



REPORT FROM THE 103rd IOM COUNCIL SIDE EVENT: PARTNERSHIPS ON MIGRANTS' HEALTH, A CIVIL SOCIETY PERSPECTIVE ON HIGH-LEVEL DIALOGUE COMMITMENTS



November 27th 2013, Palais des Nations– Geneva

Summary

On November 27th 2013, the IOM's Migration Health Division organized a side event on migrants' health during the 103rd IOM Council at the *Palais des Nations*. This side event brought IOM and IOM's civil society organization (CSO) Observers together to share views, strengthen partnerships, and explore ways to ensure that migrants' health and well-being is increasingly focused upon in the follow-up to the UN High-level Dialogue on International Migration and Development (HLD), which took place in October 2013. In particular, the side event was organized to solicit CSO views on the place of migrants' health in the 5-year (8 point) Action Plan presented by 70 civil society organizations of the Global Coalition on Migration in preparation of the 2013 High-level Dialogue.

With the addition of CARAM Asia, the International Medical Corps (IMC) and the Federation Terre des Hommes (TdH), which joined IOM as Observers on the occasion of the 103rd IOM Council session, the number of CSOs active in the health sector among IOM CSO observer membership is growing. NGOs and CSOs play an irreplaceable role in advocating for the health rights of migrants and in delivering health services to migrants - especially those in an irregular condition - who are often denied or forego access to public health systems.

Therefore, it was deemed an opportune moment to convene this side event and to invite other relevant CSOs based in Geneva to discuss the topic of migrant's health. In addition to the organizations mentioned above, other CSO Observers were also invited, including Caritas, World Vision International (WVI), the Italian NGOs Federation (FOCSIV), and the International Catholic Migration Commission (ICMC). A delegate from the Moroccan association Hassan II also attended the event.

The event was moderated by Mr. Gervais Appave (IOM's Director of the Department of Migration Management) and was opened with an introduction from Dr. Davide Mosca, Director of IOM's Migration Health Division. It was attended by representatives of eight CSOs and delegates from numerous IOM Member State Permanent Missions



5-Year (2013-2018) Civil Society Action Plan ("8 point plan")

1. Regulating the migrant labour recruitment industry and labour mobility mechanisms
2. Guaranteeing the labour rights of migrants
3. Addressing protection needs of migrants stranded in distress, including migrants in transit
4. Addressing vulnerabilities, rights and empowerment of women and children in the context of human mobility
5. Ensuring the rightful place of migrants and migration in the post-2015 development agenda (i.e. the "next generation" of Millennium Development Goals)
6. Engaging migrants and the diaspora as entrepreneurs, social investors and policy advocates in development
7. Promoting the implementation of national legislation that reflects international standards regarding migrants and their families (in particular, with regard to enforcement policies, social protection and due process)
8. Redefining the interactions of international mechanisms for migrants' rights protection

Source: <http://hldcivilsociety.org/five-year-action-agenda/>

AGENCIES' VIEWS ON MIGRANT HEALTH PRIORITIES



International Organization for Migration (IOM).

As a general introduction, Dr. D. Mosca highlighted that migrants' health implies bridging human and health rights, public health, and development. He also emphasized that it is only through partnership and a convergence of action that real advancement can be achieved in this complex but critical agenda.

He emphasized that a key outcome of the 2013 HLD was an unprecedented convergence of views between Member States, international organizations, and CSOs, as expressed by the following elements:

1. Shift from a discourse focused on migration as a process to one on migrants and rights, what can be termed a '**migrant-centered**' agenda;
2. Shared view on the '**conditionality**' of **migration's contribution to development**, with the recognition of the need for conducive policies and a social environment that can enable migrants to effectively participate in the socio-economic development of their communities of origin and destination, while fulfilling their human development potential;
3. General call to promote and protect the realization of human **and labour rights of migrants**, regardless of their status, including the right to health, and to avoid policies and practices that might aggravate their vulnerability and increase the costs of migration.



