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Migration and Health Care in India: An Analysis

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ABSTRACT

The event of migration is as old as human civilization. In the early phases of history, geographical barriers played an important role in giving opportunities to the migration event. Due to lack of transportation facilities and language skills, the migration was limited to short distances. Understanding migrant workers' awareness for various health problems and the consequences of such issues regarding public health are the main objective of this Research Paper. This Paper also emphasizes the lack of policies and programmes to meet the unique medical requirements of migrants in India. India is dealing with issues related to migration and has a growing need to develop and execute policies to increase the health of migrants. Currently, India has little or no structural policies or programmes that address migrant challenges as a whole, and this demographic sector continues to be excluded from the majority of mainstream programme. In order to integrate the requirements of this marginalised population in the various national policies and programmes, it is necessary to adapt the current policy structures and plans. A proactive step in that direction would be the creation of a national migration policy.

Key Words : National Commission on Rural Labour (NCRL), National Sample Survey (NSS), Tuberculosis (TB), Millenium Development Goal (MDG), Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/ AIDS) , International Organisation for Migration (IOM), International Labour Organisation (ILO), Convention on Migrant Workers (CMW), National Urban Health Mission (NUHM), National Rural Health Mission (NRHM), Government Report (GR), Public Distribution System (PDS), Respiratory Tract Infection (RTI) , Sexually Transmitted Infection (STI), Migration, Health, and Development Research Initiative (MHADRI), Panchayati Raj Institutions (PRIs), Non Governmental Organisation (NGO), The Ministry of Health and Family Welfare (MOHFW), Jawaharlal Nehru National Urban Renewal Mission Programme (JHNURM), Below Poverty Line (BPL)

INTRODUCTION

The event of migration is as old as human civilization. In the early phases of history, geographical barriers played an important role in giving opportunities to the migration event. Due to lack of transportation facilities and language skills, the migration was limited to short distances. However, the crossing of state boundaries in the early 19th century was only recorded, and movement within the state was not recorded as migration. But today, migration is a response to technological progress, industrialization and urbanization and is facilitated by convenient transportation. Migration plays a crucial role in the development of a country. People migrate either over long distances from one country to another (International) or within a single country.

Understanding migrant workers' awareness for various health problems and the consequences of such issues regarding public health are the main objective of this Research Paper. This Paper also emphasizes the lack of policies and programmes to meet the unique medical requirements of migrants in India.

Many poor populations around the world have turned to internal labour migration as a key means of subsistence. This group of people is excluded from the majority of current mainstream programmes, such as those in health

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and education, which only helps to make worse their vulnerability. This results in their poor health, which has serious consequences for the public health in relation to infectious and occupational diseases.

The Rationale of this paper is to identify these vulnerabilities, the resulting public health problems, the present programme and policy context, and to offer suggestions for enhancing migrant health.

The Present Paper describes the Migration and Health Care in India. The paper is divided into Six Sections. Section I deals with The Internal Labour Migration in India; Section II explains The Vulnerabilities of Migrant Workers In India; Section III discusses The Public Health Issues Flowing Out of Migration in India; Section IV discusses The Migrants' Health: Current Policy and Programme Environment in India; Section V explains the Current Challenges to Address Migrants' Health Needs. In the last, Section VI provides Conclusion along with Suggestions and Ways Forward.

Objectives:

1. To study the status of Internal Labour Migration in India.
2. To study the Vulnerabilities of Migrant workers in India.
3. To study the effect of Migrants Health due to Immigration.
4. To study the Migrant's workers awareness programme for various health problems and the consequences regarding Public Healths.
5. To give Suggestion and Ways Forward to Migrant's Health.

METHODOLOGY

The present study is based on secondary data obtained from various national and international Sources. Research studies, articles, books Reports and definitions by UNDP, UNESCO, Census of India and Government Websites, and journals are the sources to obtain in this background. Present study is exploratory in nature which is based on secondary data. The study is not formula based.

Literature Review:

Economic Theories of Migration describes that migration is seen as motivated by economic opportunities *i.e.* male migration is primarily driven by economic reasons, and females migrate mainly for family, marriage or associated reasons (Mahapatro, 2010; Rajan and Sumeetha, 2019).

According to Chatterjee (2006), the morbidity patterns among internal migrants keep changing with the type of migration and its potential for causing a health risk.

