportunities for people due to the increase in information flows and better transportation. The health of internal migrants is an inadequately addressed area of migration and has being identified as one of the significant public health challenges.

A salient feature of internal migration in Sri Lanka is the movement of people from rural areas to urban areas seeking betted employment opportunities, better educational opportunities and improved living facilities.

Sri Lanka has a comprehensive health care system with a well-established state sector health service network connecting both curative and preventive health services and the wide network of private health care providers. Health services are also provided to specific groups of migrants through University based health services and health establishments in the Armed Forces. Despite the availability of comprehensive health care services, the nature of the migration process makes internal migrants vulnerable to a range of health-related issues resulting from food, housing, occupational hazards, and neglect of personal health during periods away from their place of residence.

Internal labor migrants: Internal migrants include women and men professionals, skilled, semi-skilled and low skilled workers migrating for employment. Internal labor migrants also include seasonal agricultural workers, fisher folk and construction workers who move from place to place in search of work.

Internal migration to Export Processing Zones: With the establishment of the Export Processing Zones (EPZs) in 1977 and the expansion of industry related job opportunities, large numbers of women and men commenced migrating to the areas where these EPZs are located. Studies of migrant workers employed in the EPZs show an employee profile of largely women in the age group of 16 to 29 years with a significant proportion of unmarried workers. The average service period of these workers is less than two years.

Research studies show that the general health status of a considerable number of those who migrated to the EPZs had deteriorated following employment in the Zones. They are at a significantly higher risk of physical and mental health problems due to factors such as inadequate attention to personal health and hygiene, under nutrition, work pressure, poor sanitation facilities, unhealthy living conditions, limited or lack of access to health services during working hours, and inadequate availability of counseling services leading to psychological stresses and pressures. Further, internal migrant workers lack knowledge and access to information on health issues such as on reproductive health issues and sexually transmitted diseases. Numerous negative health effects are reported among the female workers in this population due to poor eating habits, substandard housing and occupational hazards. Workers are vulnerable to mental health issues such as depression. Male workers are more susceptible to occupational injuries due to lack of knowledge and safety equipment in their workplaces.

Internal migration for temporary employment: The development of the rural economy based on agriculture, fisheries and construction work is another reason for populations to migrate from one rural location to another seeking employment opportunities. This type of migration is seasonal and is limited to the lifetime of each season of agricultural and fisheries cycles. Studies have shown that seasonal migrant workers prefer to attend to health problems at their original places of residence and consequently do not focus on their health while away from home and limit their expenditure on accessing health services and medication. Knowledge of health issues among this population is poor due to lower levels of education and awareness, concentration on the occupation and poor health literacy. Depression brought about by loneliness affect the mental health of workers.

Internal migration for education: The primary cause for student migration is disparity in development of the education system. Students move mainly from rural areas to urban centers to take advantage of better education facilities at primary and secondary school level and to enter universities located in such urban centers. They are vulnerable to an increase of illnesses after migration, and studies have recorded a perceived decrease in the health status of students, primarily female university students attributable to the lack of nutritious food and inadequate housing.

Internally displaced persons: Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of usual residence, especially as a result of, or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters. Sri Lanka has seen large numbers of displaced persons due to conflict and natural disasters.

IN BOUND MIGRANTS

In bound migrants are individuals and groups entering Sri Lanka for diverse purposes including employment, tourism and return and resettlement. Foreign citizens as well as returning Sri Lankan citizens make up this population flow. Accelerated development in post war Sri Lanka has seen an increase in in bound migration of overseas (or foreign) migrant workers, tourists, students, returning refugees and failed asylum seekers.

A large proportion of inbound migrants who arrive in Sri Lanka are non-citizens. Approximately 35,000 foreign citizens arrive in the country annually on residence visas with their numbers increasing due to the recent development boom in the country.

In bound tourism is one of the main sources of revenue for Sri Lanka. In bound students of foreign origin who are enrolled in both public and private educational institutions comprise a small number of the total student population

of Sri Lanka. Returning refugees and failed asylum seekers are Sri Lankan nationals who left the country during the ethnic conflict.

- In bound migrants may originate from or travel through countries that have a higher prevalence of communicable diseases when compared to Sri Lanka. Consequently, a twofold threat to the health system could be discerned: one, the threat of introduction of new diseases to the country, and two, the threat of the reemergence of eradicated diseases such as polio. This necessitates providing access to health services for non-citizens while they are in Sri Lanka without posing an additional burden to the state health services.

