



THE HEALTH OF MIGRANTS: A CORE CROSS-CUTTING THEME

Building upon the New York Declaration for Refugees and Migrants adopted on 19 September 2016, the Global Compact on Safe, Orderly and Regular Migration (GCM) will set out a range of principles, commitments and understandings among Member States regarding international migration in all its dimensions. The GCM should make an important contribution to global governance and enhance coordination on international migration. For the consideration of Member States, the “Thematic Recommendation Briefs” developed by IOM migration management specialists, seek to outline core topics and suggestions to inform actors involved in the broad 2017 consultation process that will lead to the inter-governmental negotiations and final adoption of the 2018 GCM.

INTRODUCTION

The overall socioeconomic and political context, the specific conditions within which migration and displacement take place, and the very design of policy frameworks conceived to respond to current migration challenges, all have a direct impact on the health and well-being of migrants, their families, and communities along the migration continuum. Yet health often remains marginal in discussions on migration, and migrants are a frequently forgotten population in health strategies. This may be due to the cross-cutting nature of ‘health and migration’ issues, which involve questions of rights, social protection, public health, international relations, foreign policy, security, and development, among others. While the New York Declaration for Refugees and Migrants¹ makes explicit reference to health and affirms future commitments in addressing migrants’ health needs and vulnerabilities to ill health², specific reference to health is missing among the series of six thematic sessions called for by UNGA Resolution A/71/L.58 on modalities.³ Because migration and health are inextricably linked to other policy areas, such as those mentioned above, it is critical that both the Global Compact on Migration⁴ and the Global Compact on Refugees⁵ adequately and specifically address migrant health issues.

Well-managed migration, equal rights for migrants in accessing health care and social services, and responsive systems geared to meet migrants’ health needs within established policies, produce positive health and migration outcomes. Being and staying healthy is a fundamental right of every human being, and is an essential precondition for migrants to work, be productive, contribute to development, and improve their livelihoods. The migration process can expose migrants, particularly those in situations of vulnerability, to health risks associated with perilous journeys, including exposure to infectious and communicable diseases, severe psycho-social stressors, violence and abuses. They may also suffer from limited access to continuity and quality of health care, exclusion, marginalization and many other forms of inequities.

The realization of adequate health standards for migrants and the concurrent reduction of health risks associated with migration and displacement requires specific commitments and actions to be pursued in their own right and within the implementation of multiple sustainable development goals. To this effect, Governments and health actors are increasingly recognizing the need for concerted, comprehensive and multi-sector approaches to migration and health.



This paper explores key issues linking health and migration, relevant principles and current understanding of the subject, and initial actionable policy objectives which emerged from relevant recent debates on migration and health, for Member States to consider as part of the Global Compact development process.

EXISTING PRINCIPLES

Normative Framework

The existing human rights framework contains numerous provisions of relevance to migrants' health and well-being.⁶ The right to health is explicitly mentioned in Art. 12 (1) of the ICESCR and has been clarified in general comments and concluding observations adopted by the Committee on Economic, Social and Cultural Rights (Committee), including its General Comment No. 14.⁷ Comment No. 14 also highlights that the right to health in all its forms and at all levels contains the following interrelated and essential elements: availability, accessibility, acceptability, and quality.⁸ Moreover, the Committee's General Comment No. 3, on the nature of states parties' obligations, provides that every state has a minimum core obligation to ensure the satisfaction, at the very least minimum essential levels, of each of the rights, including the right to health.⁹ More specifically, the right of migrants to health without discrimination is enshrined in the Constitution of the World Health Organization.¹⁰

The 2030 Agenda for Sustainable Development

Migrants are substantial contributors to development. Yet, many migrants are marginalized and, in spite of their right to health, may face considerable barriers in accessing equitable social and health care services. This, in turn, compromises migrants' ability to remain healthy and productive. A number of goals and targets of the 2030 Agenda for Sustainable Development directly and indirectly promote migrant health on the principle to "leave no one behind." Sustainable Development Goal (SDG) 3 addresses a broad range of health targets and different migrant populations demonstrate particular needs in each.¹¹ Yet, the principle of Universal Health Coverage (UHC, target 3.8) as an overarching aspirational health goal, in many instances does not extend beyond coverage on the basis of citizenship. The most important factor governing migrants' and refugees' access to health care remains their legal status. The realization of UHC for migrants and refugees requires evidence-based, inclusive policies that balance the costs and benefits of 'health for all' in a public health and development perspective.

Given that the conditions under which migration takes place significantly impact migrants' health and well-being, other relevant SDG targets include resilience to economic, social and environmental disasters (targets 1.3; 1.5; 11.1 ; 11.5), orderly, safe, regular and responsible migration (target 10.7) , global multi-stakeholder partnerships (targets 17.16; 17.18), child- and gender-based violence (targets 5.2; 5.6; 16.1, 16.2), forced labour and trafficking (targets 8.7; 8.8), and social protection schemes.