Firdaus; Nitika *et al.*, (2014, 2017) says that the emotional stress of displacement and separation from the family and dear ones impact the physical as well as mental health of migrants. Poor housing conditions, lack of sanitary facilities, lower job security, less salary and exploitation by contractors are some of the factors that contribute to their stress.

Several studies (Abdulkader *et al.,* 2015; Borhade, 2011; Ranjan *et al.*, 2017; Saggurti *et al.*, 2011) report that migrant workers are at higher risk of developing HIV/AIDS than their non-migrant counterparts.

Kumar *et al.* (2008) conducted a study on migrant women based in Rajasthan and found that this study revealed a greater tendency for the more recently migrated women to experience increased child mortality and make poorer use of preventive health services than longer-term residents.

According to Azeez *et al.* (2021), Anxiety was one of the dominant experiences of women migrants living in slum areas.

Occupational diseases, such as Bagassosis among sugarcane workers in Maharashtra (Phoolchund, 1991), silicosis and tuberculosis among workers in stone quarries (Tribhuwan, 2009), and myalgia among brick-kiln workers in Surat (Patel *et al.*, 2012) were prominent health issues being reported by migrant workers.

The unhygienic living condition led to infectious diseases such as malaria, typhoid, tuberculosis, measles, hepatitis and respiratory infections among migrants (Chatterjee, 2006; Somasundaram and Bangal, 2012).

The first scientific work of Ravenstein (1885), the movement of people across different areas has been studied as a complex phenomenon involving mainly demographic and economic aspects.

The maximizing behaviour was first addressed by Hicks (1932) who argued that "differences in net economic advantages are the main causes of migration".

Harris and Todaro (1970) introduce imperfections in the labour market in the context of internal migration from rural to urban areas. They say that Unemployment rate and wage differentials between the rural and the

urban sectors are the key elements of migration.

On the way to their home towns during reverse migration, many women died on the way, and a few of them gave birth to children on the road and continued walking with the newborn (Irudaya Rajan *et al.*, 2020; Singh *et al.*, 2020).

Economic Theories of Migration describes that migration is seen as motivated by economic opportunities *i.e.* male migration is primarily driven by economic reasons, and females migrate mainly for family, marriage or associated reasons (Mahapatro, 2010; Rajan and Sumeetha, 2019).

A cross-sectional study by Ranjan *et al.* (2017) indicates an increased HIV risk among wives of migrant men compared to the women of the general population in rural North India.

Section I :

Internal Labour Migration in India:

India is on the edge of a period that is predicted to bring about significant economic growth, yet there are pockets of neglected populations whose development statistics are unsettling. Internal labour migrants are one such undeserved category. In India, seasonal migration for work is becoming more common. According to the National Commission on Rural Labour (NCRL), there are an estimated 10 million internal labour migrants living in rural India alone (including around 4.5 million inter-state and 6 million intra-state migrants). The 2001 census has recorded about 53.3 million rural to rural migrations within the country. While the latest 64th round NSS survey puts a figure of 30 million on internal migration, various estimates based on micro level studies suggest that the figure is close to 100-120 million. Intra-state and Inter-state labour migration is an important feature of the Indian Economy.

In the 2011 census, 455 million persons were migrants based on the place of the last residence, which constitutes about 37% of the total population of the country. This figure indicates an increase of around 44% from 2001 (314 million) and 97% from 1991 (231 million). Some of the main determinants of migration have been identified as high population density, a surplus of the labour force, high employment rates, dissatisfaction with housing, demand for higher schooling, rural-urban wage differentials, the distance between the village and city, pattern of land possession, etc. In the three basic demographic components (Fertility, Mortality and Migration) of the population the migration is one component which shows the change in population growths of any area. This plays an important role in improving economic and social condition of people.

According to NCRL, a significant percentage of migrants are employed in farming and plantations, brick kilns, quarries, building sites, and fish processing. Various migrants are also employed as temporary workers, head loaders, rickshaw pullers, or hawkers in the urban informal manufacturing, construction, service, or transportation sectors.

The majority of seasonal migrants looking for work are as unskilled daily labourers in the above mentioned unorganised industries. Men often work as manual labourers while women are employed as domestic workers.

