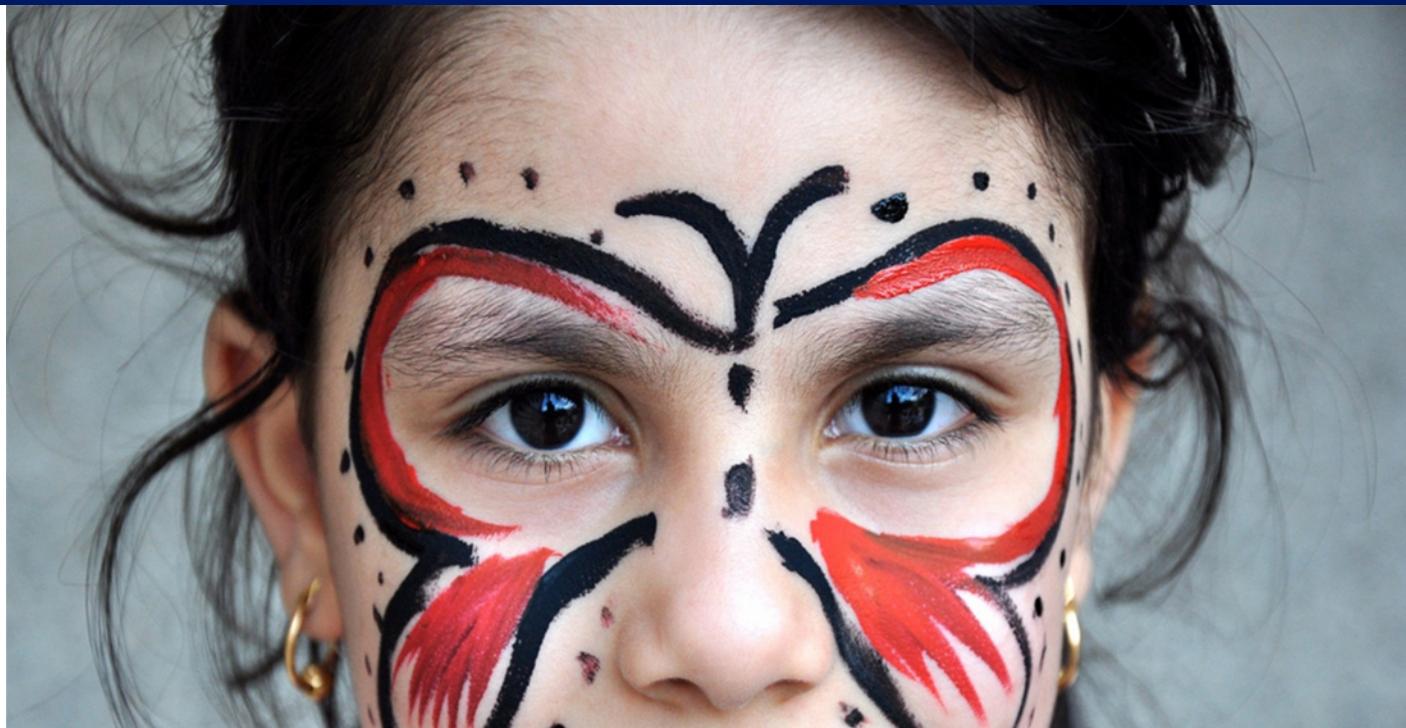


Migration and Health



IOM-CSO Annual Consultations

Dr. Davide T. Mosca, Dir. Migration Health Division
Geneva, 25 October 2012



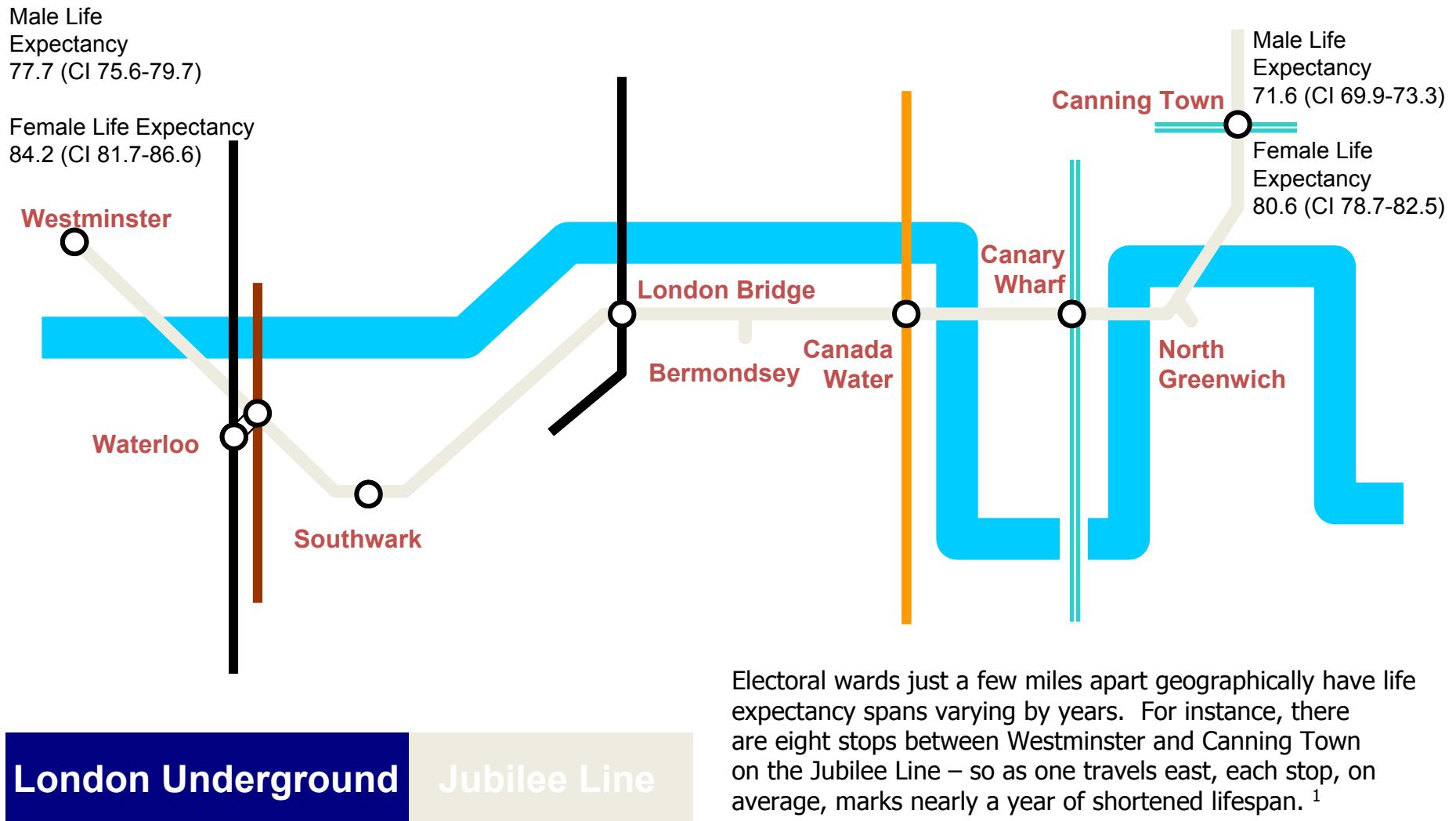
Outline

- 1) Why focus on Migrants' Health?
- 2) Trends and Challenges
- 3) IOM's work on health
- 4) Opportunities
- 5) Questions & Answers and Open Discussion

1) Why focus on Migrants' Health?

Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost



¹ Source: Analysis by London Health Observatory using Office for National Statistics data. Diagram produced by Department of Health

