Segregation and governance: exploring responses to migration and health in Johannesburg

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1. Migration & urban health
   – Contemporary public health challenges

2. Governing migration & urban health in South Africa
   – Policy v’s practice

3. Johannesburg
   – Lived experiences;
   – “weak rights to the city”
     (Balbo & Marconi, 2005: 13)

4. Governing migration; governing urbanisation; governing health
   – 4 key concerns
1. Migration and urban health
Annual growth rate of cities and slums

Taken from UN-HABITAT 2006
Urban health

“...concerns itself with the determinants of health and diseases in urban areas and with the urban context itself as the exposure of interest.

As such, defining the evidence and research direction for urban health requires that researchers and public health professionals pay attention to theories and mechanisms that may explain how the urban context may affect health and to methods that can better illustrate the relation between the urban context and health.”

(Galea & Vlahov, 2005: 342)
Social Determinants of Health

http://www.who.int/social_determinants/en/
Overlapping vulnerabilities:
gender; food insecurity; lack of cash; living on the periphery; struggle to meet basic needs

Access to positive determinants of health:
basic services; healthcare; housing; education; secure livelihood activities; food security

Governance (response):
healthy urban governance; intersectoral action; health in all policies; developmental local government

The social determinants of health:
socioeconomic and political context; structural determinants; intermediary determinants

HIV    TB

Overlapping vulnerabilities:
gender; food insecurity; lack of cash; living on the periphery; struggle to meet basic needs

Inequality → Inequity

spaces of vulnerability

Governance (response):
healthy urban governance; intersectoral action; health in all policies; developmental local government
• The 61st annual World Health Assembly (WHA) adopted Resolution 61.17 on the Health of Migrants.

• This Resolution calls on member states to promote equitable access to health promotion, disease prevention and care for migrants.

Four priority areas have been identified for achieving the WHA resolution:
  1. Monitoring migrant health;
  2. Partnerships and networks;
  3. Migrant sensitive health systems; and
  4. Policy and legal frameworks.
2. Governing migration & urban health in South Africa
The Immigration Act

- Governs immigration into South Africa
- Restrictive
- Recent amendments


The Refugee Act

- South Africa has an **integrative asylum policy**:  
  - Refugees and asylum seekers are encouraged to **self-settle and integrate**.

- A **range of rights are afforded**:  
  - Policies exist that assure the **right to health** – including **ART** – for **refugees, asylum seekers** and other **cross-border migrants**.

- **However, recent amendments may affect this**.

Cross-border migration into South Africa

- Asylum seekers (Section 22 permit);
- Refugees (Section 24 permit);
- Other: work permits, study permits; visitor permits;
- Undocumented migrants; and
- Unaccompanied minors.
Protective legislation: 
*the right to health, including ART*

1. South African Constitution;
2. Refugee Act (1998);
3. National Department of Health (NDOH) Memo (2006);
4. NDOH Directive (September 2007);
5. Gauteng DOH Letter (April 2008); and
MEMORANDUM

TO: ALL HOSPITAL CEO'S, DISTRICT FAMILY PHYSICIANS AND DISTRICT MANAGERS.

DATE: 04 APRIL 2008

SUBJECT: ACCESS TO THE COMPREHENSIVE HIV AND AIDS CARE INCLUDING ANTIRETROVIRAL TREATMENT.

It has come to my notice that some facilities are denying patients that do not have a South African identity document access to the comprehensive HIV and AIDS care, management and treatment plan including antiretrovirals. This practice is not acceptable.

Kindly note that no patient should be denied access to any health care service, including access to antiretrovirals irrespective of whether they have a South African identification document or not.

For reference please see attached memorandum.

DR. PSH MADUNA
CHIEF DIRECTOR
REGION A

Non South African Citizens


2. Hospital officials should obtain full Payment in advance in local Currency before the foreign Patient is treated.

[Signature]
[Date] 11/03/2013

Chief Medical Officer, Moosa Hospital
3. Johannesburg
44% of Gauteng’s population were born in a different province

28.1% of Western Cape’s population were born in a different province

4.4% of the South African population were born outside of South Africa

Table 2.15: Province/country of birth by province where the person was counted (percentage)

<table>
<thead>
<tr>
<th>Province/country of birth</th>
<th>EC</th>
<th>FS</th>
<th>GP</th>
<th>KZN</th>
<th>LP</th>
<th>MP</th>
<th>NW</th>
<th>NC</th>
<th>WC</th>
<th>SA</th>
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<td>2.9</td>
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2,199,871 people were born outside of South Africa

NB: Percentages exclude: do not know, unspecified and not applicable.