Linking health, migration and development, Dr. Mosca pointed out that a focus on migrants' health and well-being stems from the views expressed by participants at the HLD. Yet despite a number of good initiatives and declared international and national commitments in this domain, the health of migrants remains largely absent in global debates, including the HLD and the Global Forum on Migration and Development (GFMD). Moreover, on a practical level, the health of migrants is rarely safeguarded by nations and remains controversial and divisive. Myths and stereotypes persist, such as the perception that migrants are a burden on health systems, that they carry diseases and that accessible health services might attract more migrants. As a consequence, migrants too often remain invisible, marginalized and excluded (including from social protection in health); they avoid using public health systems and are not included or reached by health policies and disease control programmes, with general negative health and migration outcomes.

Therefore, it is crucial that migrants' health is highlighted more centrally within the Migration and Development agenda and in the realization of the priorities identified by the UN Secretary General (A/68/190).

These 8 points are very similar to IOM's 6-point strategy on migration and development.

UN Secretary General Eight-Point Agenda to "Make Migration Work" for All:

1. **Protect the human rights of all migrants**
2. **Reduce the cost of labour migration**
3. **Eliminate migration exploitation, including human trafficking**
4. **Address the plight of stranded migrants**
5. **Improve public perception of migrants**
6. **Integrate migration into the development agenda**
7. **Strengthen the migration evidence base**
8. **Enhance migration partnership and cooperation**

https://www.un.org/News/Press/docs/2013/s_gsm15367.doc.htm

To reach the objective of improving migrants' health and well-being, two crucial approaches are necessary:

- 1 **Enhance migrants' access** to health promotion, prevention, and care services through conducive health policies and programmes; and
- 2 **Address the social determinants of health of migrants**, i.e. the conditions in which migrants work, live and travel that are often determined by perceptions, policies and practices outside the health system, per se.

The diagram below shows how these two priorities link to IOM's wider migration and development framework agenda: Ensuring the health and well-being of migrants is an essential element of humane and effective

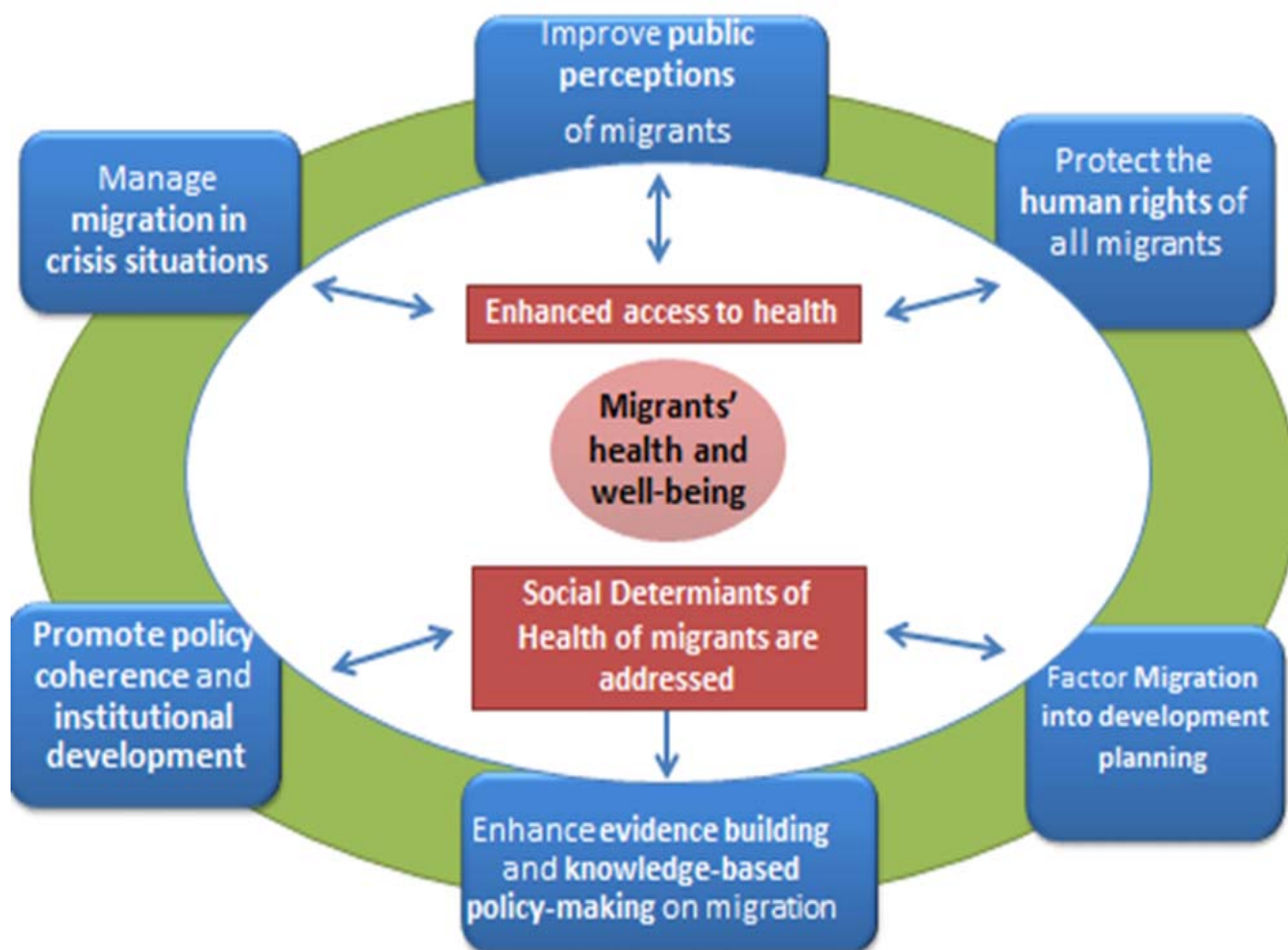
migration management and of the wider-concept of migration governance.