Section II :

The Vulnerabilities of Migrant Workers in India: Migration is a significant technique for many people to support themselves and has been demonstrated to have positive, social and economic effects but it also has some very detrimental side effects. An outsider is someone who migrates from one place to another place. Various surveys and research have revealed that immigrants have disadvantages in the areas of work, education, and health when compared to the native population. It is very challenging to identify particular or independent causes of migration, but issues like inadequate education, poor health care, low salaries, early prejudice, and persistent discrimination all reinforce each another. For instance, a bias against migrants may neglect medical professionals, which furthers increases the ill health of migrants. The degree of vulnerability that migrants experience is influenced by a number of variables, from their overall situation to their legal standing environment.

Immigration Related Factors and Migrant Health: Internal migrants might be vulnerable in a variety of ways due to different migration forms. The motivating variables (reasons for migration, jobs at the source of origin) and occupation-related factors are the frequent determinants of health hazards among migrants. Additionally, migrants' living conditions have an effect on their mental and physical health. These aspects are interrelated and include:

- Crowd in living conditions that promote greater transmission of infectious diseases.
- Poor nutritional condition brought on by a lack

of food before, during, and after migration which results in poor immune system.
- Insufficient water supply and quality to maintain health and allow for personal hygiene.
- Environmental Sanitation Issues.
- A lack of sufficient housing or housing without sanitary facilities.
- Options for employment and working environment.

Section -III:

The Public Health Issues Flowing Out of Migration in India:

Migrants frequently live in unfavourable conditions, endure work risks, are separated from their supportive families, and are not a part of the social system. They are also not included in a number of mainstream programmes, such as those on education and health, etc. Because of this, individuals are more prone to the following kinds of health issues.

Morbidity Pattern among Migrants:

The nature of migration and its ability to create health concerns have an impact on the morbidity trends among migrants. Particular issues for the migrants include infectious diseases, chemical and pesticide-related illnesses, dermatitis, heat stress, respiratory conditions, musculoskeletal disorders, and traumatic injuries in the case of migration for agricultural labour for three to four months and returning home after the harvest, such as those who move from Nandurbar (Maharashtra) to Gujarat. Workers in the sugar cane industry experience a high rate of occupational accidents and are exposed to insecticides with a high toxicity. They could also be at a higher risk for mesothelioma (Lung Cancer caused due to the practice of burning foliage at the time of cane cutting). Another unique issue to the sector is bagassosis, which can occur after exposure to bagasse (a byproduct of the sugar cane production). Chronic infections may also affect the workforce, which lowers their output. Migrants working in stone quarries, as reported by Tribhuwan (2009), face work related illness such as Silicosis and Tuberculosis due to prolonged inhalation of Silica dust. There are numbers of health related issues regarding migrants labour is given below:

- **Infectious Diseases**: Poor drainage systems, unhealthy lifestyles, and deplorable sanitary conditions expose migrants to a variety of health hazards that are dependent on their work and way of living. Their way of life and health practices make them more vulnerable to infectious diseases. It has been discovered that migrants have a greater frequency of infectious disorders like respiratory infections, hepatitis, typhoid fever and malaria.
- **Malaria and Tuberculosis (TB)**: The reason of malaria and TB is a serious infection which creates bacterial disease that mainly affects lungs. The bacteria that cause TB are spread when an infected person coughs or sneezes. Migration is a matter of concern in relation to Millenium Development Goal for HIV/AIDS, malaria and other major diseases. In case of malaria, migration may increase exposure to disease, transport mosquitoes to new areas and create habitats that are favourable to mosquitoes. Migration may also help spread resistance to drugs.

  The growing significance of tuberculosis as a public health issue was acknowledged during the 44th World Health Assembly in 1991. The prevalence of tuberculosis among migrants is almost six times higher than that of the overall population. Along with other factors like inadequate administration of TB control programmes, poverty, population growth, and a considerable increase in TB cases in HIV-prone areas. Migration is a major contributor to the disease's persistence. The RNTCP programme has begun giving duplicate cards to migrants so that they can continue their TB treatment anywhere in India.
- **HIV/AIDS and Migration:** Various studies have revealed that migratory workers are more vulnerable to susceptible the disease. Male migrants had a 0.55 per cent HIV/AIDS prevalence compared to non-migrants' *i.e.* 0.29 per cent. The International Organisation for Migration (IOM) argues that mobile persons and migrants are more susceptible to HIV/AIDS, although mobility itself is not a risk factor for the disease. Knowledge about HIV education, prevention (Condoms, STI Management), and healthcare services may be limited or nonexistent for migrants and individuals.
- **Occupational Health:** Cold-cough, fever,

diarrhea, tiredness, lack of appetite, giddiness, weight loss, stomachache, hip pain, headache, pain in the neck, swelling of the legs and hands, hair loss, skin diseases, injuries, chest pain, and eye problems are the informal sector. Other diseases include cancer, poor child health, social and mental health issues, infectious diseases, diseases linked to chemicals and pesticides, dermatitis, heat stress, respiratory difficulties, musculoskeletal disorders, and traumatic injuries.