People tend to move into Gauteng from other provinces and outside the country. Only 56.0% of people counted in Gauteng during Census 2011 were born there, compared to 94.0% of people counted in Eastern Cape.
Percentage of international migrants living in urban settlement by District Municipality (2001)

LEGEND
- > 4%
- 2% to 4%
- 1.5% to 2%
- 1% to 1.5%
- < 1%
- Most Significant

Label:
% of migrants on the total population
Census 2011

7.4% of Gauteng’s population are non-citizens

3.3% of Western Cape’s population are non-citizens

3.3% of the South African population are non-citizens
Gini coefficient in selected South African cities

(Figure adapted from UN-HABITAT, 2008: 72)
Urban growth
• Estimated population of nearly 3.9 million;
• Estimated that the population will reach 4.1 million by 2015 and between 6 and 8 million by 2040.

(City of Johannesburg, 2011)

Migration
- A "city of migrants":
  - Rural to urban – internal;
  - Cross border – external.

Informal housing
- Almost 25% estimated to live informally.
HIV in cities: ESA

Top 30 city epidemics in Eastern and Southern Africa
(Estimated Number of Adult PLHIV, 2011)

- The 30 biggest city epidemics in ESA host an estimated 4.2 million adult PLHIV.
- This corresponds to 30% of the HIV epidemic in ESA, 13.7% of the global HIV epidemic.
- In comparison, these cities have a total population of 55 million inhabitants, 0.78% of the world population.

Slide courtesy of Henk Van Renterghem, UNAIDS
Urban informal settlements
Overlapping vulnerabilities

- Food insecurity
- Access to housing
- Access to services
- Fragile livelihood activities
- Housing density
- Migration and mobility
Higher HIV prevalence in urban informal settlements (South Africa)

Thomas, 2011
“Weak rights to the city”
(Balbo & Marconi, 2005: 13)

- Urban poor groups
  (Mitlin & Satterthwaite, 2004: 15)
- Migrants in the city
- > describing SDH
- Access to positive determinants of urban health

http://accessdeniedblog.wordpress.com/
http://urban-africa.net/calendar/2011/10/06/structured-inequity-and-differentiated-citizenship-effects-different-health-care
Marcos Almada Rivero, 2011
Summary of findings

- Cross-border and internal migrants are affected by **poor access to healthcare services** – as are those who have always resided in JHB.

- Being a cross-border migrant presents **additional access challenges**: documentation; “being foreign”; language barriers.

- **Key challenges:**
  - **Planning of healthcare service provision** based on population size and need. Currently, plans are based on outdated population figures, with no engagement with urban growth or migration in the planning of services.
  
  - **Local responses** to local health and migration needs are lacking.

  - It is essential to find ways to engage with **local government and its “developmental mandate”** – whilst migration and the provision of healthcare services are not mandated responsibilities of local government - they experience the impacts of migration and poor health.
To conclude....

governing migration;
governing urbanisation;
governing health
Migration, mobility and urban health in South Africa: 4 key concerns

1. **South(ern) Africa is associated with mixed migration flows:** internal > cross-border; livelihood seeking > forced migration; urban refugees; marginalised and hidden migrant groups; spaces of vulnerability; negative assumptions persist

2. **Current public health responses do not engage with urbanisation, migration and mobility:** implications for communicable disease control (TB and HIV, malaria); chronic treatment continuity; challenges in accessing the public system for non-nationals

3. **The South African public health and social welfare systems are overburdened and struggling:** challenges are raised in a context of high inequality where nationals are also struggling to access their basic rights (healthcare, housing, water, sanitation)

4. **South Africa is associated with anti-foreigner and xenophobic attitudes:** migration management is associated with increased securitisation; a lack of regional responses; a restrictive immigration act; limited understanding of migration dynamics; violence; fear
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