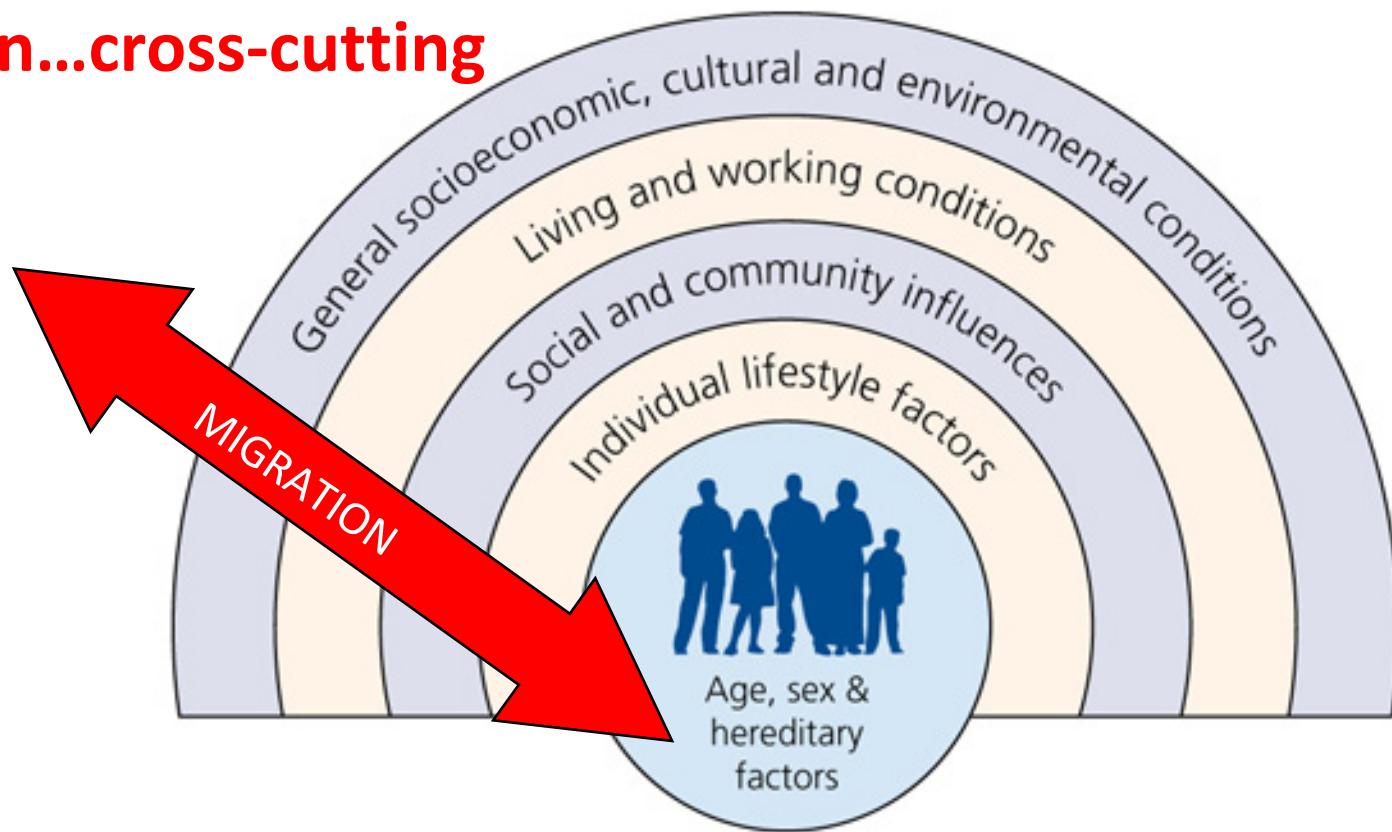
Rio Declaration on SDH 2011

Five building blocks to address social determinants of health:

- 1) Adopt **improved governance** for health and development;
- 2) **Promote participations** in policy-making and implementation;
- 3) Further **reorient the health sector** towards promoting health and reducing health inequities;
- 4) Strengthen global governance and **collaboration**;
- 5) **Monitoring progress and increase accountability .**

Migration, a social determinant of health for migrants

Migration...cross-cutting



A Public Health and Equity Approach



Migration Health bridges:

- Human Rights
- Public Health
- Development aspects



Right to Health – a Human Right

- *The right to health is an **all-inclusive right** that encompasses equal opportunity for everyone **to enjoy the “highest attainable standard of physical and mental health”**, access to prevention and treatment of epidemic, endemic, occupational and other diseases; and medical service and medical attention in the event of sickness (Art 12/ICESCR International Covenant on Economic , Social and Cultural Rights).*
- Committee on Economic, Social and Cultural Rights: General Comment No. 20 (2009):
*“the Covenant rights **apply to everyone including non-nationals**, such as refugees, asylum-seekers, stateless persons, migrant workers ...”*
- Right to Health first enunciated by the **Constitution of the WHO** (1946)
- Reiterated in the **Universal Declaration of Human Rights**, Article 25 (1948), and in several other legally binding international human right treaties

Public Health approach

- Ensuring migrant's access to preventive and primary care is more **cost-effective** than expensive emergency care
- Healthy migration **reduces chances of disease transmission** to host population, and **social costs in countries of origin and destination**



Migration, Health and Development

- Migration has a **development potential**, due to migrants' intellectual, cultural, social and financial capital and their active participation in societies of origin and destination.
- *To have a positive migration experience and to be able to contribute to positive development outcomes, migrants need to be and stay healthy*



2) Trends & Challenges

Migration Health Myths persist

Myths:

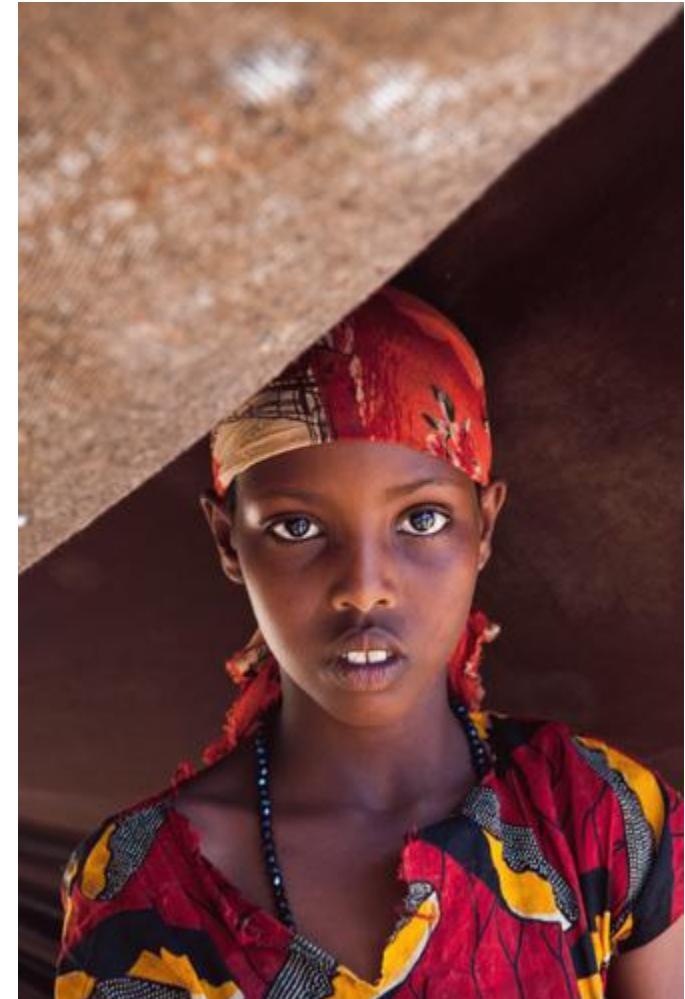
"Migrants are carriers of disease"

"Migrants are a burden on health systems"

"Generous social rights are a pull factor"

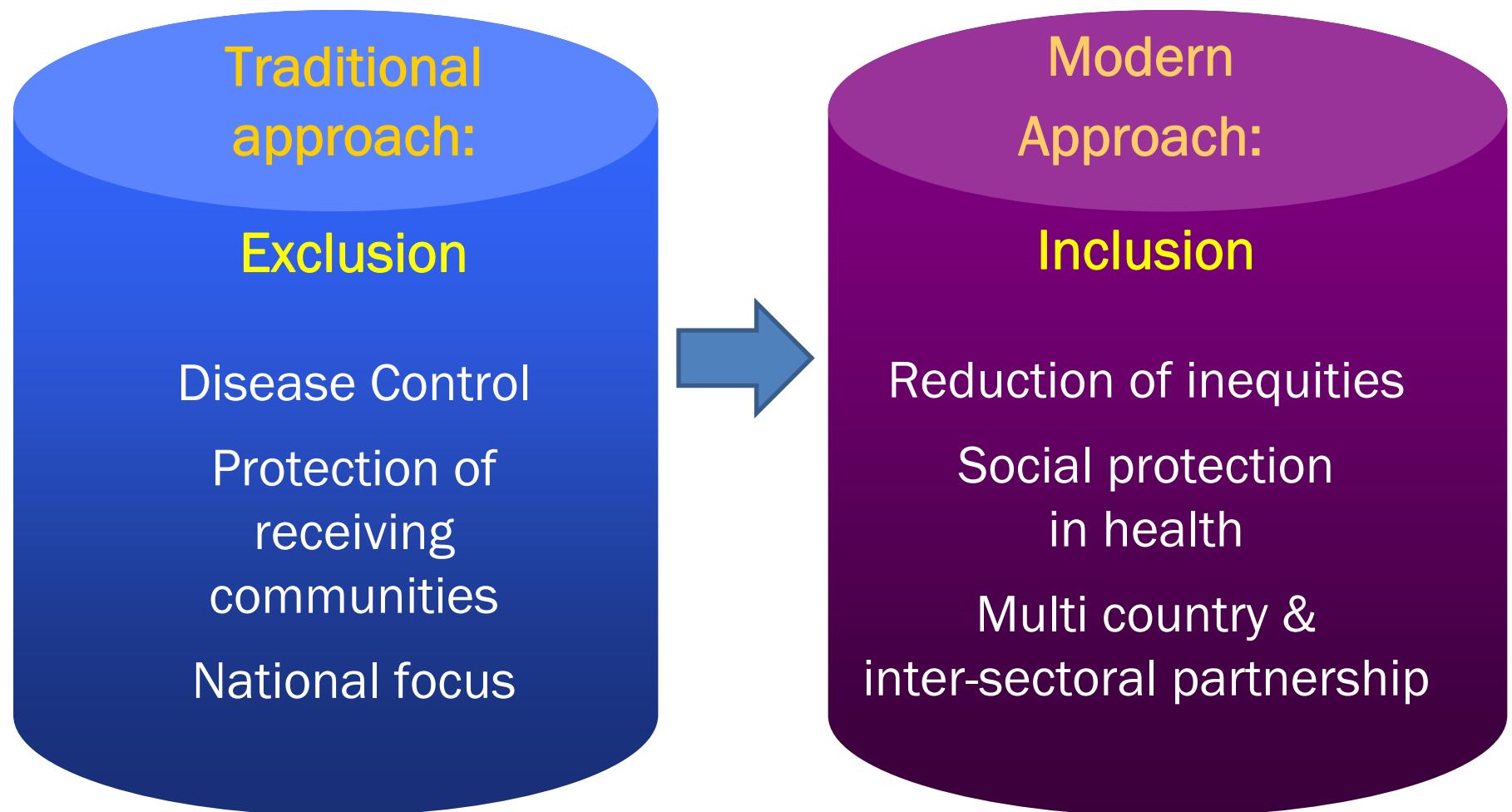
Reality:

- Most migrants are healthy and usually underutilize services
- Migrant populations are very diverse – the health profile of a migrant depends on the characteristics of the migration process at all stages
- Conditions surrounding the migration process can make migrants vulnerable



Paradigm shift in Migration & Health?

Where are we now?



World Health Assembly Resolution on *Health of Migrants* (WHA 61.17) in 2008

Calls upon Member States:

- “to promote **equitable access to health promotion and care** for migrants”
- “to promote **bilateral and multilateral cooperation on migrants’ health** among countries involved in the whole migration process”

WHO-IOM Global Consultation on Health of Migrants (2010) Operational Framework on Migrant Health

Monitoring Migrant Health

To identify key indicators useable across countries
To ensure the standardization and comparability of data on migrant health
To support the appropriate aggregation and assembling of migrant health information
To map good practices in monitoring migrant health, policy models, health system models [...]

Policy and legal frameworks

To implement international standards that protect migrants' right to health
To develop and implement policies that promote equal access to health services for all migrants
To promote coherence among policies of different sectors
To extend social protection in health and improve social security for all migrants and family members

Migrant sensitive health systems

To ensure continuity and quality of care in all settings
To enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration
To ensure health services are culturally, linguistically and epidemiologically appropriate [...]

Partnerships, networks and multi country frameworks

To establish and support migration/ health dialogues and cooperation across sectors and countries of origin, transit and destination
To address migrant health in global and regional processes (e.g. GMG, GFMD)
To develop an information clearing house of good practices [...]

Challenges remain in all areas

Monitoring Migrant Health

Serious data gaps hinder comparability and evidence-based policymaking

Policy and legal frameworks

Lack of migrant friendly health policies, lack of policy coherence

Migrant sensitive health systems

Many health systems are not available to, accessible to, accepted by migrants

Partnerships, networks and multi country frameworks

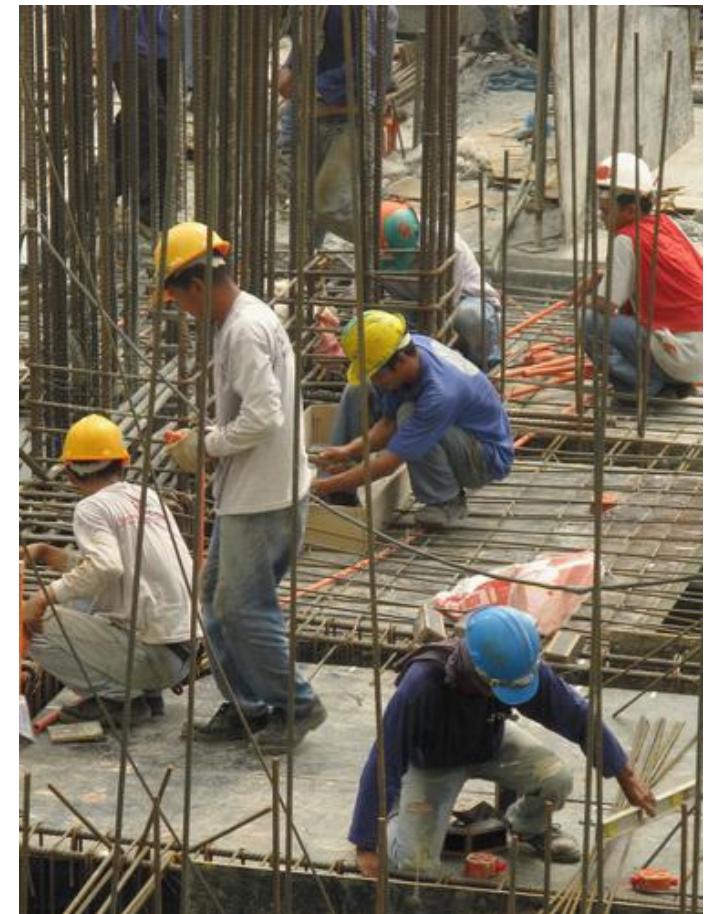
Lack of multi-sectoral and multi-country collaboration on health of migrants

