

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

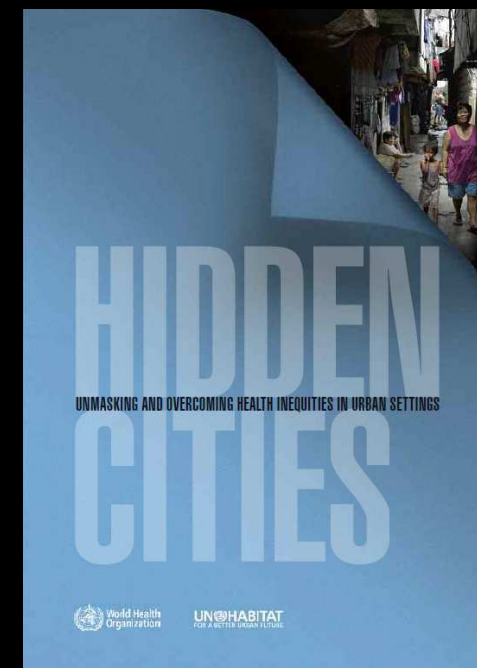
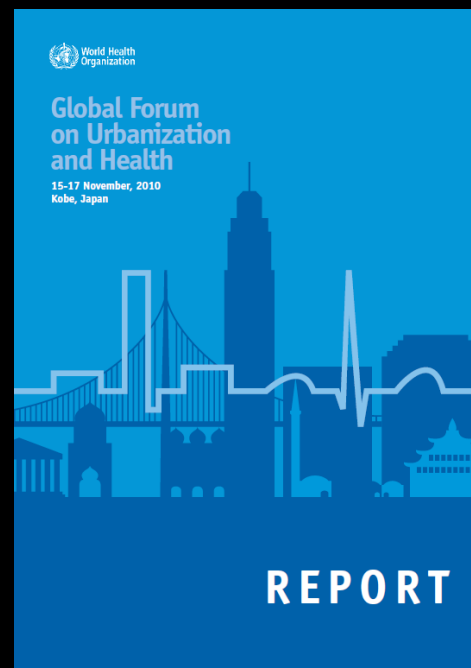
Today