- **Mother and Child Health:** The low health status of migrant women is evident from indicators like the prevalence of violence against women, anaemia, and reproductive tract infections. When people temporarily move back to their hometowns, especially pregnant women who need to give birth, they lose access to services provided by either of the residence. Due to distances, the absence of prior records of services obtained, a lack of awareness, mother and infant are unable to receive health care facilities in the community. Despite the presence of public and private hospitals in their locations, urban migrants prefer to give birth at home like traditional period. Some of the reasons for this preference include the high cost of private healthcare facilities, the perception of unpleasant treatment at government hospitals, a more emotionally stable atmosphere at home, and the lack of caretakers for other siblings (a brother or a sister) in the event of hospitalization.
- **Reproductive Health:** Prolonged bending and standing, excessive exercise, dehydration, poor diet, and pesticide or chemical exposure all raise the risk of spontaneous abortion, preterm birth, foetal deformity and growth retardation, and aberrant postnatal development. Retention of urine causes persistent infections which causes stretching and weakening of the bladder wall which again in turn stimulates bacterial growth.
- **Social and Mental Health:** Migrants experience a variety of stressors as a result of their migration, such as job uncertainty, poverty, social and geographic isolation, extreme time constraints, subpar housing conditions, intergenerational conflicts, being apart from family, a lack of recreational activities, and worries about their health, safety, and shelter. Relationship issues, domestic violence, and psychiatric conditions are examples of stress manifestations. Communities with more single men than families have been found to use alcohol more frequently and engage in a risky sexual behavior.

Section-IV :

Migrants' Health: Current Policy and Programme Environment in India:

- **Policy Environment:** Although India does not have a comprehensive internal migration policy, there are numerous fragmented rules and regulations in place to protect migrants. Basic provisions in the Indian Constitution (such as Articles 23(1), 39, 42, and 43) dealing to job conditions, Non-discrimination and the Right to Work are applicable to all workers, including foreign workers who are employed within the country. Migrants are protected by a number of labour regulations. The Labour laws hold the government as well as the employer responsible for contributing financially towards giving benefits such as basic health care, insurance and an education allowance for children of workers. It is crucial to activate and implement the available laws to address migrants issues related to exclusion of services. However, within national health programmes and policy, currently, there is a little related to health of migrant workers.

  India has accepted a number of International Labour Organisation (ILO) agreements. It has not signed or ratified the Convention on Migrant Workers (CMW), which provides the legal framework for migrant workers' protection. An acceptable level of health for the general population is one of the goals of health related programmes, such as the National Health Policy-2001, which also promotes fair access to public health services across the social and geographic spectrum of the nation. Similarly, the National Population Policy- 2000 underlines the government's commitment to allowing residents to make voluntary, informed decisions and give their consent when using health care and reproductive services, as well as the continuation of the target-free approach to providing family planning services. According to Vision 2020,

Indians will be more educated, healthy, and prosperous than at any other point in our lengthy history. All of these measures attempt to increase the health of India's entire population, but they do not expressly address health issues affecting migrants.

Examples:

- A Nasik-based NGO called Disha Foundation has contributed to finding suitable locations for the construction of these Anganwadis as well as promoting the usage of the facilities by migrants. This recommendation has a great deal of potential to solve the health issues faced by migrating women, adolescents, and children. Therefore, it is necessary that it should be effectively put into practice.
- Government health insurance in a few Indian states is one example of a policy that connects migrant related issues. One such instance is the Jivan Madhur Yojana (Insurance Programmes), where the government and the migrants each contribute 50 percent of the insurance premium. This programme covers workers health issues and accidental death while also offering an education allowance to the workers' children enrolled in the eighth through tenth grades. These schemes have proven effective and beneficial for low-income migrants, but different regions have varied qualifying requirements, and workers from one state are not covered if they transfer to another. In order to promote cooperation between the various State Governments and insurance companies, this needs to be looked into collabaration.
- **Programme Perspective:** India has a number of vertical health programmes that are supported by the National Government, including ones that fight with HIV/AIDS, TB, and Malaria. These programmes' interventions are frequently lengthy and necessitate follow-up. Few government databases now contain information on migrants. This information is used in the labour market. In order to improve the health outcomes of migrants, it is necessary to intentionally feed this information into the health sector. It should be develop for tracking strategies.

