“SETTING THE SCENE”

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CURRENT MIGRATION LANDSCAPE
Global Migration
Global Migration: Key Trends 2015

1 in 7 persons are migrants
> 1 billion migrants:
  244 million international
  740 million internal

Feminization = 48%
Average age estimated: 39 years
with 15% (37 million) under 20 years of age

51% international migrants reside in ten countries

150 million international migrant workers in 2013, with > 50 million irregular migrants in 2010

65.3 million persons forcibly displaced due to persecution, conflict, generalized violence, human rights violations – by the end of 2015:

  21.3 million refugees
  40.8 million IDPs due to conflict and violence
  3.2 million asylum seekers
  > 19.3 million displaced by disasters in 2014

“International migration is set to grow even faster than in the past quarter-century” (Intelligence Council on Global Trends 2030, December 2012 issue)
Migrants...

- International Migrant (Regular or Irregular)
- Migrant Worker
- Migrant in an Irregular Situation
- Mixed Migration
- Internally Displaced Persons (IDP)
- Refugee
- Internal Migrant
- Victims of Human Trafficking (VoT)
Where do they go and where do they come from?

**International Migrants Stock Dataset in 2015**

- **North America**
  - 54 million people living
  - 4 million people coming from
  - 244 million migrants in total
  - An increase of 71 million since 2000.

- **Europe**
  - 76 million living
  - 62 million coming from
  - Two thirds of international migrants live in Europe or Asia.

- **Asia**
  - 75 million living
  - 104 million coming from

- **Latin America and the Caribbean**
  - 9 million living
  - 37 million coming from

- **Africa**
  - 21 million living
  - 34 million coming from

- **Oceania**
  - 8 million living
  - 2 million coming from

**Notes:**
- All numbers are millions of people.
- Unknown residues were redistributed proportionally to the size of groups for which data on international migrants were available by origin.

Refugees: 21.3 million
Stateless people: 10 million
Refugees resettled: 107,100 in 2015

Where the world’s displaced people are being hosted:
- 12% Americas
- 29% Africa
- 6% Europe
- 39% Middle East and North Africa
- 14% Asia and Pacific

53% of refugees worldwide came from three countries:
- Somalia 1.1m
- Afghanistan 2.7m
- Syria 4.9m

Top hosting countries:
- Jordan: 664,100
- Ethiopia: 736,100
- Islamic Republic of Iran: 979,400
- Lebanon: 1.1m
- Pakistan: 1.6m
- Turkey: 2.5m

33,972 people a day forced to flee their homes because of conflict and persecution
10,800 staff
UNHCR employs 10,800 staff (as of 31 December 2018)
128 countries
We work in 128 countries (as of 31 December 2018)

We are funded almost entirely by voluntary contributions, with 86 per cent from governments and the European Union.

Source: UNHCR / 20 June 2018
More than 40,000 deaths since 2000
estimating the Missing

Recorded dead and missing migrants around the world, 2015

International Organization for Migration (IOM)
The UN Migration Agency

Source: IOM Missing Migrants Project. Data obtained from local authorities (coast guards, sheriff’s offices, medical examiners), interviews with survivors provided by IOM field offices, United Nations High Commissioner for Refugees (UNHCR), nongovernmental organizations (NGOs) and media reports.
DIVERSE FORMS OF VULNERABILITY INHERENT TO MIGRATION PATTERNS AND CONDITIONS
A new landscape

• Changing the migration narrative
  ➢ Desperation vs. Aspiration
  ➢ Increasing exploitation and criminal networks (20M in situation of forced labour)

• Rise of anti-migrant sentiments & restrictive policies
  ➢ Xenophobia,
  ➢ Increased irregular migration, and conditions of vulnerability

• Decline in public confidence in governments’ ability to manage migration
  ➢ Fear, distrust and populistic rhetoric
  ➢ The impact of terrorism
A CHALLENGING Environment

A. Brexit
B. New US Administration
C. Ultra-nationalistic populism; anti-multilateralism & economic protectionism trends -- together threatening to abandon the liberal international order that emerged after the 2nd World War which has prevailed for the past 70 years
DIVISIVE APPROACHES

THE MIGRATION CRISIS IN EUROPE
MIGRATION, A GLOBAL HEALTH ISSUES: PROGRESS AND CHALLENGES
25th January 2008  122nd Session of Executive Board of WHO – recommended the adoption of a Resolution on Health of Migrants (EB122.R5, 2008).