Therefore, in pursuing the above-mentioned priorities, IOM looks at strategic partnership with CSOs.

INPUT CSOs

All CSO Observers were invited to present - in light of the CSO's 8-point Action Plan and outcomes of the HLD - what they considered to be the priorities in migration and development, how to develop a common agenda on migrant health over the coming two years and what they considered to be key actions that would benefit from increased partnership.

Linking Migrants' Health to IOM 6-POINT STRATEGY



Terre des Hommes International Federation

Terre des Hommes (TdH) International Federation is a network of ten national organisations working for the rights of children and to promote equitable development without racial, religious, political, cultural or gender-based discrimination.

TdH identified the following three priorities on migrant health for the next two years:

1. **Addressing migrant health in making the case for migration in the Post-2015 Development Agenda**

Health is to be considered integral to the migration and development debate. Addressing migrant health is a prerequisite for enabling migrants to contribute to development and reduce poverty. Therefore, migration and migrants' health should be included in the Post-2015 Development Agenda. Negotiation and implementation of existing and future goals will depend critically on the level of support and pressure from civil society at the national level. CSOs should build alliances with technical teams within the Post-2015, especially on issues related to inequality, creating new spaces, sharing roles and seeking to build synergies along parallel processes.



2. **NGOs should use the UN human rights monitoring mechanisms more effectively, with special attention to the Child Rights Convention and a focus on health**

International, regional, national and local NGOs must use the UN human rights monitoring mechanisms more effectively, in particular, submitting reports, documentation or other written information concerning the rights of children in the context of migration in order to provide the Committee of the *Convention of the Rights of Children (CRC)* with a comprehensive picture of how the CRC and the Optional Protocols are being implemented in a particular country.



3. **States to incorporate systematic evaluations of the implementation of the Child Rights Convention in relation to all children (specifically on children's right to health in the context of migration)**

State parties should incorporate systematic evaluations of the implementation of the *CRC* in relation to all children affected by migration present in their territory and include this in their periodic reporting to the Committee. National institutions responsible for guaranteeing human rights (ombudsperson, equality bodies, etc.) must be empowered to play a key role in monitoring compliance with the *CRC*, with a specific focus on the well-being and access to basic services, such as health facilities of children affected by migration.

TdH highlighted the need for increased partnerships to campaign against toxic public attitudes on migrants and to counter xenophobia. The “**Destination Unknown**” campaign, led by TdH, is a campaign to create awareness of the rights of children on the move and has been launched in additional countries, such as France, India and the Mekong countries.



World Vision International (WVI)

World Vision International (WVI) is one of the world's largest privately-funded NGOs working in the development, humanitarian assistance and advocacy space; it is present in 95 countries. WVI supports a '**rights-based approach**' to address the needs of children and seeks to work with children and communities around the world, focusing its attention on the most vulnerable. In an increasing number of cases, WVI works with children "on the move". WVI recognizes the leadership provided by the UN and by progressive government and civil society representatives through the *Global Forum on Migration and Development (GFMD)* in the context of Post-2015 discussions and in the preparation for the 2016 Humanitarian Summit.