- Currently a health assessment is not required for in bound migrant workers or for those seeking resident visas to live and work in Sri Lanka for longer periods. A significant number of foreigners obtain resident visas to Sri Lanka each year, and an increase in these numbers is projected. Hence, health assessment and vaccination of immigrants are vital in maintaining the country's health achievements.

- The Government recognizes the need to address this public health risk in a dignified and comprehensive manner while encouraging legal and safe entry of workers, tourists and returning Sri Lankans.

- The State's free health services are offered only to citizens of the country. The private health network is the main stakeholder in providing health services to in 23 bound migrants at present. While acknowledging the burden to the State health system, the provision of accessible, effective and affordable health care services to such in bound migrants must be made according to a strategic plan that will include partnerships with the private health service providers to ensure that the country's free health services are not burdened in any manner by providing quality, efficient and safe health care.

Labor migrants: In bound migrant workers are either documented or undocumented while their legal, employment and educational status and skill levels vary widely. Undocumented workers are those who are illegally employed i n the country without valid visas. Issues with regard to in bound migrant workers are as follows:

- Sri Lanka commits to diverse international instruments and has set in place laws, guidelines and procedures governing the health of migrant workers.

- The legal status, employment status, and education and skill levels of inbound migrant workers differ from individual to individual. They comprise high skilled workers holding flexible residency visas and high-paid and stable jobs and undocumented workers in low wage sectors enjoying almost no residence or job security and illegally employed in the country without valid visas.

- Sri Lanka receives foreign workers mainly for Board of Investment (BOI), private sector and state sector projects. The countries of origin of the majority of these workers are China and India.

- In accordance with the requirements of the country of origin or employment contract, in bound migrant workers undergo health assessments prior to their arrival in Sri Lanka. Some companies offer life and health insurance for employees of foreign origin while some do not cover medical expenses.

- Migrant workers seek medical treatment for minor work-related injuries and accidents, as well as for medical conditions such as fever, cough and cold, allergic skin conditions, stomach aches and tooth aches. Workers prefer

to visit private general practitioners for minor ailments. The language of communication is a major issue among workers and health service providers.

Tourists: In bound tourists are a main source of revenue for Sri Lanka and the promotion of tourism is a key aspect of Sri Lanka's economic development policy.

Returning refugees and failed asylum seekers: Returning refugees and failed asylum seekers are Sri Lankan nationals who left the country during the internal armed conflict that ended in 2009. They return to Sri Lanka either voluntarily or through compulsory repatriation. The majority of the returning refugees are from India, and the failed asylum seekers are from Europe and North America and Australia.

NATIONAL COMMITMENT TO HEALTH FOR ALL MIGRANTS

Sri Lanka's Ten-Year Horizon Development Framework 2006-2016 - the "Mahinda Chintana", which creates the vision for development and social wellbeing in Sri Lanka is committed to maximizing the benefits of migration. This is strengthened by Sri Lanka's international and national commitments pertaining to safe migration and equality. Sri Lanka is also a signatory to a majority of the international conventions including the International Convention on the Protection of the Rights of all Migrant Workers and Their Families, which Sri Lanka ratified in March 1996.

Identifying the importance of migration health, in 2009, the Ministry of Health requested the International Organization on Migration (IOM) to assist in the preparation of the National Migration Health Policy. IOM's technical contribution to the preparation of the policy included establishing a sound evidence base for policy provisions, support to the Migration Health Secretariat and coordination of the National Steering Committee and National Task Force and technical assistance in the drafting and finalization of the policy.

In 2010 April Sri Lanka held its first National Consultation for Migration, Health and Development. At this consultation, key stakeholders in the process comprising government ministries, academics, UN agencies, NGOs, and foreign employment agencies developed a conceptual framework for the development of the national migration, health and development programmer in Sri Lanka.

Policy Repository - Ministry of Health - Sri Lanka

Migrants' Right to Health makes Economic Good Sense

One of the challenges in our increasingly mobile and interdependent world is to ensure migrants' safety and health throughout the migration cycle, from their place of origin, in transit, in communities of destination and on their return. The key barriers to migrants accessing health services can include linguistic or cultural differences, discrimination and anti-immigrant sentiment, a lack of affordable health services or health insurance, administrative hurdles, absence of legal status and the long and unsocial hours that they often work. It is worth noting that the potential health impacts of migration are not limited to physical health. Long-term family separations and exploitative or abusive working conditions can also take a toll on mental well-being. Governments should therefore ensure that national health systems take into account the health needs of migrant workers and make health services available to them.