May 24th 2008, Resolution 61.17 *Health of Migrants* was adopted by the 61st World Health Assembly. Former Sri Lanka Minister of Health Hon. Nimal Siripala de Silva was instrumental in advancing the resolution as the Chairman of the Executive Board.
September 2011
as Minister of Health Honorable President Sirisena visits IOM Director General, Ambassador William Swing in Geneva to discuss the migration health development in Sri Lanka
61st World Health Assembly 2008 WHA Resolution 61.17 Health of Migrants

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”
**Operational Framework on Migrants’ 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-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, multi country framework**
- 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 [...]

*WHO-IOM- Government of Spain*

1st Global Consultation on Health of Migrants (Madrid 2010)
• We underscore the principles and provisions set out in the World Health Organization Constitution and in the 1978 Declaration of Alma-Ata as well as in the 1986 Ottawa Charter and in the series of international health promotion conferences, which reaffirmed the essential value of equity in health and recognized that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". We recognize that governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures and that national efforts need to be supported by an enabling international environment.

Does that include migrants?
Migration, is a Social Determinants of Health

Main determinants of health by Dahlgren and Whitehead
Guided by resolution WHA61.17 on the health of migrants and its appeal for action, and recognizing the need for increased collaboration between high- and low-incidence countries and regions in strengthening tuberculosis monitoring and control mechanisms, including with regard to the growing mobility of labour;

- Integrated patient-centered care and prevention
- Bold policies and supportive systems
- Intensified research and innovation

including migrant populations
Cognizant of the grave economic and social burden that malaria inflicts on the most vulnerable and poorest communities in countries in which malaria is endemic, and of the disproportionate burden that is borne by countries in sub-Saharan Africa, and high-risk groups, including migrant and mobile populations;
WHO- Framework on integrated people-centred health services (IPCHS)
WHA69.24 28 May 2016

The vision: a future in which all people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable and all carers are motivated, skilled and operate in a supportive environment.

Health systems that are organized around the comprehensive needs of people rather than individual disease

...ensure that all [citizen] have equitable access to health care and services
Vision: that all people obtain quality health services when they need them, without falling into poverty to pay for them

Universal Health Coverage (Care?)
Are migrants covered?
A health threat anywhere is a health threat everywhere

Global Aviation Network

IHR current focus on POE/POD

Informal land-crossing border points
Human Security within Health Security: two interrelated goals

Our collective ability to prevent, detect and respond to the spread of diseases and health threats, notably across international borders depends on our ability to realize the right to health for all, including migrants: Universal Health Coverage, leaving no one behind, reaching the most hidden individuals first.

What stops an epidemic is the management of sick individuals, prompt diagnosis, and infection prevention and control at the individual and community levels, and not the closure of borders.
MIGRANT HEALTH as a GLOBAL HEALTH and a GLOBAL MIGRATION AGENDA

HEALTH HAS GAINED POLITICAL VISIBILITY AND STATUS ON THREE INTERRELATED AGENDAS:

1. A SECURITY AGENDA
2. AN ECONOMIC AGENDA
3. A SOCIAL JUSTICE AGENDA

CONSIDERING SIZE, SCOPE, AND CONTEXT OF CURRENT MIGRATION THE HEALTH OF PEOPLE ON THE MOVE SHOULD BE CONSIDERED AS A GLOBAL AGENDA
Challenges in promoting migrants’ health

International level: health of migrants often absent in global debates:
- Often absent in global health debates (SDH, NCD, Disease Control programmes, etc.)
- Often absent in debates on migration & development (HLD M&D, GFMD, GMG, SDG, etc.)

National level: health of migrants not often safeguarded:
- Migrants still seen as burden on health system and carriers of disease
- ‘Generous’ social rights seen as a potential pull factor
- Migrants too often remain invisible, marginalized and excluded (empowerment?)
- Lack of policy coherence, and multi-sectoral collaboration
Challenges: Discrimination, exclusion, unethical treatment of migrant workers

- Limitations to travel, work and reside abroad based on medical ground (HIV, TB)

- Unethical medical screenings for prospective migrant workers

- Deportation of migrants with treatable conditions and pregnant

- Refusal of visa to dependents for temporary labour migrants

- Impact on families left behind
Lack of sufficient **evidence** to support the development of conducive policies

Lack of **coherence amongst policies** and dialogues across sectors

Lack of common understanding and description of the diversity of themes inherent to migration and health > a fragmented discourse

Lack of an ‘**accountability system**’ to monitor progress towards agreed goals

Lack of large and consistent **advocacy and ‘championship’** of the agenda

National and international **climate of mistrust** and attitude towards migrants and migration
NEW OPPORTUNITIES
10.7 facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Tracing Migrant Health in the SDGs

Migration Health in Goals and Targets

1. NO POVERTY
   - 1.1: ERADICATE EXTREME POVERTY
   - 1.15: RESILIENCE TO CLIMATE EVENTS & ECONOMIC, SOCIAL, & ENVIRONMENTAL SHOCKS

