Approaches and Capacity Needs in Managing the Health Aspects of Migration

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Presentation Outline

1) Introduction

2) Health of Regular & Irregular Migrants – Trends & Importance
   - Overview of Migration Trends
   - Migrant Health Rights, Conventions, and Resolutions
   - Importance of Migration Health in an Increasingly Globalized World

3) Migration as a Social Determinant of Health

4) Description of Capacities, Gaps, and Future Capacity Needs
   - Advocacy to Improve Societal Views towards Migrants
   - Systematization of Migration Health within Governmental Structures
   - Enhancing Strategic Knowledge Management Capacity
   - Integration and Capacitating Migrants as a Force for Positive Change

5) Conclusion
1) Introduction

This presentation examines two (very) diverse typologies of migrants – regular and irregular international migrants.

Migration – how it takes place – will be shown as an important social determinant of health.

Whether migrants should access services is irrelevant, rather the pertinent question is how to facilitate equitable access.

Examples of existing government-led programmes, capacity gaps, and recommendations.
2.1) Migration Trends

3% of world's population (214 million) are international migrants in 2010¹

10-15% of migrants (20-30 million) were irregular migrants in 2004²

70% of global population will live in urban areas by 2050³

Ageing demographic in developed countries, esp. Europe / Asia

Climate change / lost livelihood may displace 160 million / year in 2050⁴

→ Trends in international migration will continue to rise, societies increasingly diverse

¹ 2009 World Development Indicators. World Bank. Washington, D.C., 2009
2.2) Migration Health in Globalized World

Unlike humans, communicable diseases know no borders

- Smallpox, plague, tuberculosis, SARS, H1N1…

Migrants do not live in isolation, but in heterogeneous communities

Pathogens and disease vectors do not discriminate – why do we?

Migration will continue, societies become more diverse with increased disparities

→ Promoting the health of migrants is beneficial for society as a whole
2.3) Migrant Health Rights / Resolutions

1948 Constitution of the World Health Organization
1978 Alma-Ata Declaration
2000 United Nations Millennium Declaration
2001 UN General Assembly Special Session on HIV/AIDS

*International Covenant on Civil and Political Rights*
*International Covenant on Economic, Social and Cultural Rights*
*International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families* (2003, 20 ratified)
2.3) Migrant Health Rights / Resolutions

World Health Assembly Resolution 61.17 – Health of Migrants

Recognizes need to overcome health disparities in achieving MDGs

Take comprehensive action in promoting the health of migrants

March 2010 Madrid Consultation on WHA 61.17

- Monitoring migrant health & creating comparable indicators
- Policy and legal frameworks affecting migrants’ health
- Migrant sensitive health systems
- Networks, partnerships, and multi country frameworks

Health status of migrants is a function of the context of one's mobility:

- Voluntary or forced
- Planned or unplanned
- Legally with a passport or with irregular status
- Temporary or permanent
- Together with family members or alone
- Self-reliant or dependent upon others for transport or livelihood
- Recognition of migrants within policies / programmes or “invisibility”
- etc.
3) Migration as a Social Determinant of Health

**Structural & Policy Factors**
- Policy and strategy environment
- Availability of strategic data

**Contributing & Environmental Factors**
- Lack of targeted health information
- Gender norms
- Service availability, location, hours of operation
- Safety & security
- Relationship with “host” community
- Community leadership
- Sensitivity of services
- Living and working conditions
- Stigma, xenophobia, social exclusion

**Individual Factors**
- Language and cultural barriers
- Health literacy
- Immigration status
- Health-seeking behaviours
- Capacity to overcome service access barriers
3) Migration as a Social Determinant of Health

- Law & Security
  - Immigration Bureau
  - National Security Council
  - Ministry of Interior
- Health & Human Rights
  - Ministry of Public Health
  - NGOs
- Economic Interests
  - Ministry of Labor
  - Local Government
  - Employers

Credit: C. Tharathep, Ministry of Public Health, Thailand
4) Description of Capacities, Gaps, and Future Capacity Needs

4.1) Advocacy to Improve Societal Views Towards Migrants

4.2) Systematization of Migration Health within Governmental Structures

4.3) Enhancing Strategic Knowledge Management Capacity on Migration Health

4.4) Integration & Harnessing the Capacity of Migrants as a Force for Positive Change
Migration always has, and always will exist, and societies will become increasingly diverse.