William Lacy Swing, Director General, International

Organization for Migration

The process led by the Ministry of Health set the mechanism to guide the policy and programmatic approaches to promote the health of migrants. The key government ministries and the organizations involved in the process were the Ministries of Labor, Defense, Justice, Foreign Employment promotion and Welfare, finance, External Affairs, Social Services, Economic Development and Board of Investment (BOI), child Development and Women's Affairs, Aviation, public Administration and Home Affairs, Education, Higher Education and the Department of Immigration, the Sri Lanka bureau of foreign Employment, the National child protection Authority and the Sri Lanka Board of Insurance. Among other key stakeholders were academics from the Universities of Colombo, Kelaniya, Sri Jayawardhanapura, and Rajarata, UN agencies and civil society organizations.

The National Steering Committee on Migration Health Policy Development

The National Steering committee on Migration Health policy Development was led by the Ministry of Health and comprises high level decision makers representing key government ministries involved in migration.

The Task Force for migration Health Policy Development

The Task Force for migration Health policy Development comprises technical focal points from all ministries and agencies involved in migration. The Task Force is key to formulation policy documents and technical proposals to be submitted to the National steering committee.

The initial step in the National migration Health Policy formulation process was the establishment of an evidence-based foundation for the National Policy. The migration Health Task force with technical assistance from IOM launched the national research agenda to inform the policy process across four domains of migration; internal, out bound, in bound and families left behind. Based on the evidence and information derived from held a series of consultation with representatives of stakeholder ministries, civil society organizations and the private sector to formulate the National migration Health policy.

The National Migration Health Policy contains sections on out bound migrations, internal migrants and in bound migrants, and the policy Goals and Policy statements. Integrated into these sections are the health concerns of families of out bound migrants. The fourth section is the National Action plan on Migration Health, which sets out practical action plans to address the policy challenges providing space to fulfill the identified policy goals.

National Plan of Action on Migration Health

IMPLEMENTATION OF THE POLICY	
Policy strategy/strategies	**Recommended Activities**
• Establish an Inter-Ministerial Committee representing relevant Ministries and other relevant stakeholders to take forward the policy commitments pertaining to the health status of all categories of migrants in Sri Lanka. • The implementation of the National Migration Health Policy will be led by the Ministry of Health and the Inter-ministerial committee will be chaired by the Ministry of Health. • The inter-Ministerial committee will commit to guide, effectively implement and monitor the implementation of the National Migration health policy. • The inter-Ministerial committee will identify as and when required, the need for legislative, regulatory and administrative reforms and set in place processes to meet such needs. • The inter-ministerial committee will develop and ensure the enforcement of national standards within the health care system that prohibit discrimination and include culturally and language sensitive health services for migrants and their families. • The inter-ministerial committee will initiate and guide research and data collection on migration.	• Led by the Ministry of Health, appoint an Inter-Ministerial committee on Migration, Health and Development representing relevant Ministries. • Develop, in consultation and agreement with all stakeholders, terms of reference and implementation modalities of the National Migration Health Policy. • Inter-ministerial committee will develop a system of policy implementation, coordination and networking, information sharing, monitoring, reporting, and budget allocation. • Review existing legal framework and make relevant reforms as necessary • Develop national standards within the primary health care system that prohibit discrimination and include culturally and language sensitive health services for migrants and their families. • Identify and implement priority research areas that may be conducted within a sector or as joint research activities. • The inter-Ministerial committee will take steps to encourage civil society organizations to work together on issues related to the protection of the rights of all migrant workers and their families, with special attention to health issues. • The inter-Ministerial committee will improve data collection methods (including methods on safeguarding the proper use of data and maintaining confidentiality) on migration by developing innovative data collection methods. It will raise awareness among government authorities and migrant communities about the importance of health data collection.

National Plan of Action on Migration Health

OUTBOUND MIGRANTS & families left behind	
Policy strategy/strategies	**Recommended Activities**
The state will through multi-sect oral engagement: • Develop and implement a comprehensive and standardized Health Assessment for out	• Develop standards and criteria for pre-departure health assessments of any Sri Lankan intending to leave the country for