Barriers to access health care services

Lack of commitment from states:

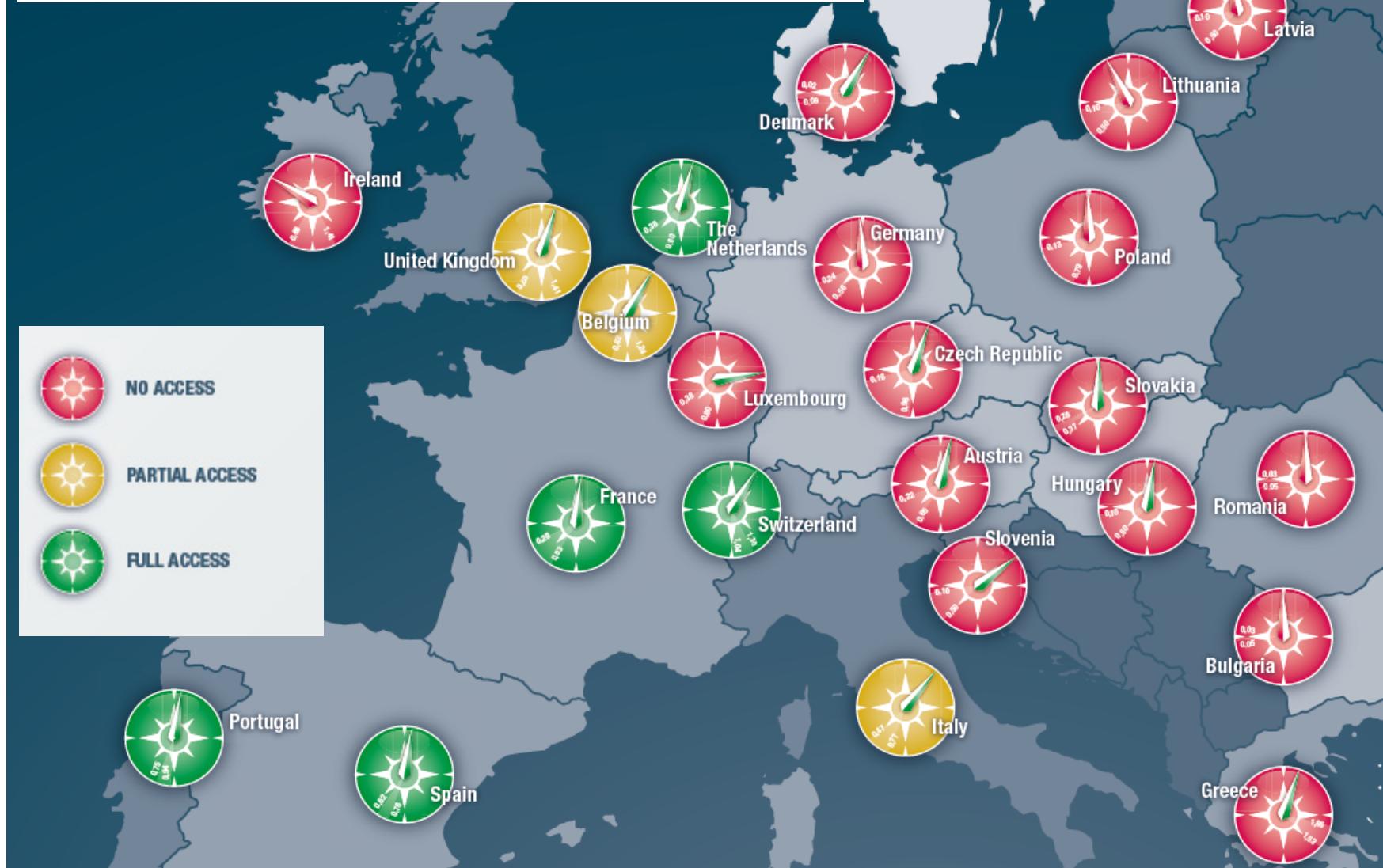
- Many states continue to limit the right to health only to their citizens.
- Vulnerable groups such as irregular migrants only have limited access to emergency care and are denied access to preventive care.

