



Bangladesh textile workers in Mauritius. © IOM 2008



Growing social and economic disparities, political unrest and disasters, including those due to climate change, have led to an increase in the number of people, and sometimes families, moving within their country of residence as well as across international borders looking for better employment opportunities and living conditions. Recent estimates suggest that there are about 150 million international migrant workers, constituting about 65% of total international migration. (ILO, 2013).

Migrant workers contribute to their communities of origin by relieving unemployment pressures and contributing to development through remittances, knowledge transfer, and the creation of business and trade networks. On the other hand, for destination countries facing labour shortages and ageing populations, orderly and well-managed labour migration can lighten labour scarcity, facilitate mobility and add to the human capital stock.

Many migrant workers face significant health risks throughout the migration process, experiencing exploitative working and living conditions with limited access to legal, social and health protection. This is despite the acknowledgement of migrant workers' contributions to development and efforts made by governments and civil society to protect migrant workers' rights, as well as to harness the benefits of labour migration for all.

To address the health of migrant workers and their families and to optimize the benefits of labour migration for both the communities of origin and destination as well as for the migrants themselves, clearly formulated policies across relevant sectors, legislation and effective strategies in line with standards on the protection of migrant workers are needed.

## Migrant workers contribute to achieving the SDGs

Migrant workers contribute to the SDGs, for instance through remittances sent back to their countries of origin which relieve poverty and hunger, improve access to health and education of left-behind families, and reduce inequalities on a more global level. In 2015, the World Bank estimated that migrant workers contributed \$581 billion in global remittances, 75% of which were remitted to low and middle income countries, contributing significantly to their countries' Gross Domestic Products. In 2014, remittances inflows measured three times more than foreign aid received by such countries.

[Source: 2015 Global Migration Factsheet, IOM/GMDAC. <http://publications.iom.int/books/global-migration-trends-factsheet-2015>]

# Determinants of Health for Migrant Workers & Left-Behind Families



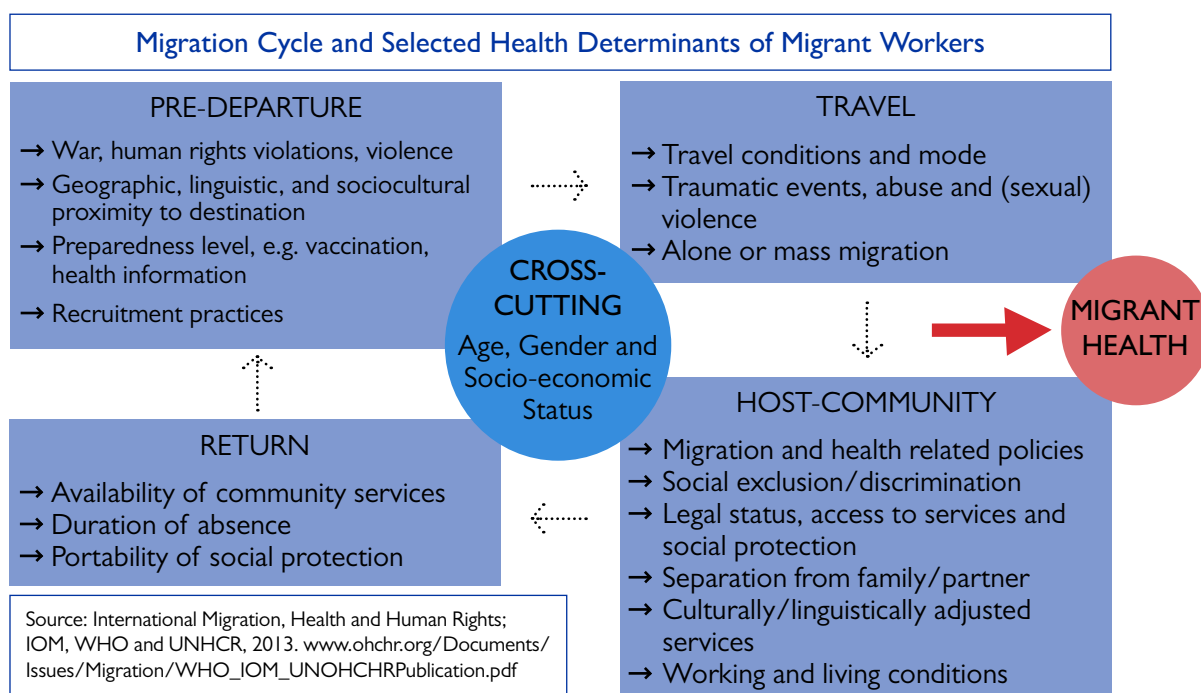
Burmese migrants work in fishing boats coastal communities in Phang Nga, Southern Thailand. © IOM 2006/Thierry Falise