WVI identified the following priorities on migrant health for next two years:

1. From a human rights perspective, WVI campaigns actively to support the **Convention on the Rights of the Child** (and other human rights instruments), to secure civil, political, social, economic and cultural rights for children, helping to ensure that the voices and interests of children are reflected in Universal Periodic Review processes and, wherever possible, by the presence and contribution of children and young people themselves.
2. **Civil registration** for migrant populations is a fundamental issue, as in many contexts, without such registration, people cannot access formal public health services. Hence, ensuring civil registration, especially birth registration for migrant children, regardless of their status, is a critical cornerstone to addressing migrant health.
3. WVI has a strong focus on health where current priorities include pre-natal, **maternal and newborn child health (MNCH)**; Nutrition; Water, Sanitation and Hygiene; and HIV-AIDS, TB and Malaria prevention and care. With nutrition remaining the underlying cause of death for 45% of children under 5 (Lancet 2013), the issue of nutrition in the context of migration is critical, especially as migrants often do not have access to food; hence, vulnerability to child malnutrition is enhanced in migrant populations. In the context of MNCH, there is need for health service providers to make services accessible for migrants, for example, having translated materials and being culturally aware of key issues for migrants with regard to MNCH.
4. Another priority is **protection**, in particular, the prevention of human trafficking, sexual exploitation and abuse, as well as gender-based violence.

All of these priorities are supported by WVI's approach to **working with communities**. Most of WVI's staff (45,000) in nearly 100 offices is from the country or region concerned. Through child sponsorship support programmes, WVI works alongside communities for periods of 10 to 20 years. Finally, WVI is an active participant in efforts to mobilize Christian and other faith communities - noting the recent landmark "Welcoming the Stranger" affirmation by faith leaders, which was initiated by the UN High Commissioner for Refugees. A major challenge continues to be high levels of ignorance and misunderstanding with regard to migrants. Continued high quality research and analysis will help in this respect. WVI looks forward to working with IOM and CSOs on relevant issues.





CARAM Asia— Coordination of Action Research on AIDS and Mobility

CARAM Asia is a regional network and NGO with Special Consultative Status with the Economic and Social Council of the United Nations. It is a dynamic and growing network of 42 civil society organizations, migrant organizations and migrant support organizations from 19 countries across the Asian continent, which includes migrant workers' sending and receiving countries. CARAM Asia has adopted a **rights-based approach to addressing migrants' health** concerns and advocates for appropriate and effective protection measures for migrants.

CARAM Asia believes that health and human rights must be addressed in a holistic manner, as both contribute to the well-being of an individual. However, health rights of migrant workers are currently neglected in both sending and receiving countries. Limited rights undermine the health of migrant workers. By being subjected to demanding working conditions in often “**dirty, dangerous and difficult**” jobs, in combination with poor living conditions and lack of access to health care and information, migrant workers' vulnerability to ill health increases considerably. For example, there are regular reports of **migrant women domestic workers suffering abuse**, which is a direct consequence of not being recognized as formal workers, and it is not uncommon for relatively young migrants to pass away while employed in the construction sector.



CARAM Asia has identified the following three priorities on migrant health for next two years:

1. Migrant workers' access to health information and services

CARAM Asia's regional research on migrant workers' access to health information and services in sending and receiving countries reveals that the policies in place do not properly recognize **migrant worker's health rights**. Obstacles that restrict migrants' access to health include a lack of information, a fear of losing their jobs, the types of jobs that migrants often occupy, the high cost of health care, restrictions on movement, and neglect on the part of their employers.

Additionally, most health policies and programmes do not take into consideration the unique **circumstances of migrant workers**, such as cultural differences, language barriers, and isolated working conditions. Without proper communication channels, migrant workers are left unaware of their health rights and are unable to communicate with health providers. Likewise, governments of sending countries do not invest in providing preventive health information to migrants before they leave the country.