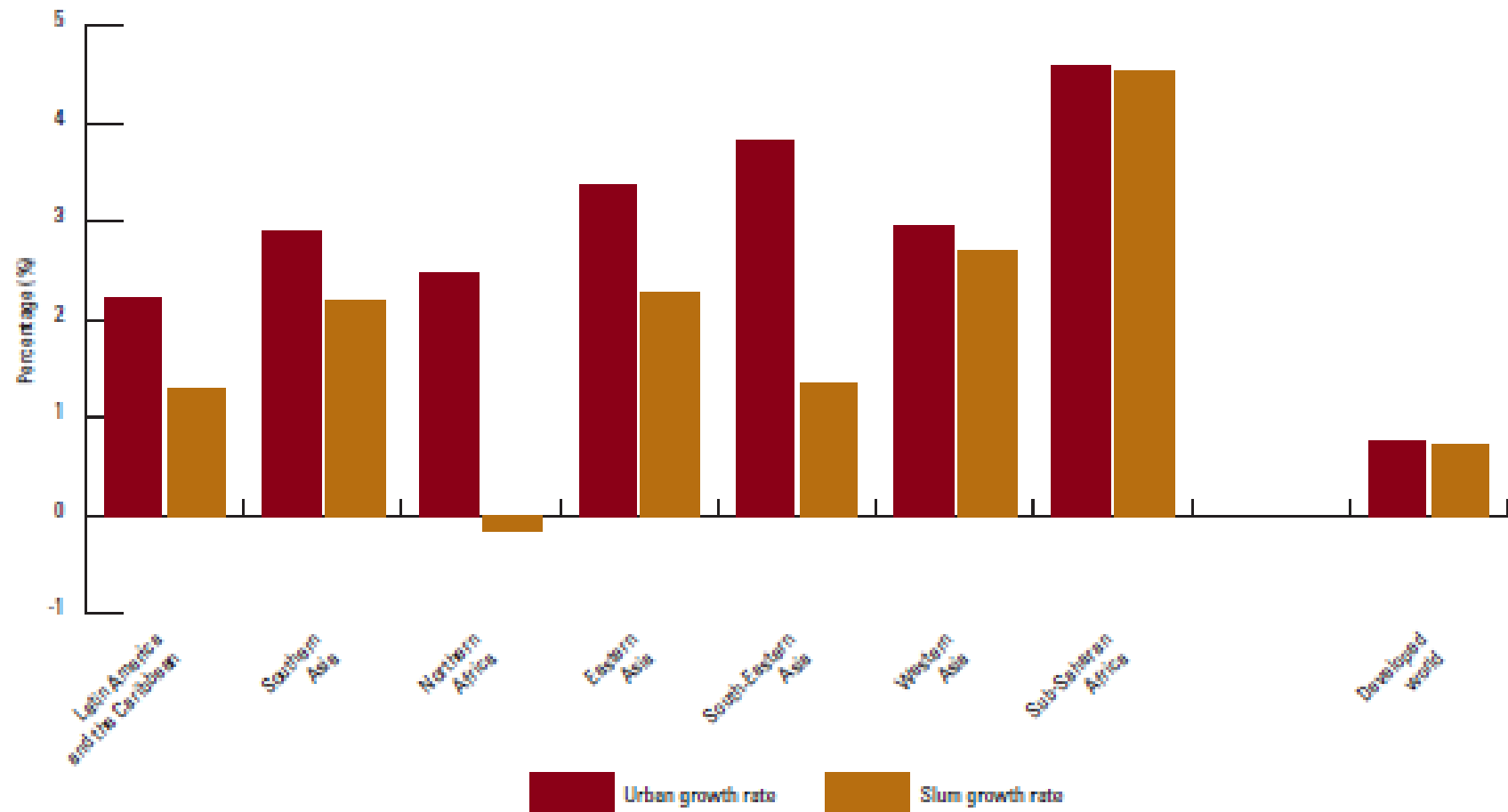
segregation in the city

formal – informal
migrant – non-migrant
citizen – non-national
healthy - sick

1. Migration and urban health



Annual growth rate of cities and slums



Source: UN-HABITAT, Global Urban Observatory 2004.

Taken from UN-HABITAT 2006

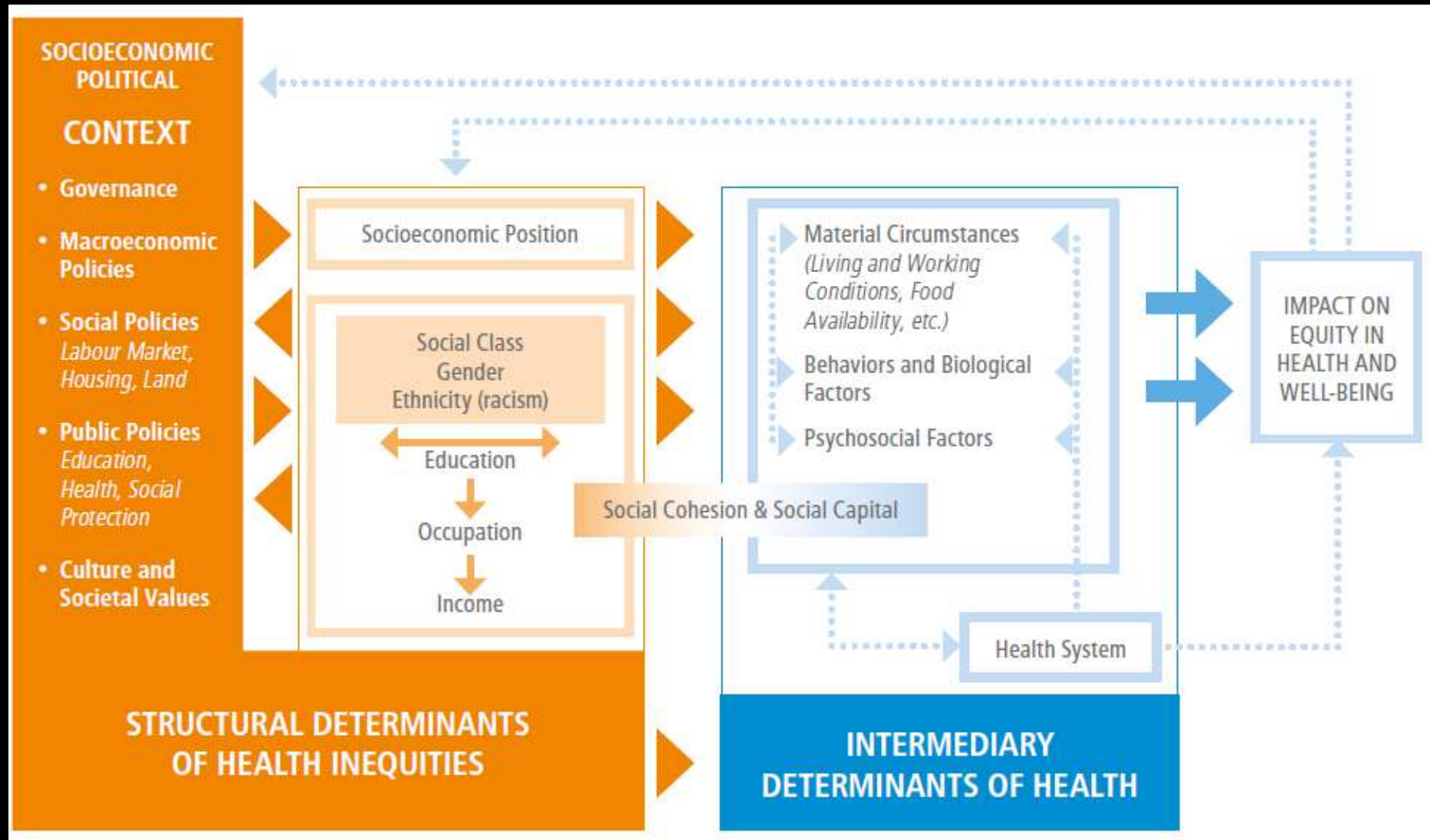
Urban health

“...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



The social determinants of health:

socioeconomic and political context; structural determinants; intermediary determinants

migration and
mobility

livelihood seeking

HIV TB

Overlapping vulnerabilities:

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

Inequality



Inequity

spaces of vulnerability

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*

Health of migrants

- 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

Republic of South Africa (RSA) (2002) *Immigration Act — Act 13 of 2002*. Pretoria, South Africa, Government Printers.

Republic of South Africa (RSA) (2004) *Immigration Amendment Act — Act 19 of 2004*. Pretoria, South Africa, Government Printers.

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.

Republic of South Africa (RSA) (1998) *Refugees Act — Act 130 of 1998*. Pretoria, South Africa, Government Printers.

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
6. HIV & AIDS, STI and TB National Strategic Plan for South Africa, 2012 - 2016 (NSP).

2008



Department of Health
Lefapha la Maphelo
Departement van Gesondheid
Umnnyango we zeMpilo
OFFICE OF THE CHIEF DIRECTOR
JHB-WEST RAND REGION
ENQUIRIES: MS C KULA
HEALTH PROGRAMMES
TEL: 011 694 3822
FAX: 011 694 3815

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. PMH MADUNA
CHIEF DIRECTOR
REGION A

Office Number 119, 1st Floor, Hillbrow CHC Building,
Corner Klein & Smit Street, Private Bag X21, Johannesburg, 2001
Tel: (011) 6943710 Fax: (011) 694 3815

2013



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Non South African Citizens

1. Patient without permits, Asylum Seekers, Refugee documents must pay in full before treatment.
2. Hospital officials should obtain full Payment in advance in local Currency before the foreign Patient is treated.

CEO (Rabihina Moosa Hospital)