Some currently running initiatives, including the National AIDS Control Programmes, have the responsibility of offering outreach services. This programme has established an awareness programme for HIV/AIDS prevention and treatment for a selected group of migrant workers in India, including truck drivers, sex workers, and construction workers, etc. The Indian Population Projection is one more instance of an outreach programme for migrants. The Ministry of Health and Family Welfare launched this project with the help of the World Bank. It has been implemented in various cities, including Chennai, Bengaluru, Kolkata, Hyderabad, Delhi, and Mumbai, to enhance the delivery of urban health services. To improve child and reproductive health in urban slums, the programme employs link-workers.

It is obvious that additional migrant-friendly approaches need to be introduced and supported by public health services. A detail of vulnerable groups in decentralised state and sub-state health plans has attracted some interest since the National Rural Health Mission – NUHM, (India's Premier Health Initiatives) was introduced in 2005. These plans have been beneficial in searching some migrant populations that had previously gone unnoticed, because the Mission focuses on rural areas, urban migrants continue to be disregarded. A National Urban Health Mission (NUHM), concentrating on the health of the undeserved urban poor population residing in slums and other temporary places (such construction sites), is expected to be implemented in becoming years. Through cooperation with the business sector, social insurance programmes, and community involvement, the NUHM seeks to offer basic primary care to all urban poor people. It is a good moment for academics and programme implementers to think about how to prepare next health policies and programming could be more effective at reaching migrants.

Rationale to Address Migrants' Health:

Evidence suggests that internal migration can have a significant impact on economic development and poverty reduction. Positive facilitation of safe migration should be emphasized in particular way which ensures that migrants have access to necessities and public services, particularly those who is related to health, education, and subsistence. The high rate of migration and connections between immigrant health requirements and all national initiatives (including India Vision 2020, the National Health Policy 2017, and the National Population Policy 2000) are additional factors. The particular health requirements

of the migrant population must receive more attention because it can assist to increase both their health indicators and overall experience of migration.

When migrants arrive in metropolitan environments, they are poor, illiterate, socially outsiders, and confront a highly unfamiliar environment. They struggle to demonstrate their identification and eligibility, language is a problem, they are not sufficiently informed of their privileges and rights, they have a limited understanding of how hospitals and insurance companies operate, etc. Therefore, it is vital to create health policies and plans for them that are clear and easy to use.

Section - V :

Current Challenges to Address Migrant's Health Needs:

There are several challenges regarding migrant's worker:

1. Need to improve definition of Migrants: Improving the definition of migrants is necessary because seasonal migrants are rarely select out as a vulnerable group in various health studies and programmes, despite being categorised as vulnerable populations in all development sector strategies. Poor categories like Schedule Caste, Schedule Tribe, or Other Backward Caste groups come into this category. This is in part because there is still inconsistency in the definitions of internal labour migrants.
2. Detailed Mapping of Internal Migration at a Countrywide Level: Lack of reliable data on the volume of migration is one of the major obstacles to formulating an effective policy response to internal migration. It will take coordinated efforts are required to address this knowledge gap on migration.

Reference Cases:

1. The Nasik-based Disha Foundation works with Panchayat Raj Institution (PRIs) in Maharashtra to register villagers who travel from one place to another in search of work. The PRI maintains the migration register, and the data is used to carry out numerous government and non-government projects for the migrants' families.

2. Through the NGO Aajeevika Bureau in Southern Rajasthan, the Rajasthan Labour Department has started such registration. The NGO keeps a database of migrant workers, registers migrant employees, and produces photo IDs. The Rajasthan Labour Department receives a quarterly update of the database. The Panchayats, being the closest link to migrant workers in the chain out as the signing and verifying authority on the photo ID cards.

3. **Delivery of Healthcare Services:** Poor health utilization rates are frequently observed among migrants. Due to their migration status, the timing of their employment, and the distance to services, migrant populations frequently cannot access the services. Changing locations frequently is another issue for health care service.