2. Migrant workers' health rights regarding HIV and AIDS

HIV is a key issue of concern in the context of cross-border and overseas migration and mobility. Factors such as lack of knowledge, separation from family, and peer pressure may lead migrant workers to engage in unsafe sexual behaviours that increase the risk of HIV infection. A **lack of awareness about HIV and AIDS and limited access to condoms and proper information** limits their ability to protect themselves and thus increases their vulnerability to HIV infection. This is exacerbated by avoidance of treatment for Sexually Transmitted Infections (STIs) due to the high cost and the fear of losing their job and being deported if diagnosed.

The **ILO Code of Practice on HIV and the World of Work** states that HIV screening should not be required of job applicants and persons in employment. With regard to **confidentiality**, the Code states that there is no justification for asking job applicants or workers to disclose HIV-related personal information, nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to workers' HIV status should be bound by the rules of confidentiality and consistent with the ILO's 1997 Code of Practice on the protection of workers' personal data.

In spite of having the right of employment and confidentiality with regard to HIV status under various UN Conventions and ILO Codes, migrant workers are discriminated against by being required to undergo **mandatory HIV testing**. In case of HIV positive status, migrants are unable to go abroad for employment; migrant workers found to be HIV positive as a result of periodic mandatory testing in destination countries are detained and immediately deported without provision of health care services, support or counselling.

3. Sexual, Reproductive Health and Women Migrants' Vulnerabilities

Many migrant workers are single, sexually-active and of reproductive age. Young, lonely and socially-isolated men and women tend to seek comfort by developing relationships abroad. Yet they often lack knowledge and access to contraception, including condoms, to protect themselves from **STIs and unplanned pregnancies**. Frequently, no information is provided in their language and many destination countries have policies that deport migrants with certain health conditions (e.g. STI, HIV, TB and pregnancy). This may leave vulnerable female migrants in a desperate situation and, in some cases, they may put their health at risk by having an unsafe abortion. Other options are just as complicated and risky; continuing with a pregnancy will result in **deportation, loss of employment and income and stigma** in home communities; if female migrants stay in the destination country and give birth to the child in that country, the child may be stateless.

Scores of migrant women work in the informal sector, mostly doing domestic work. Working in isolated conditions and completely at the control of their employers, foreign domestic workers face acute vulnerabilities in the area of sexual health and sexual abuse. Restrictive employment policies often make it impossible for female migrants to change employers, even in cases of sexual abuse. When they are found pregnant or HIV-positive as a result of sexual abuse, no investigations take place, **access to legal redress is blocked**, and they are deported without medical care or compensation, or else arrested for "adultery."

Caritas Internationalis is a confederation of 164 national Catholic Church-related humanitarian assistance, development, social service, and health care organizations serving in every region of the world. Both migration and health-related issues have long been among the programmatic and advocacy priorities of *Caritas*.

Based on the experience of *Caritas* and consultations in the field, *Caritas* has identified the following priorities with regard to migrant health:

1. Urgent and persistent **attention and resources** must be dedicated to those migrant populations who find themselves in **countries and regions where no effective government is in place**. The health needs of such people often are ignored and the international community, including many UN and other multi-lateral structures, is so tied to working with governments that it is unable or unwilling to find creative solutions to providing health-related assistance in so-called “failed states” or areas under the control of rebel forces – examples include the Nuba Mountains, Central African Republic, and Syria.
2. **Unaccompanied minor migrants** face greater health care challenges than migrating adults or children accompanied by their parents. The international community must develop and implement more speedy and effective means to assigning authority **in loco parentis** for such children and to guaranteeing them prompt and sensitive health care.
3. Host governments and non-governmental organizations serving the needs of migrants should be alert to the **potential contributions of migrants who bring health care expertise and experience**. They can play an important role in contributing to the health and well-being of their peers from the respective migrant populations by providing **culturally-sensitive and holistic health care** that attends to the medical, social, emotional and spiritual needs of their peers, as well as to members of the host population.





International Medical Corps

International Medical Corps (IMC) is a global, humanitarian, non-profit organization dedicated to saving lives and relieving suffering through health care training and relief and development programmes. Established in 1984 by volunteer doctors and nurses, IMC is a private, voluntary, non-political, non-sectarian organization. Its mission is to improve quality of life through health interventions and related activities that build local capacity in under-served communities worldwide. By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, IMC rehabilitates devastated health care systems and helps bring them back to self-reliance.