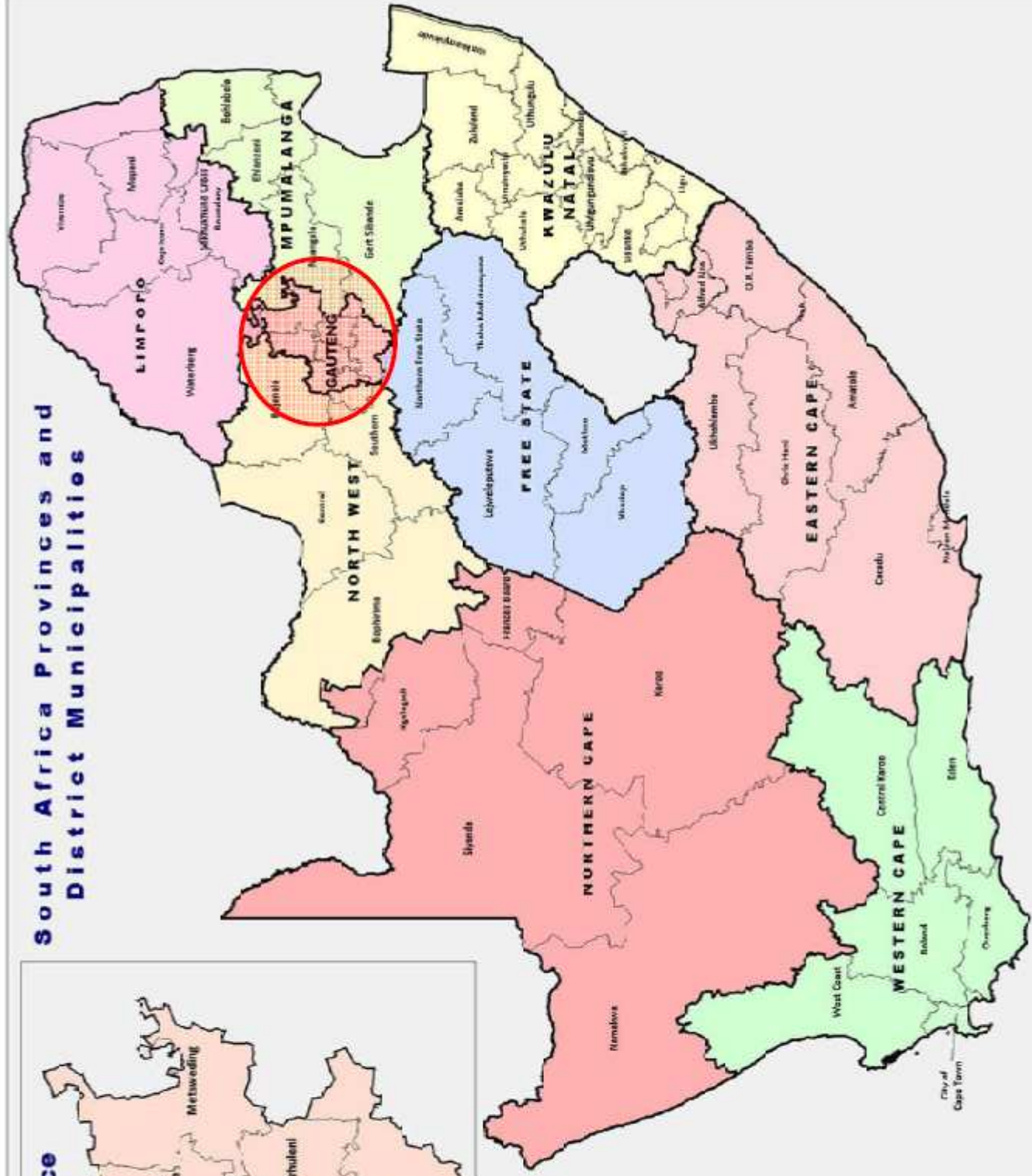
14/8/2013
Date



3. Johannesburg



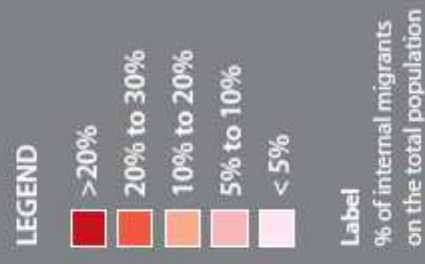
Gauteng Province

City of
Johannesburg

Percentage of Internal Migrants* by District Municipalities (2001)



City of
Johannesburg



* Persons born in another province of South Africa

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)

Province/country of birth	Province where counted									
	EC	FS	GP	KZN	LP	MP	NW	NC	WC	SA
EC	94.0	2.5	4.5	2.9	0.4	1.6	2.7	2.0	16.2	15.8
FS	0.4	87.3	3.2	0.4	0.3	1.2	2.9	1.9	0.8	6.5
GP	1.2	2.7	56.0	1.3	2.5	4.7	4.9	1.6	2.9	15.1
KZN	0.7	1.0	5.9	92.0	0.2	2.8	1.0	0.8	1.2	20.2
LP	0.1	0.6	10.8	0.2	90.9	4.2	2.8	0.3	0.3	12.8
MP	0.2	0.5	4.3	0.4	1.6	79.9	1.2	0.3	0.4	7.7
NW	0.1	1.1	3.5	0.2	0.6	0.8	78.3	3.7	0.3	5.9
NC	0.4	1.0	0.8	0.6	0.1	0.7	1.3	85.2	1.5	2.6
WC	1.7	0.8	1.5	0.3	0.4	0.4	0.5	2.5	71.9	8.9
Outside SA	1.2	2.5	9.5	1.7	3.0	3.7	4.4	1.7	4.5	4.4
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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.

Gauteng Province

4.37 3.08 1.87 4.56 2.03 6.73

Gauteng Province

Region	Number of Species
Top Left	3.08
Top Right	1.87
Middle Left	4.37
Middle Right	4.56
Bottom	2.03
Central Circle	6.73

