

## **International Dialogue on Migration 2018**

### **Inclusive and Innovative partnerships for effective global governance of migration**

**26-27 March 2018- UN Headquarters, New York**

26th March -Session III Panel 1

16.00-17.00

### **SDGs achievement: National and regional perspectives**

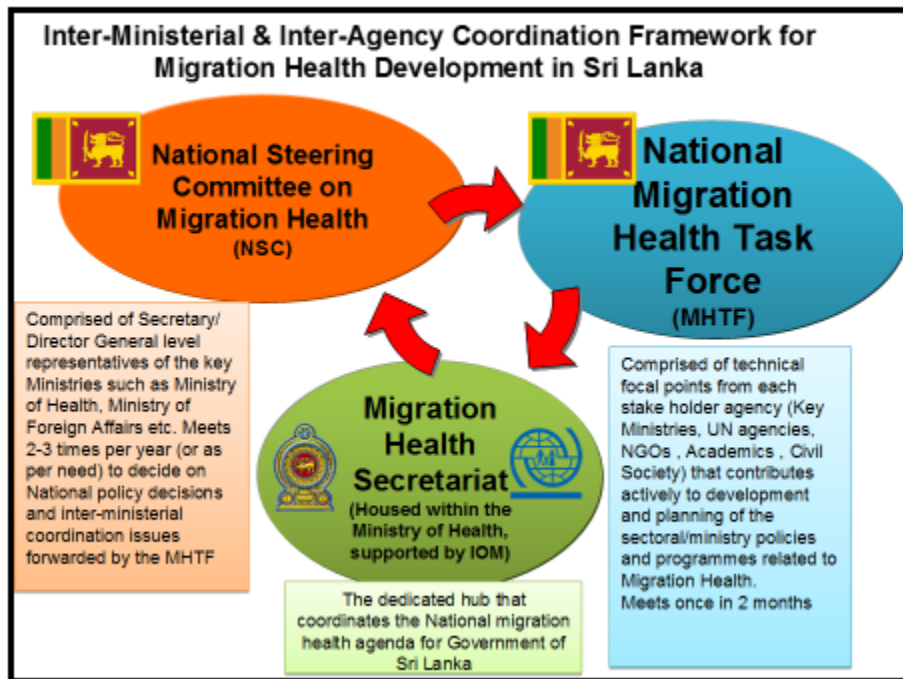
**Dr Rajitha Senaratne , Minister of Health, Nutrition & Indigenous Medicine, Sri Lanka**

Secretary General UN, Excellencies, members of the panel, distinguished invitees, ladies and gentlemen, It gives me great pleasure to contribute to this important discussion on SDGs achievement : National and regional perspectives , through sharing of my country experience . Certainly it is has been a long journey for us and I can relate the beginnings to the World Health Assembly Resolution on Promoting Health of Migrants in 2008 and the valuable technical guidance given to us by the International organization for Migration.

Migration, its contributions , economic and social are an integral part of Sri Lankas development agenda and we took the challenge of addressing health issues at that time. The International Organization for Migration has played an important role in supporting Sri Lanka , and we were able to take an evidence based approach in identifying where the gaps existed for policy support.

I would like to show, just two slides to support my brief statement. These will highlight some of the partnerships, tools and efforts that we took in engaging relevant stakeholders. We have realized that we have to work together , towards moving mountains, and sustainable development for us is very much dependent on how other countries perceive this as well. The Global compact is intended to support this type of commitment that all of us, as member states should be concerned with.

Slide one :



This first slide shows the inter-sectoral, whole of government approach we adopted early on, in the policy development phase. This process functioned after a Rapid Situation Analysis was conducted and its findings were conveyed to the National Steering Committee . Interestingly a Framework for the Rapid Situation Analysis was defined locally and used specifically for this. The National Steering Committee gave the green light to commission the research studies, which we call the National Research Agenda.

I would like to show my second slide which is in fact a time line and you will see some of what has already been mentioned up to now.

Slide 2

At this point I would like to mention that our National Migration Health Policy that was adopted in 2013 is based on inbound, internal , outbound, and the families left behind, which we have defined as our migration profile.

What we note when recalling past experience, is that maintaining the momentum of inter-ministerial dialogue can be challenging, especially when Health would NOT be THE priority concern in example a forum discussing labor , foreign employment etc.

My Ministry in 2014 , developed a Results Framework for migration health policy implementation and has shared this with other key stakeholder ministries. Although it took some time , this was instrumental in identifying the place of health in the National plan of Action for Rights of Migrants. In fact several of our priority concerns in health are now included in the perspective of Rights of Migrants. Some of these are, improving pre departure health assessment, access to follow up care, Pre departure orientation on improved skills for health.

Sri Lanka recently developed National Guidelines for Pre departure health assessment. We did this with intention of referring for follow up care as annually large numbers are screened on requirement of host countries and they are sometimes denied overseas employment when health conditions are detected. We noticed a gap to link them with our free national health services. At the International Consultation held last September , on Predeparture Health assessment themed as " Pre departure health assessments as a Global public health tool" we adopted the process of sharing our draft National guideline in the form of a case study for discussion. A large number of migration health experts and participants from countries of origin and destination attended and commended the process adopted for discussion. We can share the report of the Consultation and our guideline.

The slide also highlights other numerous efforts Sri Lanka has taken to initiate the dialogue regionally and internationally. Some entry points such as working through the Regional committee meeting of WHO SEARO have progressed to the point that our region at the last WHA read a regional one voice statement on promoting health of migrants. Other entry points such as the Colombo process, SAARC need further advocacy, which we will continue. Last year we also hosted the second Global Consultation on Health of Migrants: Resetting the Agenda

which was co sponsored by IOM and WHO with the participation of over 100 internationals and 35 countries. The high level Government representatives came forward to make the Colombo Statement, showcasing the commitment for taking the agenda forward. In fact this Consultation held in February last year, was the first time the Global Compact was discussed in such a large gathering.

Sri Lanka today receives 50,000 applications for residence visa annually and we have become a labor receiving country also. The Inbound Health Assessment that is to be implemented will be noteworthy in context of UHC. As we screen for conditions of public health significance to us we also plan to provide access to health care within the National health services to the migrants.

As you will note in this time line presented , we have been slow but steady, different associations have been nurtured and we have used different tools and processes to steer our way.

At this point of ending my brief intervention I would like to say that the readiness for measurement of SDG target 3.8 , embracing upon UHC, requires the inclusion of health and its understanding in many more forums that discuss the issues of Migrants. We have had to push our way. I do hope that through the Global Compact we can achieve a common understanding where health concerns are effectively included by all other sectors.

Thank you.