From operational experience in the field, IMC has identified the following three priority areas on migration and health:

- 1 Further attention and resources need to be devoted to **migrants' health, particularly in those contexts characterized by conflict**, where access and availability of health services may be interrupted by hostilities, degraded or rendered non-existent. In times of crisis, migrants' health needs can be overlooked and their health needs given insufficient attention in resource-poor environments, especially when active hostilities are ongoing.
- 2 Host governments, UN agencies and international and national NGOs need to be more aware of the potential for the **positive contributions, in terms of expertise and experience, that migrant health workers can bring**. They are often well-placed to deliver health care and address the holistic needs of fellow migrants from their home countries due to a shared cultural background, language skills and awareness of the particular needs and sensitivities of the migrant populations they can potentially serve, as well as those of host communities.
- 3 **Children and unaccompanied minors**, who may have been separated from their parents or traditional care givers due to forced migration as a result of conflict, need particular focus and attention to their holistic health needs. Children are, of course, especially vulnerable in times of forced displacement and deserve and warrant additional focus and resources to ensure they have positive health outcomes.



ICMC is both operational and active in advocacy for the health of migrants and refugees. In venues such as the GFMD, ICMC actively advocates for the right of all migrants to healthcare, regardless of their immigration status, as enshrined in **Article 12** of the widely-ratified *International Covenant on Economic, Social and Cultural Rights*. Operationally, ICMC works at country level with refugees and migrants to ensure access to health programmes ranging from community awareness to primary health care, provision of essential medicine, hospitalization support and psychological care and counseling.



According to ICMC, promoting the right of migrants to healthcare involves a three-part formula:

- 1 **Rights are essential to human development**, i.e. development that is individual (oriented toward achieving rights), as well as economic and societal
- 2 All human beings have the **right to healthcare, including migrants**
- 3 Migrant healthcare is essential to **human development**

At the HLD, ICMC joined over 100 other civil society organizations worldwide in presenting global civil society's proposal of a "**5-year 8-point Action Plan**" for collaboration with states. Under that Plan, and in related advocacy, there was a strong emphasis on the following issues of migrant health:

- "**Needs first**" reflexes in responding to migrants in crisis, including migrants in transit situations, as well as those in circumstances of conflict and natural disaster.

- Full **norms-based protection** of the health of migrants, for example, promoting greater respect for the many conventions that articulate broad rights essential to health security, like the right to life, family life and decent work, as well as the right to health; promoting wider implementation of more specialized conventions whose rights are also enormously important to migrant health, such as the *UN Migrant Workers Convention* and the *ILO Domestic Workers Convention*; and promoting the elaboration or implementation of practical frameworks to concretely improve the health of large numbers of migrants, such as mechanisms for **safe migration**, alternatives to **detention**, and careful differentiation and referral of migrants and refugees with health and other challenges to specific procedures and care, including women, children and victims of torture, trafficking, trauma and violence.
- Promoting **genuine access** to healthcare for migrants regardless of immigration status, with firewalls to prevent the reporting immigration status to enforcement authorities of those seeking health care.



THE WAY FORWARD



From the discussion and points raised by the different IOM CSO Observers, several points of convergence and common priorities in relation to migrants' health were identified:

- The need to focus on **migrants' right to health**, especially for the most vulnerable, such as unaccompanied children, female migrants and displaced populations as a result of conflict, including through **UN human rights monitoring mechanisms**, such as reporting on international treaty bodies and national human rights commissions
 - The need to **empower migrants** and help them become active agents for development, i.e. ensure the **positive contribution in terms of expertise and experience** that migrant health workers can bring to facilitate access to health care to migrants and host populations
- The need to mobilize CSOs to ensure the **inclusion of migrant health in the Post-2015 Development Agenda**. Addressing migrant health is a prerequisite for enabling migrants to contribute to development and reduce poverty. Therefore, migration and migrants' health should be included in the Post-2015 Development Agenda.

This meeting was a first step towards the building of a broad '**Alliance**' of like-minded actors within governments, CSOs, IOs, and communities in order to promote the health and well-being of migrants as a fundamental enabler of development through migration. To this effect, strengthened multi-sectoral and multi-disciplinary partnerships between and among IOM and CSOs are necessary to ensure that the health of migrants is included in current migration and development debates, as well as global health debates. IOM and the IOM CSO observers that participated in this meeting committed to continue working together in order to jointly and separately advocate for the inclusion of migrants' right to health, including in the Post-2015 UN Development Framework.