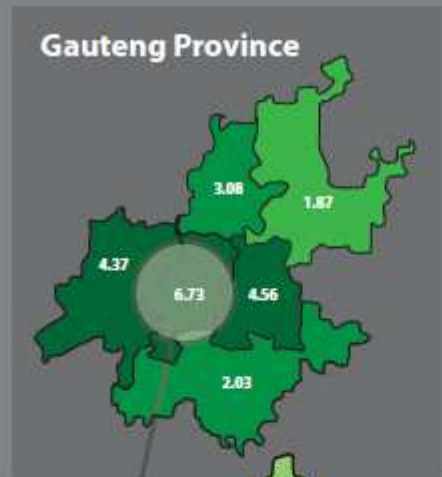
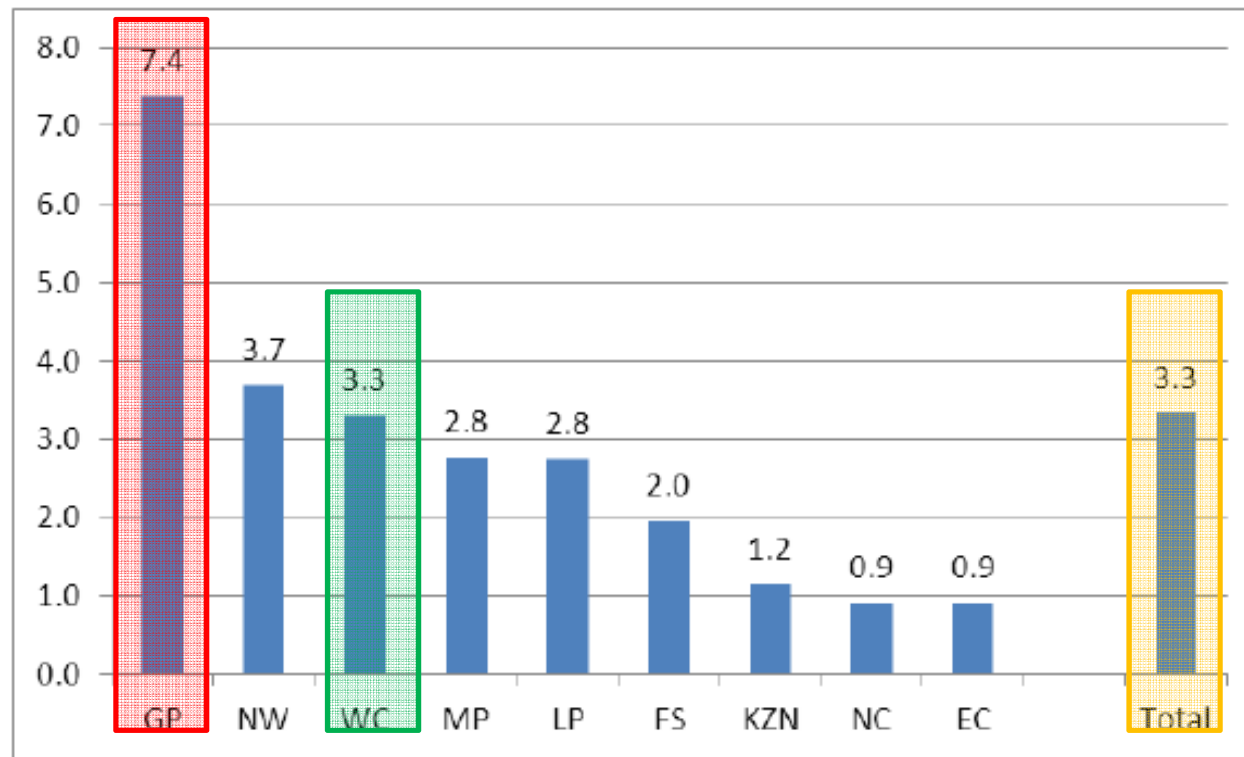


Figure 2.11: Percentage of non-South African citizens in each province



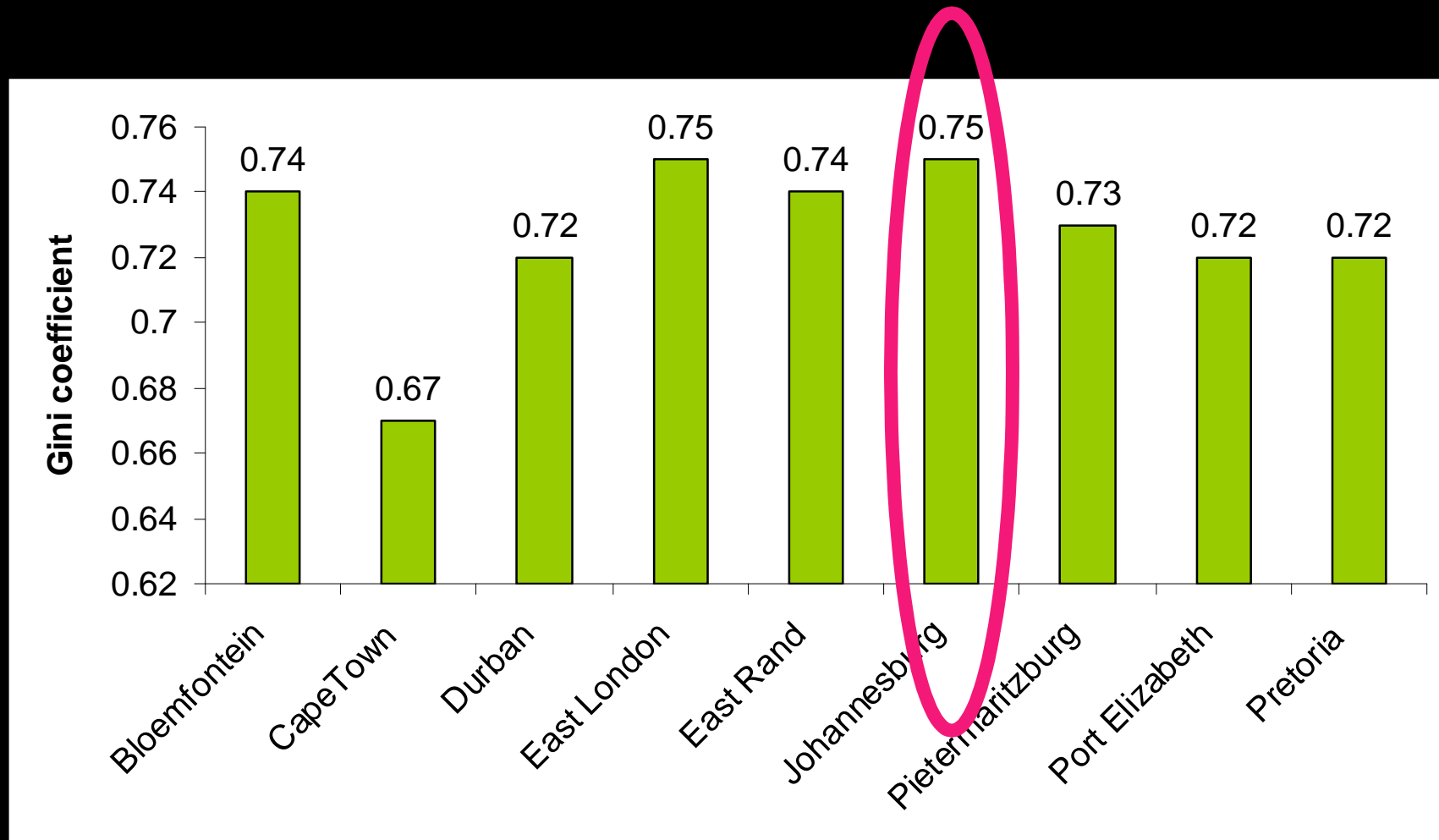
**7,4% of
Gauteng's
population are
non-citizens**