The majority of migrants are young, fit and healthy when they embark on their journeys. However, difficult conditions throughout the migration cycle may negatively impact their health. Migrant workers, particularly those in irregular situations, are exposed to hazardous travel, exploitation, poor working and living conditions with insufficient to absent labour protection and occupational safety and significantly higher risk of occupational injury and mortality. Migrant workers also have disproportionately less access to health services due to, for example, legal, administrative, linguistic and cultural barriers, discrimination, fear of deportation or lack of knowledge of their rights. Social exclusion and the distance they must endure away from their family and support systems may further increase the toll on their health and wellbeing.

Many migrant workers undergo some form of health screening or assessment pre-departure and/or upon arrival as a recruitment pre-requisite. Costs of the testing procedures can be high and often paid by the migrants. Existing evidence indicates that testing practices may not be associated with referral for needed treatments and follow-up. Mandatory testing for some conditions, such as HIV or pregnancy, or lack of proper diagnostic practices and case management, is of limited public health value and leads to unnecessary exclusionary practices.

Neglect and health inequalities affecting migrant workers can have health security aspects such as in the case of influenza pandemic and other public health conditions of international concern. An example is the health vulnerabilities faced by migrant workers in poultry and animal husbandry sectors in the context of an avian influenza viral outbreak. Due to a combination of legal, socio-cultural, behavioural, language and economic barriers migrant workers may have limited awareness or access to health and social services, which could extend to pandemic preparedness, mitigation and response at national level.

Approximately 52-100 million international migrant workers are domestic workers, many of whom are in precarious employment contexts, the so called “difficult, degrading and dangerous jobs.” Women account for 83% of these workers, most of whom have restricted or no access to legal, social or health protection, including basic reproductive health rights. These women often leave their children behind. In families where both parents are migrant workers, the children are cared for by caregivers such as grandparents, siblings or relatives. The mental and physical health implications for left-behind families have received limited attention despite its salience for communities of origin, which are mostly low- and middle income countries.





## IOM's Approach

IOM's approach when dealing with labour migration and health is to facilitate the development and implementation of policies and programmes that can individually and mutually benefit host and origin communities, migrant workers and their families, in accordance with the SDGs.

Providing accessible and quality health services that include prevention, health information, and access to primary health care, to migrant workers and their families benefits migrant populations and serves as an important public health measure that simultaneously protects the people of the communities of origin, transit, and destination. If migrant workers are unable to access public health systems (for example, due to their documentation status, fear of arrest, financial costs, or lack of time) they may be forced to remain untreated, potentially undermining public health responses.



Overseas foreign workers, previously stranded in Lebanon, wave upon arrival in the Philippines.  
© IOM 2006/Angelo Jacinto

Mechanisms for extending social protection in health and increasing social security coverage for migrants and their families can enhance access to needed health services and avoid excessive out of pocket payments by migrant workers in need of health services. For instance, portable health insurance schemes through bilateral arrangements between countries of origin and destination offer migrant workers who are working and living in each country health insurance benefits, to export their social benefits to families left-behind or future social benefits, such as healthcare in old age.

For migration and pre-employment health assessments to meaningfully contribute to the greater public health good, and moreover, benefit the health of migrant workers, national health systems linkages and migrants' ability to take health improvement measures through health information, counselling, prevention and treatment, must be strengthened.

Furthermore, IOM considers the importance of a multi-sectoral approach when responding to the health challenges related to labour migration and works in partnership with inter-sectoral stakeholders, including relevant government ministries, civil society, private sector, UN agencies, and academia.

When properly managed, labour migration can yield development opportunities and greater health outcomes for migrant workers and their families as well as for origin, transit and host communities.



IOM has assisted the return of more than 8,500 Indonesian victims of trafficking and provided many of them with the training and resources to launch their own businesses. © IOM 2017/Muse Mohammed

### SELECTED MILESTONES

**2017, World Health Assembly (WHA), Resolution 70.15:**

"Promoting Health of Refugees and Migrants."

**2016, SDGs, in particular targets:**

**3.8:** Achieve Universal health coverage ;

**8.8:** Promote the labour rights of all workers, including migrant workers;

**10.7:** Orderly and safe migration through well managed policies.

**2008, WHA, Resolution WHA 61.17:**

"Promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants."

**2007, WHA, Resolution 60.26:**

"Workers' health: global plan of action."

**2003, The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW):**

"Right of all migrants and their families to emergency medical health and rights and freedoms granted by domestic law or international treaties."