➤ *In addition to **legal barriers** to health, migrants face a combination of **social, cultural, economic, behavioral and linguistic barriers** to health services*



Legal barriers: Access to health care for irregular migrants in the EU in 2010

(graph by Nowhereland)



Recent political set-backs

Examples:

- In 2011, the **Netherlands cut interpreting and translation services** in healthcare settings.
- **Spain adopted new legislation** that entered into force in September 2012, limiting undocumented migrants' free access to health care.



- *Decline in migrant-inclusive policies is often fueled by **anti-migrant sentiments** and stigma, exacerbated by the **economic crisis** and populist politics.*
- *This exacerbates **social exclusion** of migrants and hence their risks of adverse health effects.*

Access to health services for undocumented immigrants in the EU

(April 2012, adapted from El País)

	ACCESS TO HEALTH SERVICES					ACCESS TO TREATMENT	
	Primary care	Specialist care	Hospitalization	Emergencies	Child delivery	Medicine with prescriptions	Other illnesses
Germany	Red	Red	Red	Light Blue	Red	Red	Red
Belgium	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Spain before Sept 2012	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Purple	Light Blue
Spain after Sept 2012	Orange	Orange	Orange	Light Blue	Light Blue	Orange	Light Blue
France	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Greece	Red	Red	Red	Light Blue	Red	Red	Red
Italy	Light Blue	Purple	Purple	Light Blue	Purple	Light Blue	Light Blue
Netherlands	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Poland	Orange	Orange	Orange	Light Blue	Orange	Orange	Light Blue
Portugal	Light Blue	Light Blue	Light Blue	Light Blue	Purple	Light Blue	Light Blue
UK	Light Blue	Orange	Orange	Light Blue	Purple	Orange	Light Blue
Rumania	Orange	Orange	Orange	Light Blue	Light Blue	Orange	Light Blue

No access

Free access

Access based
on full payment

Access based
on co-payment

No legislation

Lack of multi-sectoral & multi-country collaboration

- At national and sub-national level **lack of multi-sectoral collaboration and policy coherence** on health of migrants (labour, health, immigration, foreign affairs etc). i.e.
- Migration and migrants are **not addressed in the global development and health debate**, i.e. MDGs, WHO Conference on Social Determinants of Health (Rio 2011), International AIDS conference etc.
- Health of migrants is largely **missing in the global migration and development debate:**
 - the UN High Level Dialogue on International Migration and Development (**HLD 2006**),
 - the Global Forums on Migration and Development (**GFMD**) 2007-2011,
 - Regional Consultative Processes (**RCPs**) on Migration.



3) IOM's work on health

IOM's approach to migrant health

Monitoring Migrant Health

RESEARCH AND INFORMATION DISSEMINATION

→ *Strengthens* knowledge to ensure evidence-based programming and policy development

Migrant-Sensitive Health Systems

HEALTH SERVICE DELIVERY AND CAPACITY DEVELOPMENT

→ *delivers, facilitates and promotes* equitable access to migrant-friendly health care services

Policy and Legal Framework

ADVOCACY FOR POLICY DEVELOPMENT

→ *Advocates* for migrant-inclusive health policies and programmes, assists in the development of policies



Partnerships, Networks & Multi-Country Frameworks

STRENGTHENING INTER-COUNTRY COORDINATION AND PARTNERSHIP

→ *Committed* to developing and strengthening multi-sectoral partnerships and coordination

Action Points from the WHO-IOM Global Consultation on the Health of Migrants, 2010

IOM's approach to migration health

MHD's Programmatic Areas

Migration Health Assessment & Travel Health Assistance



Health Promotion & Assistance for Migrants



Migration Health Assistance for Crisis Affected Populations



- for various categories of migrants, including resettling **refugees, immigrants, temporary migrants, labour migrants and displaced persons**, either before departure or upon arrival

- promoting migrant sensitive health systems (focus especially on **labour and irregular migrants** and host communities) by advocating for migrant-inclusive health policies, delivering technical assistance and enhancing capacities

- especially in natural disasters, IOM assists **crisis-affected populations**, governments and host communities to strengthen and re-establish primary health care systems

Health Assessments and Travel Health Assistance

- ***Health Assessments are evaluations of the physical and mental health status of migrants made either prior to departure or upon arrival for purposes of:***
 - Resettlement (refugees)
 - For obtaining a temporary or permanent visa (immigrants, students)
 - International employment (labour migration)
 - Enrolment in specific migrant assistance programmes (e.g. Assisted Voluntary Return, irregular migrants, trafficked persons)
- Activities also include **treatment or referrals for treatment** for certain conditions, **immunizations**, **fitness-to-travel checks** and **medical escorting** where needed.