**3.3% of
Western
Cape's
population are
non-citizens**

**3.3% of the
South African
population are
non-citizens**

Census 2011

Gini coefficient in selected South African cities



(Figure adapted from UN-HABITAT, 2008: 72)

Johannesburg: *a complex urban context*

Urban growth

- Estimated population of nearly 3.9 million;
- Estimated that the population will reach 5.1 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

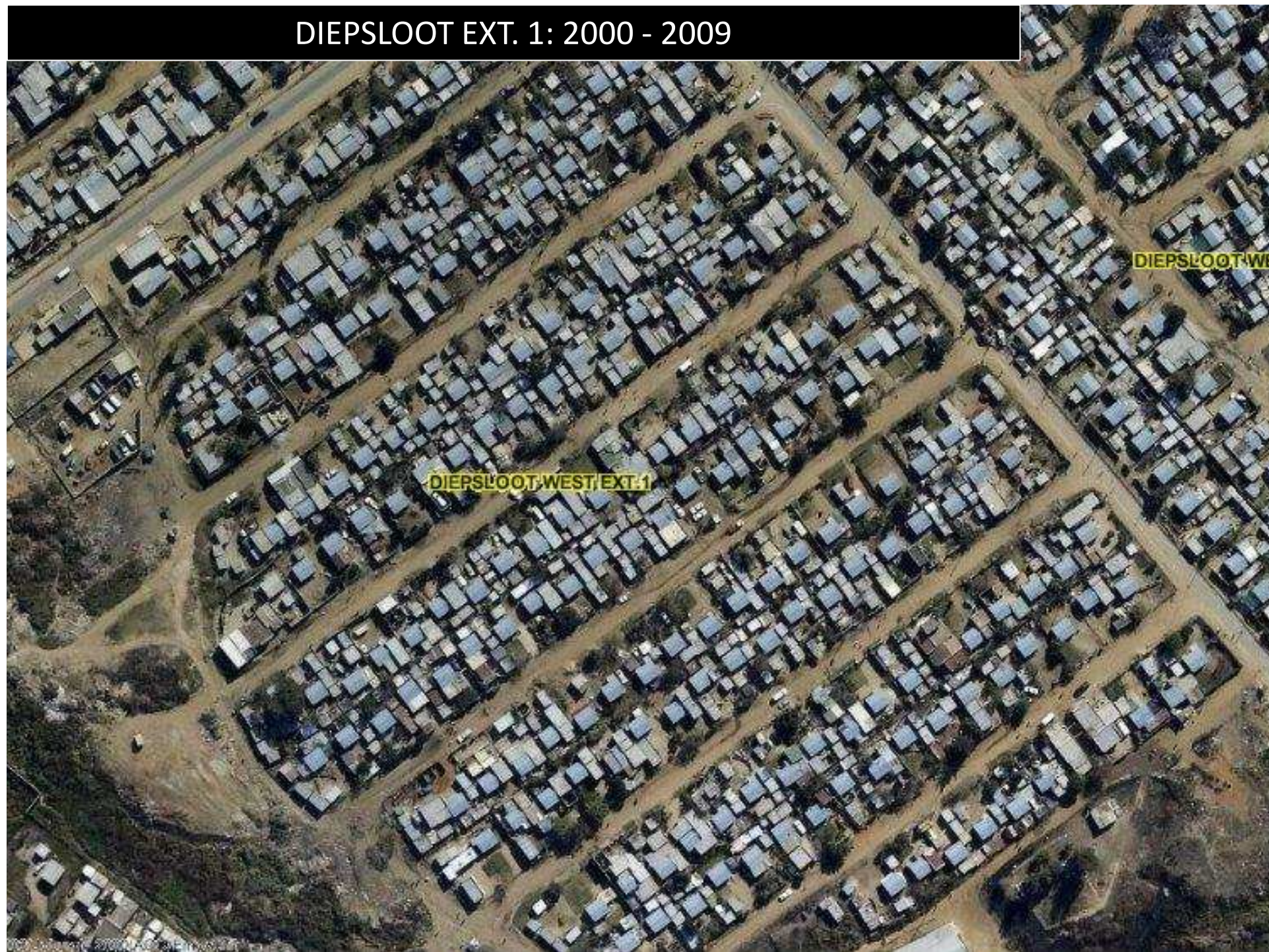


Informal housing

- Almost 25% estimated to live informally.