2. ZERO HUNGER
   - 2.1-2: END HUNGER, MALNUTRITION

3. GOOD HEALTH AND WELL-BEING
   - 3.8: UNIVERSAL HEALTH COVERAGE
   - 3.d: STRENGTHEN CAPACITIES FOR EARLY WARNING IN GLOBAL HEALTH RISKS

5. GENDER EQUALITY
   - 5.2: TRAFFICKING (WOMEN AND GIRLS)
   - 5.6: UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE RIGHTS

6. CLEAN WATER AND SANITATION
   - 6.1: UNIVERSAL ACCESS TO DRINKING WATER
   - 6.2: UNIVERSAL ACCESS TO SANITATION AND HYGIENE

8. DECENT WORK AND ECONOMIC GROWTH
   - 8.7: TRAFFICKING
   - 8.8: PROJECT LABOUR RIGHTS OF MIGRANT WORKERS (MIGRANT WOMEN)

10. REDUCED INEQUALITIES
    - 10.7: PLANNED AND WELL-MANAGED MIGRATION POLICY

11. SUSTAINABLE CITIES AND COMMUNITIES
    - 11.1 ACCESS TO SAFE HOUSING
    - 11.5: REDUCE DEATHS & NUMBER OF PEOPLE AFFECTED BY DIASSTERS

16. PEACE, JUSTICE AND STRONG INSTITUTIONS
    - 16.1: REDUCE ALL FORMS OF VIOLENCE
    - 16.2: TRAFFICKING (CHILDREN)

17. PARTNERSHIPS FOR THE GOALS
    - 17.16: ENHANCE GLOBAL PARTNERSHIPS
    - 17.18: DATA DISAGGREGATED BY MIGRATORY STATUS
Migration is an enabler for development, if:

- Migration in crisis situations is managed
- Public perceptions of migrants are improved
- Human rights of all migrants are protected
- Policy coherence and institutional development is promoted
- Evidence building and knowledge-based policy-making is enhanced
- Migrants’ well-being
- Enhance access to health
- Address the SDH

Migration is factored into development planning

Public pereceptions of migrants are improved

Migration is enhanced

Address the SDH

Enhance access to health

Migrants’ well-being

Migration is factored into development planning

Human rights of all migrants are protected

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Migration in crisis situations is managed
September 2016: 
UNGA High Level meeting to 
Address Large Movements of Refugees and Migrants

UNGA A/71 L.1

- Build a greater consensus on managing the world’s movements of migrants and refugees
- New York Declaration for Refugees and Migrants was adopted
- Global Compact on Safe, Regular and Orderly Migration (2018)
- IOM became a UN related Organization
NY Declaration for Refugees and Migrants
19 September 2016

Heads of State and Government committed to:

(a) **protect** safety, dignity, rights of all migrants, regardless of migratory status;

(b) **support** countries rescuing, receiving & hosting large numbers of refugees & migrants;

(c) **integrate** migrants – needs/capacities & those of receiving communities – in humanitarian & development planning;

(d) **combat** xenophobia, racism & discrimination;

(e) **develop** state-led process, non-binding principles & voluntary guidelines on treatment of vulnerable migrants; and

(f) **strengthen** global governance of migration, including by bringing IOM into the UN & development of a Global Compact for Safe, Orderly and Regular Migration.
THE GLOBAL COMPACT ON MIGRATION

Framed by 2030 SDGs: MSs committed to cooperate internationally to facilitate safe, orderly and regular migration;

**Principles, commitments & understandings** on international migration in all its dimensions;

Contribute to **global governance and enhance coordination** on international migration;

**Framework for comprehensive international cooperation** on migrants & human mobility;

**All aspects of international migration** – humanitarian, developmental, human rights-related & other aspects;

**Guided** by the 2030 SDGs & Addis Ababa Action Agenda & **informed** by the Declaration of 2013 HLD on International Migration & Development.
Modalities for the intergovernmental negotiations of the global compact for safe, orderly and regular migration

1. Decides that the intergovernmental conference to adopt a global compact for safe, orderly and regular migration:
   a) Will be held at the United Nations headquarters in New York immediately prior to the opening of the general debate of the 73rd session of the General Assembly, unless otherwise agreed.