bound migrant populations of Sri Lanka origin at pre-departure stage that endorses their dignity and protection. The Health Assessment for out bound Sri Lankan migrants at pre-departure stage will provide continuity of care through access to the state health care system.	purpose of long stay (purpose of work, study). • Develop guidelines to register pre-departure health assessment providers. • Develop technical instructions (guidelines?) in conformity with medical ethics for pre-departure health assessments. • Link migration to existing primary health care for purpose of providing health benefits to out bound migrants. • Design and implement a system where prospective migrants are registered at the closest primary health care institution and a personal health record is issued to all such migrants. This should be available at the time of the health assessment at any designated centre. • Set in place a procedure by which information gathered at pre-Departure Health Assessments by private health assessment centers is provided to the National Health Service to ensure health care and protection to migrant workers.
The state will through multi-sect oral engagement: • Ensure health protection for Sri Lankan migrant workers by entering into bilateral agreements and memoranda of understanding with countries that employ Sri Lankan migrant workers.	• Enter into bilateral agreements and memoranda of understanding and negotiate on health issues and rights of Sri Lankan migrant workers in destination/host countries. • Include in such bilateral agreements provisions pertaining to health insurance, access to sexual and reproductive health services. • Include health care entitlements in all employment contracts of Sri Lankan migrant workers.
	• Stipulate regulations regarding health related issues including recording of death while in service in countries where Sri Lankan migrant workers are employed. Strengthen in-country and off shore mechanisms to ensure proper death certification of deceased migrant workers (including the correct use of medical terms, proper cause of death according to the international classification of Diseases (ICD) classification). • Stipulate procedures to conduct inquests in Sri Lanka in the absence of Medical certificates or a specific cause of Death. • Stipulate regulations to ensure that a Sri Lankan official is present at all post mortems held into the deaths of Sri Lankans in countries of employment

	• Provide standardized, hygienic, well-staffed and adequate house facilities for displaced migrant workers in need of such facilities, through effective communication with Sri Lankan Diplomatic Missions in destination countries.
The state will through multispectral engagement: • Facilitate widespread access to pre-departure health related information and to promote informed choice amongst networks	• Provide migration health related information at the local primary health care level • Integrate comprehensive awareness and necessary skill to address health challenges of migration including personal health issues of migrant workers themselves and their families being left behind, occupational health and safety, reproductive health, non-communicable diseases and mental and psychosocial health aspects including coping mechanisms into pre-departure training programmers for migrant workers.
The state will through multispectral engagement: • Offer voluntary Health Assessments for returnee migrants to be effectively reintegrated into the national primary health care system which includes the state and private health care network.	• Develop a database of returning migrants including their health status • Develop a system of re-integration of returnee migrants into the national health system • Set in place an informed voluntary screening for STIs including HIV for returnee migrants • Set in place a process where returnee migrants diagnosed with non-communicable diseases (Diabetes, Hypertension etc.) are given the opportunity to access primary health care services in order to ensure continuity of care.
The state will through multi-sect oral engagement:	
• Adopt and implement a coordinated local response that will address mental and physical health services and social welfare support to migrant workers and the families left behind by migrants.	• Build capacity and supportive environments for migrant workers and the family members left behind to face emergency situations arising due to migration
The state will through multi-sect oral engagement:	

• Develop and implement a coordinated plan to address the welfare needs of single parent families where the single parent migrates for employments.	• Develop a system of recognizing mechanisms and processes that help families left behind, including those of single parent families, to cape with the absence of a family member. Strengthen and support the enhancement and replication of these mechanisms and processes.
The state will through multi-sect oral engagement: • Develop and implement a coordinated child Health protection plan including nutrition programmers for vulnerable children of migrant workers, which feeds into child welfare and protection plans for vulnerable children of migrants implemented by other state institutions.	• Develop a comprehensive child protection plan for children of migrant workers.
The state will through multi-sect oral engagement: • Develop and implement a system of information generation and dissemination among migrants and their families left behind to raise awareness on special situations such as health emergencies and death of a migrant worker.	• Set in place improved communication facilities between migrants and the family members left behind.

INTERNAL MIGRANTS	
Policy strategy/strategies	**Recommended Activities**
The state will set in place through multi-sect oral engagement: • A National programmer that addresses specific nutritional issues and needs of vulnerable internal migrant populations.	• Identify the vulnerable groups and their specific nutritional deficiencies • Design and implement a National programmer for iron supplementation for internal migrant workers to be implemented with the participation of the private sector • Improve access to nutritious food for internal migrant populations including, but not confine d to the following: ∗ Regulate food standards in manufacturing outlets ∗ Promote local industries to provide nutritious fruit and vegetables at controlled prices ∗ Create awareness among manufacturers and consumers on healthy eating ∗ Provide fruit plants at concessionary prices by working with the department of Agriculture ∗ Promote local home and factory gardening with fruit and