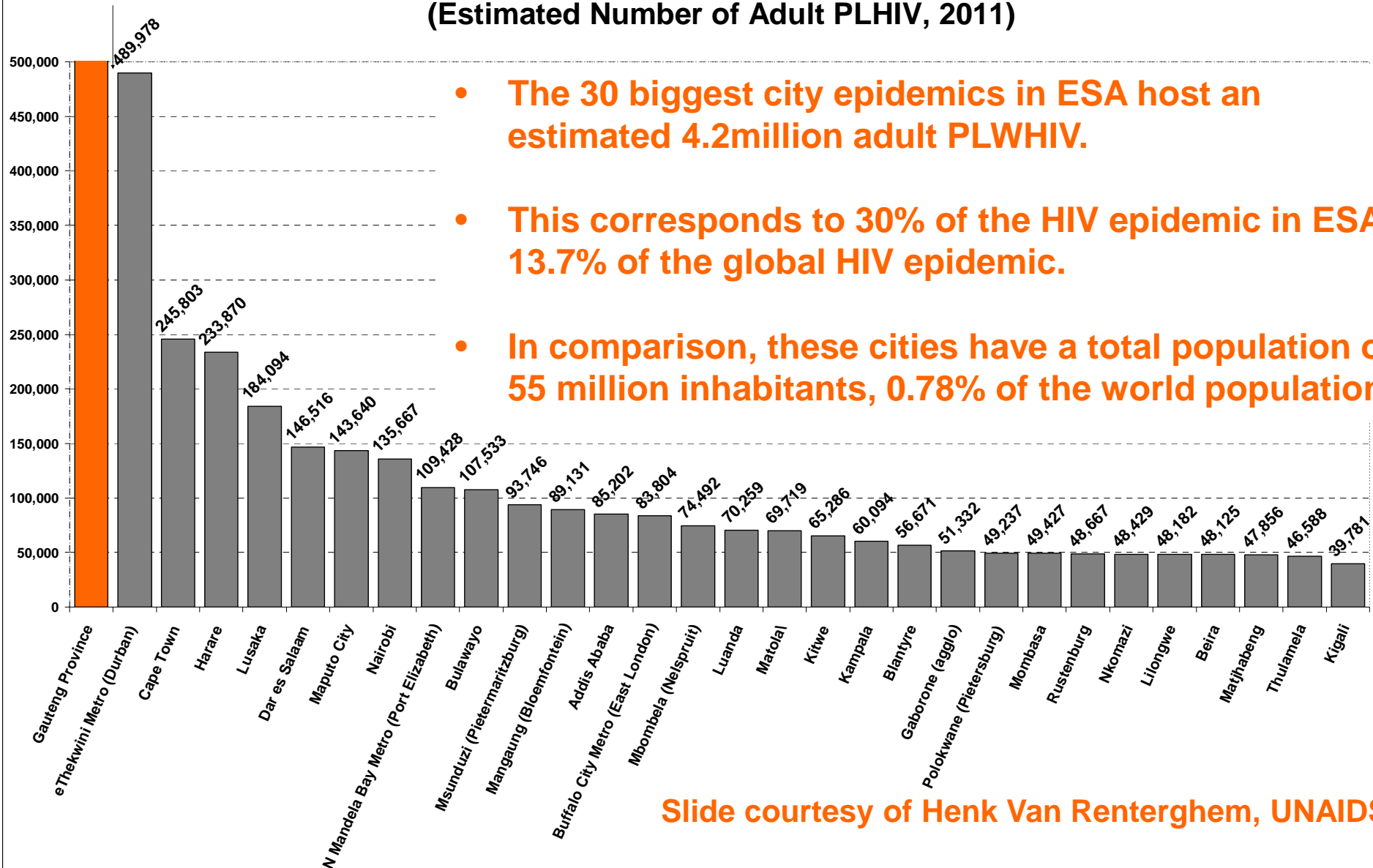
DIEPSLOOT EXT. 1: 2000 - 2009



HIV in cities: ESA

Gauteng 1, 25 million

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 4.2million adult PLWHIV.
- 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