The real health risks of migration – exclusion, denial, xenophobia.

Integration of migrants into society is the key to improving equity:

- Fact-based advocacy that offers a more balanced view, including contribution of migrants to society and reversing misconceptions.
- Serious consideration among policy-makers of the public-health benefits of integration.
- Expanded international platforms for dialogue among stakeholders within and between countries.
- School curricula on multiculturalism, media, national/global leaders.
4.1) Advocacy to Improve Societal Views Towards Migrants

Improving societal understanding and promoting integration of migrants in the European Union

Produced jointly by the European Union, IOM, and the UN High Commission for Refugees, “Not Just Numbers” is a toolkit that assists teachers and other educators to engage young people aged 12 – 18 in informed discussion.

The toolkit is available in all 24 European Member States in 20 languages. More information and downloadable materials are available at: www.iom.int/jahia/Jahia/not-just-numbers-educational-toolkit/lang/en.
4.2) Systematization of Migration Health within Governmental Structures

Establish Coordinating Units on Migration Health

Within existing government structures

Responsible for:

• Leading development and implementation of policies, strategies, and financing schemes
• Strengthening collaboration among implementing partners and other relevant actors (e.g. immigration police, ministry labour…)
• Gathering, collecting, sharing strategic information
• Involvement in international cooperation / advocacy and reporting on international obligations (e.g. WHA61017)
4.2) Systematization of Migration Health within Governmental Structures

Policy and Strategy Development

Policy coherence is crucial, must be involved beyond health sector

- Development of national / regional strategies on migration health, taking into consideration that existing systems are developed to reach static populations of host country
- Multisectoral dialogue needed to overcome the tug-of-war among competing interests (e.g. Thailand slide earlier)
- Advocacy for specific issues that facilitate promotion of migration health, e.g. to register migrants as community health workers
4.2) Systematization of Migration Health within Governmental Structures

Building a more Migrant-Friendly Health Workforce

- Sensitivity and cross-cultural facilitation training of health workers
- Cultural mediators – e.g. *doulas*¹ used effectively in a US hospital ward to assist Somali women during perinatal period²
- Harnessing health diaspora as cultural mediators
- Meeting the special needs of trafficked persons, to identify cases, offer voluntary and confidential assistance – including the psychosocial aspects

¹ A doula is "A woman experienced in childbirth who provides advice, information, and emotional support to a mother before, during, and just after childbirth." Merriam-Webster's Medical Dictionary, 2002.
Caring for Trafficked Persons: Guidance for Health Providers

*Caring for Trafficked Persons* brings together the collective experience of a broad range of experts from international organizations, universities, and civil society in addressing the consequences of human trafficking. Developed with the support of the United Nations Global Initiative to Fight Human Trafficking (UN.GIFT), and led by IOM and the London School of Hygiene & Tropical Medicine, the handbook provides practical, non-clinical advice to help a concerned health provider understand the phenomenon of human trafficking, recognize some of the associated health problems, and consider safe and appropriate approaches to providing healthcare for trafficked persons.

4.2) Systematization of Migration Health within Governmental Structures

Migration Health Financing

• Increasing engagement with private sector to extend insurance
• Registration of irregular migrants and offering chance to pay into the national universal health coverage scheme
• Harnessing remittances for health coverage of family back home
• Mexico – access to Seguro Popular for migrants residing in USA
• Governments do not have to rely on NGOs as a “default system”, but engage within a more organized framework
4.2) Systematization of Migration Health within Governmental Structures

Establishing Sustainable Delivery Structures that Engage Migrants

→ Meaningful, affordable, accessible for migrants

- First understand & “unpack” social barriers
- Deployment of migrants in service delivery:
  - Migrant Health Workers and Volunteers
  - Translators
  - **Doula**
- Participatory community mapping – esp. where many irregular or stateless
- “Family Folders”
- Multilingual child health records and “health passports”
- IEC materials developed by migrants
- “Health Corners” at factories
- “Mobile Clinics” and/or “Migrant Health Post”
4.2) Systematization of Migration Health within Governmental Structures

**Mexican Comprehensive Strategy for Migrant Health**

- How to offer health insurance to migrants abroad?
- How to offer access to *Seguro Popular*?
- How to link migrants abroad to available services there?
- How to refer across borders for follow-up care or evacuation?
- How to prepare migrants for the social / psychological challenges they will face?