Reference Case: In Nasik, the Disha Foundation has started migrant-friendly health programmes. A key part of the campaign is educating migrants about health issues and empowering them to use government health facilities. For migrants, government health services (civil hospital, urban health centre, etc.), and Disha, a referral form in three copies is created. Through its trained community leaders, Disha refers migrants to healthcare services. Since the medical history and other relevant information are included in the form, the referral method is becoming more and more popular among migrants. Since it enables them to receive immediate medical care from a doctor without much conversation.

A population health approach is required in order to coordinate strategies, policy alternatives, and treatments for improving health outcomes among migrants because the health of migrants is influenced by a variety of factors. Increasing the current interstate and intrastate programmes for immigrants, particularly the combination of the health insurance, maternal and child health, and other programmes at the source and destination levels with the appropriate government departments.

4. **Addressing Basic Needs of Migrants:** There are some important drivers determining migrants' status, addressing the fundamental needs of migrants in cities would be crucial steps which are given below:

- **Improving Living and Working Conditions:** The main factor contributing to migrants' bad health is crowded housing without essential facilities. For migrant workers, temporary housing in places with little facilities is a significant need. Such shelters may be established in cities through the Jawaharlal Nehru National Urban Renewal Mission Programme (JHNURM) currently in place.
- The 11th Five Year Plan makes it clear that there is a serious policy gap with regard to immigrants,

and it makes the case for bettering the migrant population's living and working conditions. For migrant labourers in the brick kiln (Clay Pit) sector, the Ministry of Labour and Employment take up an intervention to increase living and working conditions in Orissa and Andhra Pradesh in 2009–2010.

– **Food and Nutrition:** According to a survey by the Aajiveeka Bureau, migrants in Ahmedabad spend, on average, 41% of their income on food. When their parents are working in unstable, low income jobs that need frequent shifts based on the availability of labour it has been seen that migrant childrens suffer from malnutrition.

Reference Cases: In order to activate the Government Report (GR) and give migrant workers temporary ration cards, Disha Foundation collaborated with the Public Distribution System (PDS), Maharashtra. According to this GR, the BPL category of intrastate migrants should be allowed to obtain a temporary ration card in the destination city and receive up to 35 kg of food during the migration period. In Nasik, it is functionally effective. Other Indian states could adopt this GR, and PDS could build up a system to distribute temporary ration cards to inter-state and intra-state migrants. For migratory labourers in Bhopal, the Bhopal Municipal Corporation has developed a low-cost feeding service. For migrant labourers, Aajiveeka Bureau has established a low-cost Tiffin facility.

– **The establishment of Migrant Assistance Centers:** It offers information and counselling as well as emergency response in the case of public services such as health, education, and other situations, at the major source and destination areas.

Reference Case: As an example, the Shramik Sahayata Evam Sandarbha Kendras (Migration Assistance Centres), which are run by the National Coalition for Migrant Security, offer such services to migrant workers both at their source and destination. These centres are run by over 23^{+} organisations in five states, including Uttar Pradesh, Orissa, Maharashtra, Rajasthan, and Gujarat. Such models can be studied and replicated in other high migration corridors.

5. **Capacity Development:** It will be crucial to address migrant health issues by sensitizing and training interested policy-makers and health stakeholders for successful implementation and convergence of state policies. The Ministry of Health and Family Welfare (MOHFW), the nodal ministry, as well as other ministries including those for labour and employment, urban development, rural development, women and child welfare, municipal corporations, etc., might be considered among these stakeholders. NGOs, migrant employers' associations, insurance firms, financial institutions, academic institutions, and health experts interested in migrant health could be additional players.

Building Partnership NGO's that support migration at both the source and destination levels to educate and inform migrants about the health services that are available. Promoting cooperation between the government, various donor organisations, and organisations working on the implementation of migration for health policies and activities would be a crucial step in improving the capacity of these stakeholders.

6. **Research:** One crucial step in building a knowledge base on migration and health would be to record and share best practices and lessons learned in addressing migrants' health needs at the source and the destination. To fulfill the health needs of migrants, it would be essential to pinpoint the convergences of current health services that are necessary and close any delivery-related gaps.

7. **Advocacy and Policy Development:**

There is a critical need to promote the strengthening of the current migrant initiatives, particularly the convergence of the programmes at the source and destination levels with the appropriate government departments, including interstate.