Fragile
livelihood
activities

Access to
housing

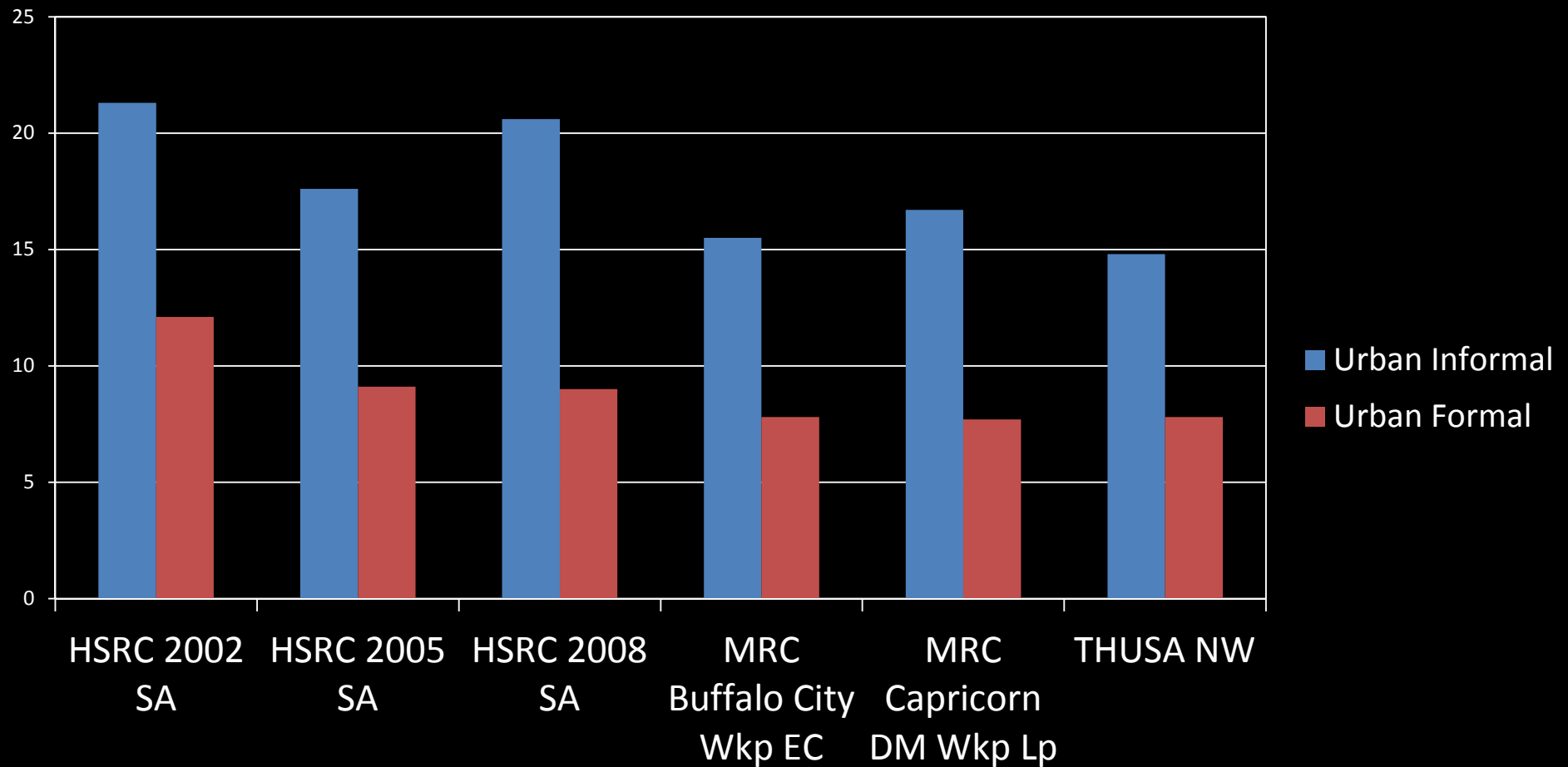
Migration
and
mobility

Access to
services

Housing
density

HIV

Higher HIV prevalence in urban informal settlements (South Africa)



Thomas, 2011

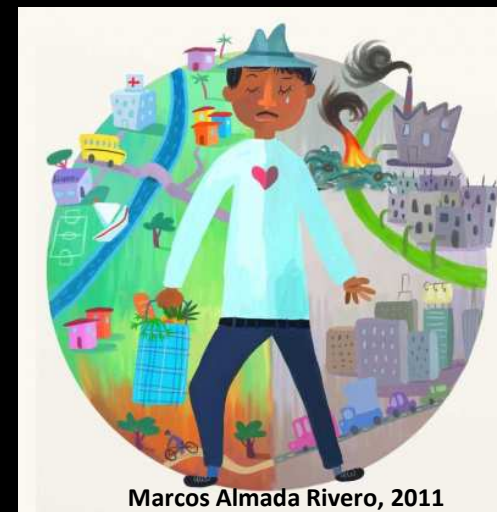
“Weak rights to the city”

(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/>



Marcos Almada Rivero, 2011

<http://urban-africa.net/calendar/2011/10/06/structured-inequity-and-differentiated-citizenship-effects-different-health-care>

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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