	vegetables that can be sold at reasonable prices
The state will through multi-sect oral engagement: • Improve access to primary occupational health care to all internal migrant populations, in partnership with private sector health service providers.	• Integrate occupational and safety issues of internal migrant workers into the existing National programmer on occupational health and safety.
The state will through multi-sect oral engagement: • Ensure improved access to reproductive health information and services to all internal migrant populations	• Develop sexual and reproductive health information and services and make available such information and services to all internal migrant populations.
The state will through multi-sect oral engagement: • Identify psychosocial and mental health needs of all migrant populations and improve access to health services through a National programmer.	• Develop and implement psychological support services at occupational settings and referral services through MOH • Develop and adopt regulatory standards for boarding houses for internal migrant populations (workers and students) and develop a mechanism to continuously monitor that these standards are adhered to. • Address problems of family disintegration due to internal migration • Improve social environments of migrant populations. • Promote recreational facilities for migrant workers and students • Establish telephone hotline health information systems and 24 hour counseling services
The state will through multi-sect oral engagement: • Improve accessibility to health information for internal migrant populations through special and strategic awareness raising programmers and develop the knowledge, attitudes and practices and in-service training programmers.	• Develop existing health and local government systems to provide health information. • Encourage private sector to disseminate health promotion and prevention methods.

IN BOUND MIGRANTS	
Policy strategy/Strategies	**Recommended Activities**
The state will through multi-sect oral engagement: • Ensure health care access to in bound migrant populations including non-citizens employed in Sri Lanka without an additional burden to the state sector health system in Sri Lanka and through public and private partnership. The state will through multi-sect oral engagement: • Set in place mechanisms to provide access to primary health care services, including occupational health and safety to all in bound migrant workers through fee levying services by the state sector health services and private sector health services.	• Ensure access to emergency and primary care services with a user fee • Strengthen existing mechanisms for fee collection from government health institutions • Encourage private health insurance • Develop a system to integrate occupational health and safety services into primary health care services and ensure such services are available to all in bound migrant workers.
The state will through multi-sect oral engagement: • Strengthen and implement a monitoring, assessment and surveillance system of all in bound migrants prior to arrival or soon after arrival in the country to address diseases of public health importance to Sri Lanka. This shall include a formal Health Assessment for long stay visa applicants to Sri lanka to ensure the protection of the health status of such visa holders and to identify and address conditions of public health concern in order to mitigate the impact of migrant's disease burden on national health and social services.	• Improve and streamline activities under international health regulations and Quarantine and prevention of Diseases Act to prevent diseases of public health importance and of international and national concern, • Strengthen core capacities and quarantine services at the point of entry to the country. • Introduce a voluntary rapid assessment for Malaria for tourists and returning Sri Lankans from endemic countries at ports of entry. • Strengthen surveillance at the point of entry to the country to address diseases of public health importance to Sri Lanka • Introduce a formal Health Assessment for long stay visa applicants to Sri Lanka which will address selected health conditions including communicable diseases.
The state will through multi-sect oral engagement:	
• Establish a border health strategy in accordance with the current need and international standards	• Revise/make regulations to the Sri Lanka Quarantine and Disease prevention Act according to the country's current need and the international Health Regulations • Develop standard operational procedures on quarantine activities • Capacity building of the required border health officials

Background Note

Since the detection of first AIDS case in USA in 1981, HIV/AIDS pandemic continues to maintain its' adverse health, social and economic impact through-out the world in an unprecedented manner. The global estimate of people living with HIV was 33 million in 2007 and the percentage of women among them is around 50%.

As a percentage of the region's large population HIV prevalence rates in Asia may seem low, but the absolute figures are high and according to UNAIDS and WHO estimates, 4.9 million people were living with HIV in Asia in 2007. Approximately, 300,000 people died from AIDS relate illnesses in the same year.

Although, the epidemic's macroeconomic effect are less severe than earlier feared, HIV is nevertheless having profound negative effects in high prevalence countries. Using standard economic models, the best available evidence suggest that HIV is likely to reduce economic growth in high prevalence countries by 0.5% to 1.5% over 10-20 years. Analysis by the Asia Development Bank and UNAIDS indicate that HIV will slow the annual rate of poverty reduction in Asia in a considerable manner.

While Sri Lanka has been able to remain low-prevalence country for HIV (less than 0.1% among adult population), due to many reasons it remains vulnerable for an explosion of epidemic. The epidemic in Asia show that injecting drug users, men who have sex with men and sex workers and their clients are highly vulnerable for HIV infection. The potential for expansion of HIV epidemic in Sri Lanka also lies with high risk behavior groups mentioned above.

As targeted by Millennium Development Goals to reverse the epidemic by 2015, it is essential in Sri Lanka to mobilize all social forces and stake-holders to mount a thorough and well co-ordinated national response and by doing so, to avoid possible expansion of HIV epidemic and its' un-imaginable health, social and economic impact in Sri Lanka.