Under the government's several national health policies, such as occupational health, HIV/AIDS prevention and treatment programmes, testing and counselling, Respiratory Tract Infection (RTI) or Sexually Transmitted Infection (STI) diagnosis and treatment, prenatal checkups, and family planning services, it is vital to provide coverage for all kinds of migrant workers. The proposed National Urban Health Mission, which acknowledges and intends to address these health needs of migrants, needs to be implemented immediately.

It would be essential to promote migrant-friendly health policies that seek to address the various health requirements of migrants. India currently does not have a comprehensive national migration policy that would serve as a framework for addressing the health, education, livelihood, and rights concerns of migrants and that would outline the duties of the states in putting the policy into action.

Section - VI:

Conclusions: International migration has generally obtained more attention than internal migration. In spite of the fact that internal labour migration has become a crucial strategy for many vulnerable groups around the world to support their livelihoods. These migrants are frequently ignored or excluded from the various welfare or health programmes of their corresponding countries, such as various mainstream programmes in education, health, adequate living conditions, minimum wages, and freedom from exploitation and harassment. This makes the migrants more vulnerable and contributes to their poor health, which create serious repercussions for the public health.

India is dealing with issues related to migration and has a growing need to develop and execute policies to increase the health of migrants. Currently, India has little or no structural policies or programmes that address migrant challenges as a whole, and this demographic sector continues to be excluded from the majority of mainstream programme. In order to integrate the requirements of this marginalised population in the various national policies and programmes, it is necessary to adapt the current policy structures and plans. A proactive step in that direction would be the creation of a national migration policy.

Sensitization and capacity building of interested policymakers and health stakeholders, particularly Ministries of Health and Family Welfare, Labour and Employment, Urban Development, NGOs networks, employers associations of migrants, insurance companies, and financial institutions, must be carried out on a macro level. Better coordination among departments in various sectors and locations is necessary for the delivery of essential services. The central government has a significant role to play in the entire process, including encouraging cooperation between important providers of health services and their various departments, growth of their capacities, and financial allocation.

Suggestions and Ways Forward:

Global public health priorities related to migration and health are becoming more widely acknowledged. It is very important to invest in evidence generation through research at the local, national, regional, and international levels to effectively guide policies and programmes on migration and health. To develop regionally consistent approaches to migration and health, including communicable disease surveillance, monitoring of interventions, cross-national applied research collaboration, and capacity building, particularly interdisciplinary postgraduate training, consultative processes are necessary. Poor health coverage, lack of awareness and under-utilisation of healthcare services among migrants were important concerns raised by several scholars. We must listen to the research publication and design our policies accordingly. The existing health system needs to be responsive to the poor migrants, who constitute a substantial proportion of the population in urban areas.

The world urgently needs a coordinated research agenda on migration and health. A global network of academics and other research partners called Migration, Health, and Development Research Initiative (MHADRI) aims to strengthen in the field of migration and health research. To understand the complex connections between migration and health, contributions from a wide range of fields are needed, including Anthropology, Demography, Sociology, Law, Political Science, Psychology, Policy Analysis, Public Health, and Epidemiology.

Documentation and Circulation of best practices in addressing migrants health needs at source and destination level should be promoted. Promotion of National Policy Think Tank for advice on matters of migration, health and development should be initiated jointly by The Ministry of Health and Family Welfare and Ministry of Labour and Employment.

One suggestion is to engage with the Panchayati Raj Institutions (PRIs) to start a national initiative to document migrant labourers leaving rural regions. The labour department and civil society organisations can actively promote this idaes. Civil society organisations can assist PRIs in conducting surveys and registrations at the source.

It's important to intentionally direct information about immigrants towards the health sector and develop tracking strategies to enhance their health results. It would be necessary to offer migrants mobile health cards that may be used in any state, both at the point of origin and the point of destination.

To address the unique health requirements of migrants, it is crucial to provide public health services that are migrant-friendly and to raise awareness of those services among migrants. It might be beneficial to offer local mobile health services or to give migrants additional

support when using standard health services.

Migrants can receive a national roaming (mobile) ration card. A few states, including Andhra Pradesh and Maharashtra, have launched this project. However, there is little use of this programme due to ignorance. This issue needs to be discussed in more detail and should be taken up by other states.

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