**2000, Committee on Economic, Social and Cultural Rights, General Comment (GC) no. 14 & 20:**

"health is the right to the enjoyment of a variety of facilities, goods, services and conditions[...] regardless of legal status and documentation."

**1975, Migrant Workers (Supplementary Provisions) Convention (No.143):**

"protecting migrants and offer them equal opportunity and treatment."

**ILO Migration for Employment Convention (Revised), No.97:**

"enjoy adequate medical attention and good hygienic conditions at the time of departure, during the journey and on arrival in the territory of destination."

## Examples of IOM activities

### Advocacy in Asia through the Joint United Nations Initiative on Migration and Health.

The Joint United Nations' Initiative on Migration and Health in Asia, JUNIMA, is a regional multi-sector coordination mechanism that brings governments, civil society organizations, regional associations, development partners and UN agencies together to effectively advocate, promote policies, build partnerships, share information and support action on the right to health and access to prevention, treatment, care and support services for migrant populations in Asia. This region contributes immensely to labour migration through inter-regional movements as well as a source of migrant workers to other regions. Originally the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia (UNRTF), JUNIMA came to be in 2009 following the clear need for an effective regional coordination mechanism to advocate for the access to health for migrants in Asia. IOM currently holds the Secretariat role, providing technical assistance and administrative management to support the objectives of JUNIMA.

[Source: [www.junima.org](http://www.junima.org)]

### Capacity building in Uganda to enhance the health of mining and transport sector migrant workers.

In 2015, IOM conducted a study on HIV vulnerability in mining and other extractive industries in Uganda, mapping of all the health facilities along the transport corridor, and a rapid assessment on Access to Healthcare for Urban Migrants in Kampala. The studies were conducted in collaboration with the Ministry of Works and Transport, Ministry of Energy and Mineral Development and Makerere University. The results of these studies contributed to the development of migration responsive interventions within the mining and transport sectors of Kampala. Following the study, IOM carried out capacity building for 216 health workers and sex worker peer educators in the provision of migration-friendly health services. The trainings aimed to equip participants with knowledge and skills necessary for the provision of migration-sensitive family planning, HIV care and treatment services.

[Source: IOM Migration Health Annual Review 2015.  
[http://publications.iom.int/system/files/mhd\\_ar\\_2015.pdf](http://publications.iom.int/system/files/mhd_ar_2015.pdf)]

### Global Consultation on Migrant Health for multisectoral policy dialogue.

The 2nd Global Consultation on Migrant Health held in 2017 was organized by IOM, WHO and the Government of Sri Lanka to offer Member States, stakeholders and partners a platform for multi-sectoral dialogue and political commitment to enhance the health of migrants. The main outcome of the Consultation was the Colombo Statement, which calls to promote the principles and agreements reached during the event 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.

[Source: Health of Migrants: Resetting the Agenda, Report of the 2nd Global Consultation on Migrant Health. [www.iom.int/migration-health/second-global-consultation](http://www.iom.int/migration-health/second-global-consultation)]

### Service delivery to migrants in Guyana logging and mining communities.

In collaboration with Guyana's Health Ministry and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, IOM developed a programme to contribute to improved access to healthcare and testing for mobile populations including sex workers, miners, loggers and other affected individuals and communities in the country. An estimated 20,000 Brazilian migrants living in Guyana work in these sectors. The project focused on a community-based approach by creating strong partnerships with local authorities on HIV/AIDS, sexual reproductive health and other vulnerabilities faced by mobile populations. Specific interventions included HIV prevention, behaviour change communication and HIV counselling and testing.

[Source: IOM Migration Health Annual Review 2015.  
[http://publications.iom.int/system/files/mhd\\_ar\\_2015.pdf](http://publications.iom.int/system/files/mhd_ar_2015.pdf)]

### Health of Left-Behind Children of Asian Migrant workers: Evidence for Policy and Action.

IOM and the Institute of Migration Policy (MPI), evaluated data from Indonesia, Philippines, Thailand, Sri Lanka and Vietnam. Results have shown both negative and positive influences from parental migration on the mental health and nutrition of left-behind children. Positive influences may be due to remittances being used to improve the quality of nutrition, access to health care and education. Negative influences arise from parental separation and the breakdown of the family support system. Further evidence shows the implications to be less traumatic and resiliency to be enhanced when the migration experience is collectively shared and socially normalized, as is the case in the Philippines, and when adequate support systems are in place, allowing children to develop along adaptive trajectories.

[Source: [www.migrationpolicy.org/research/promoting-health-left-behind-children-asian-labour-migrants-evidence-policy-and-action](http://www.migrationpolicy.org/research/promoting-health-left-behind-children-asian-labour-migrants-evidence-policy-and-action)]

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