Programmatic solutions underway and planned:

- Pilot insurance scheme in Washington State
- Pilot affiliation of migrants in State of Colorado to *Seguro Popular*
- Access to 6,500 clinics in USA with telephone outreach component
- *Ventanillas de Salud* - Health information booths within 30 consulates (10 more planned)
- Repatriation of gravely ill migrants
- Cross-border collaboration to reach those in more remote areas
4.2) Systematization of Migration Health within Governmental Structures

International and Trans-border Health Systems

- Travel-related detection and surveillance, incl. pre-departure assessment.
- Pre-departure health orientation

- Health system strengthening in trans-border settings
- Strengthening health surveillance in trans-border settings
- Increased space for health authorities to collaborate cross-border
- Development of standard service delivery packages, data management, and referral mechanisms that transcend borders
- Strengthened capacity of governments and regional authorities to coordinate more cohesive programmes
- Harmonization of diagnostic and treatment guidelines at regional or sub-regional levels
4.2) Systematization of Migration Health within Governmental Structures

International and Trans-border Health Systems

Development of initiatives along road/water corridors (e.g. highways):

- Sufficient time and resources required for effective planning
- Identification of clear objectives and a manageable scope
- Appropriate targeting – including location and times of day
- Cohesion required, with implementers working together
- Sufficient staffing required in governments to implement regional agreements at national levels
- Frequently over-focus on regional coordination, but resources do not materialize for meaningful implementation within countries
- Must fill gaps not met at country level and show added value of trans-border approaches
- Simplify M&E in regional initiatives so that it does not take over
4.3) Enhancing Strategic Knowledge Management Capacity on Migration Health

Irregular migrants are usually “invisible”… “no data, no problem”

Some key research needs:

- “unpacking the box” in social determinants and outcomes
- Identification of differentials between migrants and host community
- Epidemiological and operational research on drug resistance

Health system surveillance needs to offer disaggregated data

Migration health research needs to be a more developed discipline

Population size estimation – to capture denominators and scale of need

Identification of common indicators for international comparison
4.4) Integration & Harnessing the Capacity of Migrants as a Force for Positive Change

We need to recognize the inherent social capital in migrants, and empower migrants to facilitate more socially integrated and healthy societies.

Migrants as a first access point for access to information and services, and bridging their peers to available services.

Building capacity of migrant associations for advocacy, dialogue, and social support.

National standards and policies needed for deployment of migrants in health systems.
4.4) Integration & Harnessing the Capacity of Migrants as a Force for Positive Change

With Migrants – For Migrants (MiMi): Intercultural Health in Germany

Integrated immigrants living legally in Germany are trained and certified as multilingual *intercultural health mediators* who lead community-based health activities from a core list of activities. A *Health Guide* was developed in 16 languages that describes the German health system in a straightforward manner, and provides health information targeted to the needs of migrants. 80 health-related organizations have been involved in producing and in regularly updating the guide.

In partnership with BKK Bundesverband (Federal Association of Health Insurance Companies), the media is utilized to raise awareness of the programme and improve networking. The founder of MiMi was awarded Germany’s Social Entrepreneur of the Year in 2008.

Developed by the Ethno-Medical Centre, this programme was launched in 2003, as a pilot in four cities in Germany.

5) Conclusion

The issue should be seen as how to manage the health aspects of migration, not whether migrants should have access to services.

Given future trends of increased mobility and diversity of societies, concerted actions are required in order to reduce health disparities.

These need to identify and address the specific social determinants of health faced by diverse populations.

Health is a basis for furthering the debate on integration, and empowering migrants in health promotion is key to success on both fronts.

This is in turn key to social and economic development in an increasingly interdependent world.
Managing Migration Health
for the Benefit of All

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