Lessons learnt in implementing refugee pre-departure Health Assessments

- Health Assessments are an **important tool in migration management**
- Health Assessments are an important **tool to foster refugees' (and migrants') integration**
- It is possible to **build around immigration health assessment for global health goals**
- **Partnership** is critical



Health Promotion and Assistance to Migrants

IOM promotes the health of migrants and communities by

- advocating for migrant-inclusive health policies,
- delivering technical assistance and
- enhancing the capacity of governments and partners to provide migrant-friendly services
- providing evidence for policy changes

IOM's health promotion activities include

- **prevention and control** of diseases
- **address health system challenges**
- **assist governments** in managing the migration of health workers.



Migration Health Assistance for Crisis-Affected Populations

Health is an **integrated component of IOM's overall humanitarian response to strengthen or rebuild existing health systems.**

IOM, as part of its **Migration Crisis Framework:**

- delivers **primary health care** for migrants, returnees, displaced persons
- facilitates **health referrals** and **medical evacuations**
- contributes to **public & environmental health support linkages** in CCCM
- supports **capacity building and health rehabilitation**
- provides reintegration **health assistance to demobilized soldiers** and families
- **travel health assistance**



Psychosocial Support and Intercultural Communication

- Migrants' Health depends crucially on (social and cultural) **inclusion and integration**
- The **role of civil society, media, and public opinion** is key in **addressing the psychosocial wellbeing of migrants**
- Mental health is the most **culturally bound** of the health domains → Cultural diversity competency is essential for mental health professionals dealing with migrants
- **Psychosocial support**, including counselling, group building, conflict transformation and public information become **crucial elements of wellbeing.**



IOM Relations with NGOs and Academia in the MHPSS domain

- **Expert network** encompassing several partners from academia, professional centers and civil society
- **Capacity building initiatives** open to NGOs and Civil Society Organizations' staff. These include:
 - The annual **Winter School in Psychosocial Interventions in Emergency Displacement**, at the Sant'Anna University in Pisa (Italy) → trained staff of DRC, StC, Intersos, Handicap International, War Child, Refugee Center etc.
 - The course in **psychosocial support within reparation programmes**, at the University of Rosario, in Bogota (Colombia)
 - The course in **psychosocial support to war torn societies** at the University of Tripoli (Libya)
 - In the past, the master in **Psychosocial Animation in War-Torn Societies** held at the Lebanese University in Beirut.

4) Opportunities – Working in Partnership

Working in partnership

- **National level:** relevant government ministries, especially ministries of health and immigration; NGOs as well as private sector such as employment agencies.
- **Regional and global level:** relevant UN agencies (especially WHO, UNAIDS, ILO) and civil society partners (incl. migrants' associations, academia).

- Long standing partnership with **WHO** (**first MoU signed in 1999**)
- In 2011, **IOM and UNAIDS** signed a new global Cooperation framework to further support national action on population mobility and HIV.



Opportunities

Put Migrant Health on the global agenda:

- The **MDG post-2015 debate** → an opportunity to put health of migrants in the different thematic and country consultations?
- September 2013: 2nd UN **High Level Dialogue** on International Migration and Development
- The annual **GFMD** roundtables → a good forum for addressing migrant health in dialogue with origin and destination countries?



➤ **Maintain Migration into global health debates**

(WHA, WHO RCs, NCDs, SDH, MDG, etc.)

➤ ***Implement at country level the WHA 61.17 Resolution
Health of Migrants***

5) Overcoming Challenges & Opportunities together

*Questions & Answers and
Open Discussion*

Jointly overcome challenges and seize opportunities

- *How can we jointly bring health of migrants higher on the global health and migration agenda?*
- *What could be examples of common activities (e.g. at regional level)?*
- *What does your organization expect from a partnership with IOM on health-related matters?*
- *What do you consider the main issues related to migrant health globally?*
- *How can we share and inform on good practices?*



Healthy Migrants in Healthy Communities!

Thank you