2. Underlines further that the outcome document to be adopted by the intergovernmental conference may include the following main components: actionable commitments, means of implementation and a framework for follow up and review of implementations;

14. PHASE I (Consultation Apr. to Nov. 2017); PHASE II (Stocktaking Nov. 2017-Jan, 2018); PHASE III (Intergovernmental negotiations Feb. 2018 to Jul. 2018)

15. Requests the President of the General Assembly, with the support of the Secretary General and by drawing upon the expertise of the IOM in particular, other members of the Global Migration Group and other relevant entities, to organize a series of informal thematic sessions:
   a) Human rights of all migrants, social inclusion, cohesion and all forms of discrimination....
   b) Irregular Migration and regular pathways, including decent work, labor mobility, ....
   c) International cooperation and governance of migration in all its dimension....
   d) Contributions of migrants and diaspora to all dimension of sustainable development including remittances and portability of earned benefits
   e) Addressing drivers of migration including adverse effects of climate changes, natural disasters and human-made crises...
   f) Smuggling of migrants, trafficking in persons and contemporary forms of slavery....
Decision of the 140th WHO Executive Board, 30th January 2017

1. to prepare, in full consultation and cooperation with Members States, and in cooperation with IOM and UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the 70th WHA (2017);

2. to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the Global Compact on refugees and the Global Compact for Safe, Orderly and Regular Migration, in close collaboration with relevant organizations; to report back to the 71st WHA (2018);

3. to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the framework of priorities and guiding principles to promote the health of refugees and migrants, and to report back to the 71st WHA (2018);

4. to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as IOM and UNHCR a draft global action plan on health of refugees and migrants, to be considered by the 72nd WHA, through the Executive Board at its 144th session (2019)
Health, though not yet a dedicated roundtable platform or a thematic area within the GFMD, has now a ‘TAG’ within the Reference Documents Library.
Colombo Process

A Regional Consultative Process on management of overseas employment and contractual labor from ASEAN labor sending countries

Sri Lanka’s Chairmanship 2016

Skills & qualification recognition
Forstering ethical recruitment
Remittances
Pre-departure orientation & empowerment
Enhance capacities to track trends and support CP goals
Health and well being!

Share effective practices, lessons learned
Consult on issues & practical solutions for well being of overseas workers
Optimize development benefits and enhance dialogue
Review/monitor recommended actions and identify next steps

Fifth Ministerial Consultation on Overseas Employment and Contractual Labour for Countries of Origin in Asia (Colombo Process)

25th, Aug. 2016, Colombo, Sri Lanka

Colombo Process Ministerial Declaration:
“...to consider the inclusion of Migrant Health as a new thematic priority for the CP...”
Addressing the health of vulnerable populations for an inclusive society
MIGRATION HEALTH: A UNIFYING AGENDA

GLOBAL HEALTH
To promote preventive and curative health approaches to reduce disease burden for migrants and host communities
Calibrated along Universal Health Coverage (UHC), Primary Health Care (PHC), and Health System Strengthening (HSS) concepts and Global Health Security (GHS)

VULNERABILITY & RESILIENCY
To reduce vulnerability and enhance resilience of migrants, communities and systems
Calibrated along the Social Determinants of Health (SDH) and equity in migrant health

DEVELOPMENT
To ensure health of MMPs are made an integral part of human and sustainable economic development
Calibrated along the Sustainable Development Goals (SDGs)

GLOBAL HEALTH

1st CONSULTATION ON GLOBAL HEALTH OF MIGRANTS OPERATIONAL FRAMEWORK:

- Monitoring Migrant Health, Evidence, Research and Information Dissemination
- Advocacy for conducive, cross-sector Policy and Legal Framework Development
- Direct Services & Capacity Development to create Migrant Sensitive Health Systems
- Strengthening multi-sector and inter-country Coordination and Partnerships

Large, crisis-driven, acute influx of refugees and migrants

Structural, long term, economic and disparity-driven population flows
Scope

• **Global Health**: to reduce disease burden in migrants and host communities through universal health coverage (UHC) encompassing promotion, prevention, treatment, rehabilitation and palliation, health system strengthening, and partnership

• **Vulnerability & Resilience**: to reduce vulnerability and enhance resilience of migrants, communities and systems, addressing social determinants of health

• **Development**: to ensure health of migrants is made an integral part of the 2030 Agenda for Sustainable Development, and key indicators to monitor progress of achievements are identified.
Consultation’s Expected Outcomes

• A renewed **Migration Health Conceptual Framework** for Member States and partners for addressing Global Migration Health Challenges, also vis-à-vis future Global Compacts 2018

• An agreed upon ‘**Monitoring Framework**’, based on the 2010 Madrid ‘Operational Framework’, including a set of indicators

• A common **roadmap towards research** and multi-sector policy achievable goals, dialogues and milestones within the implementation of SDGs and other global platforms

• Elements for the establishment of **an international network of expertise** on migrant health and an information sharing
Migration is…. 

1. **Inevitable** – demographics & disasters 
2. **Necessary** – development 
3. **Desirable** – if well-governed 

“Migration is not a problem to be solved, but a reality to be managed” 
**W.L. Swing**
THANK YOU