Colombo Statement
High-level meeting of the Global Consultation on Migrant Health,
Colombo, 23rd February 2017

We, the Ministers and Government Representatives\(^1\), meeting in Colombo, Sri Lanka on 23rd February 2017 at the High-Level meeting of the 2nd Global Consultation on Migrant Health, hosted by the Government of the Democratic Socialist Republic of Sri Lanka, with the support of the International Organization for Migration (IOM) and the World Health Organization (WHO), having deliberated on how to globally enhance the health of migrants, adopt the following political Statement;

1. Introduction

1.1. Noting the increase of international migrants, by 41 percent between 2000 and 2015, reaching 244 million, creating new challenges and opportunities, including in the health sector, acknowledging the inherent connection between migration and health, as well as recognizing that migration is a health determinant which can impact the well-being of an individual as well as the public health of communities at large;

1.2. Recalling the 61st World Health Assembly (WHA) Resolution on the Health of Migrants (WHA.61.17) of May 2008, the Operational Framework outline of the 1st Global Consultation on Migrant Health held in 2010 in Madrid based on Resolution WHA.61.17, the 140th WHO Executive Board report on the Health of migrants (EB140/24) of January 2017, and the New York Declaration for Refugees and Migrants adopted by the High-Level Plenary Meeting of the United Nations General Assembly on large movements of refugees and migrants in September 2016 (A/RES/71/1);

1.3. Noting the events relevant to migration and health that have recently occurred, such as: the event on Health in the Context of Migration and Forced Displacement held on the sidelines of the 71st UN General Assembly High-Level Plenary Meeting on large movements of refugees and migrants in September 2016; the High-Level Technical Briefing on Migration and Health held at the 69th WHA in May 2016; the 69th WHA agenda item on Promoting the Health of Migrants; the 106th IOM Council High-Level Panel Discussion on Migration, Human Mobility and Global Health in November 2015; at regional level, the WHO Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (EUR/RC66/8) in September 2016 and the Pan American Health Organization Policy on Health of Migrants (CD55.R13) adopted in October 2016, as well as Regional Consultative Processes (e.g. Colombo Process, Puebla Process) that have initiated discussions on migration and health;

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\(^1\) Australia, Brazil, Costa Rica, East Timor, Ecuador, Egypt, Germany, Indonesia, Maldives, Mexico, Myanmar, Nepal, Pakistan, Philippines, South Africa, Sri Lanka, Switzerland, Thailand, Zimbabwe
1.4. Appreciating the initiative by the Head of State of the Democratic Socialist Republic of Sri Lanka in hosting the 2nd Global Consultation on Migrant Health in Colombo.

2. **Guiding Principles**

2.1. We reaffirm that the enjoyment of the highest attainable standard of physical, mental, and social well-being is a fundamental right of every human being, including migrants, regardless of their migratory status, and we recall all international instruments that recognize the rights of migrants;

2.2. We recognize that the enhancement of migrants’ health status relies on an equitable and non-discriminatory access to and coverage of health care and cross-border continuity of care at an affordable cost avoiding severe financial consequences for migrants, as well as for their families;

2.3. We reaffirm the importance of multi-sectoral coordination and inter-country engagement and partnership in enhancing the means of addressing health aspects of migration;

2.3. *bis.* We recognize the role of WHO, in collaboration with other relevant international organizations, to promote migrants’ health on the international health agenda.

2.4. We strongly reaffirm the development potential that migration and health carries for countries of destination, transit and origin, as well as our political commitment to the realization of the Sustainable Development Goals;

2.5. We recognize that investment in migrant health provides positive dividends compared to public health costs due to exclusion and neglect, and therefore underscore the need for financing mechanisms that mobilize different sectors of society, innovation, identification and sharing of good practices in this regard;

2.5. *bis.* We recognize the importance of dialogue and cooperation on migrants’ health among all member states, within the framework of the implementation of their health policies and strategies, with particular attention to strengthening of health systems in developing countries.

2.6. We also recognize the pertinence of global health initiatives and priorities to address emerging and global health trends to migrant health, including through identifying and filling gaps in health service delivery with particular attention to the needs of migrants in vulnerable situations

2.7. We acknowledge the relevance of migration and population mobility in disease surveillance and response plans in accordance with the International Health Regulations (2005), and we recognize that States have rights and responsibilities to manage and control their borders, in conformity with applicable obligations under international law, including international human rights law, furthermore, we reaffirm the individual and collective commitments under 2030 Agenda for Sustainable Development as per target 10.7.
2.8. We encourage migrant engagement in policy formulation, consultation and policy dialogue as well as monitoring and evaluation.

3. **We agree**

3.1. To consider this Colombo Statement and take note of the other outcomes of the 2nd Global Consultation on Migrant Health, including the consolidated elements of a Progress Monitoring Framework, Research Agenda and Actionable Policy Objectives, in order to improve the health and well-being of migrants and their families throughout the migration cycle, as appropriate;

3.2. To continue the implementation of WHA 61.17 and other relevant WHA resolutions and initiatives.

3.3. To lead in mainstreaming the migration health agenda within key national, regional and international fora, in domains such as migration and development, disease control, global health, health security, occupational safety, disaster risk-reduction, climate and environmental change, and foreign policy as guided by the 2030 Agenda for Sustainable Development;

3.4. To promote the principles and agreements reached at the 2nd Global Consultation on Migrant Health as inputs to future global initiatives, intergovernmental consultations, and Governing Bodies processes contributing to the formulation of a meaningful Global Compact on Safe, Orderly and Regular Migration and where health responses share common elements to the Global Compact on Refugees in 2018 as appropriate.