The textbox on page twelve includes a list of priorities that can be tackled through the joint actions of IOM and CSOs over the next two years, and is in line with the 8-point CSO plan on migration and development and the UNSG's 8-point agenda.



Priorities on migrants' health, in line with the 5-year (2013-2018) Civil Society Action Plan ("8-point plan")

- 1 Regulating the migrant labour recruitment industry and labour mobility mechanisms**
 - *Develop a compendium of good practices on pre-departure health education, access to health insurance schemes, access to health care, and occupational health and safety for labour migrants*
 - *Identify/assess models for portability of health and other social protection schemes*
 - *Ensure that bilateral labour agreements include health rights for migrant workers*
 - *Working papers on health-related principles for decent work and migration*
 - *Methodology/surveys on deontological practices in labour migration immigration medical examinations*
- 2 Guaranteeing the labour rights of migrants.**
 - *Evaluate the impact of discriminatory immigration practices (e.g. restriction to travel, work and stay on medical grounds; deportation while on treatment; reproductive rights of female migrant workers (i.e. deportation as a result of pregnancy)*
 - *Promote ratification and implementation of relevant treaties, including Convention on Rights of Child, especially to avoid discrimination in healthcare based on status as a refugee, asylum-seeker or migrant*
- 3 Addressing protection needs of migrants stranded in distress, including migrants in transit**
 - *Contribute to "Migrants in Crisis" Initiative by the US, Philippines, and the SRSG with regards to health (i.e. access to care, referrals, continuity of care, and assistance to individual with medical needs)*
 - *Develop guidelines for consular services to ensure stranded migrants have access to health care services*
 - *Develop internationally-accepted guidelines to ensure the continuity of care for stranded migrants who participate in assisted voluntary evacuation, return and reintegration programmes*
- 4 Addressing vulnerabilities, rights and empowerment of women and children in the context of human mobility**
 - *Ensure that the most vulnerable migrants, such as women and children, have access to health care services, regardless of their migration status*
 - *Work with the Inter-Agency Coordination Group against Trafficking in Persons (ICAT) to ensure that health rights of trafficked persons are integrated and addressed*
 - *Develop guidelines on assessing health needs and providing health services to trafficked persons and ensure these are integrated in anti-trafficking and protection systems*
- 5 Ensuring migrants' and migration's rightful place in the post-2015 development agenda (i.e. in the "next generation" of Millennium Development Goals)**
 - *Develop, harmonize and adopt indicators on migrants' health that collect disaggregated data*
 - *Promote the integration of migration issues into the health sections of national development plans, including UNDAF and other national health strategies/plans*
 - *Develop joint position papers on migration, health and development in context of post-2015*
 - *Ensure inclusion of migrant health themes into GFMD, in line with the GFMD recommendation (2010): "Assess cost-effective health care models for various types of migration scenarios data"*
- 6 Engaging migrants and diaspora as entrepreneurs, social investors and policy advocates in development**
 - *Integration/empowerment of health workers in the diaspora to deliver migrant-friendly health services;*
 - *Develop guidelines for media/health sector for communicating migrant health issues (reduce stigma, ensure confidentiality, create support groups)*
- 7 Promoting the implementation of national legislation reflecting international standards regarding migrants and their families (particularly with regard to enforcement policies, social protection and due process)**
 - *Identify cost-effective health care models and good practices in line with WHA Resolution 61.17 on the Health of Migrants*
 - *Develop guidelines for national health systems on how to identify migrant needs and implement interventions for migrants within global health funding mechanisms (e.g. CCM mechanisms for Global Fund; national health agendas, etc.)*
- 8 Redefining the interactions of international mechanisms for migrants' rights protection**
 - *Develop a Partnership/Alliance on Migrants' Health, including a task force on travel restrictions*
 - *Establish a formal network platform (CSO/NGOs-IOs) on migrant health*
 - *Strengthen links between GFMD & RCPs (including the Colombo Process, Abu Dhabi Dialogue) and global/regional health inter-governmental mechanisms. including WHA, regional committees, health sections*