The public health argument

Governments in many regions have acknowledged the need to integrate the health needs and vulnerabilities of migrants into national plans, policies and strategies.¹² Excluding migrants from health provisions not only results in health risks for the individual, and violations of migrants' rights, but also poses risks for the broader attainment of public health objectives. Human mobility, whether resulting from migration or international travel, can be a critical factor in the spread of disease and or a challenge to controlling it. The Ebola Virus Disease (EVD) crisis in West Africa is an example of how a lack of



targeted health services and surveillance along mobility pathways can undermine effective disease control. Most national pandemic preparedness and response plans, however, do not address vulnerabilities and needs of mobile groups and foreign-born individuals, particularly the undocumented.^{13 14}

Disease eradication and successful prevention rests, fundamentally, on inclusive and non-discriminatory approaches. Delivering equitable access for migrants can reduce health and social costs, improve social cohesion and, most importantly, will protect public health and human rights, thereby contributing to healthier migrants in healthier communities.¹⁵

Migrant-inclusive health systems for integrated, people-centred health services

Societies have become increasingly mobile, multi-cultural and multi-ethnic. The consequent increased diversity in health determinants, vulnerability levels, needs, and health-seeking cultures and behaviours in a society calls for inclusive health systems that deliver affordable, accessible and migrant-sensitive services, and a workforce trained in health issues associated with migration. Health systems need to be prepared to respond to acute and long-term needs of diverse populations on the move and transnational communities, and growing global human mobility.

At the 69th World Health Assembly in May 2016 Member States overwhelmingly supported the vision of a future where *“all people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable”*.¹⁶ This vision needs to address and include the health needs of migrants as well.

Multi sectoral and multi country responses

The management of migrant health requires close cooperation and collaboration among countries, as well as among sectors. Effective actions require a ‘whole of government’ and a ‘whole-of society’ approach beyond the health sector alone, and partnerships between private sector, civil society, academia, United Nations agencies, International Organizations and other relevant stakeholders. Additionally, ensuring cross-border continuity of care for migrants with health needs might require harmonized health care protocols, confidential sharing of health data, and other forms of partnership that enhance surveillance along mobility pathways and effective international response in the event of public health emergencies of international concern. At a global level, international pledges such as the Colombo Statement on Migrant Health (Feb.2017),¹⁷ annexed to this paper, can help ensure that migration health is mainstreamed within key regional and international fora, in domains such as migration and development, global health, health security, disaster risk-reduction, climate and environment change, urbanization, and foreign policy and global health amongst others.

Migration Governance Framework

The IOM Migration Governance Framework (MiGOF)¹⁸ provides a comprehensive overview of the essential elements for planned and well-managed migration. Health cuts across the six MiGOF principles and objectives: promoting the health of migrants directly benefits migrants’ and societies’ well-being (Objective 1); public health preparedness and response are a key component of managing the mobility dimension of crises (Objective 2); and addressing health vulnerabilities of migrants is part of safe, orderly and dignified migration to not pose a risk to migrants’ or communities’ health (Objective 3).

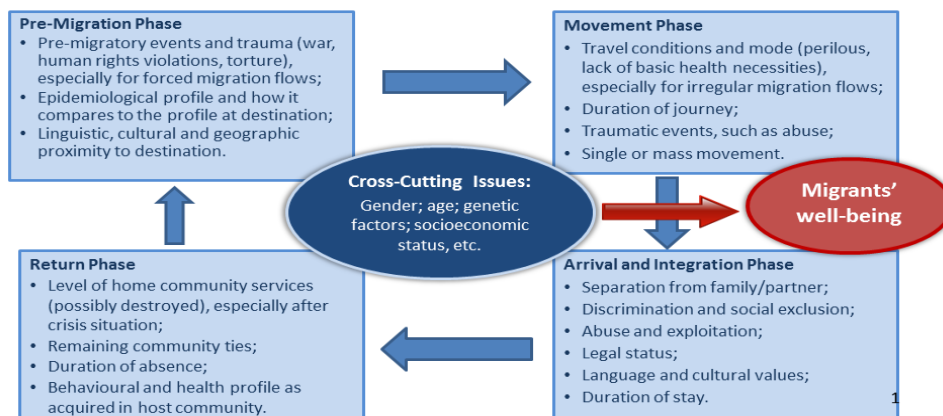


ISSUES

Social determinants of health

Migration is a social determinant of health that can impact the health and well-being of individuals and communities. Migration can improve the health status of migrants and their families by helping them escape from persecution and violence, by improving socioeconomic status, by offering better education opportunities, and by increasing purchasing power for health services for family members in origin countries through remittances. However, the migration process can also expose migrants to health risks, such as perilous journeys, psychosocial stressors and abuses, nutritional deficiencies and changes in lifestyle, exposure to infectious diseases, limited access to prevention and quality health care, or interrupted care. Migrants in irregular situations, those forced to move, the low skilled or low educated, and other vulnerable or disadvantaged migrants are more likely to suffer from a compromised health status as compared to others. Depending on the policies and legal frameworks of States, migrants may not be granted equitable access to affordable health care and/or local health systems may not have adequate capacity to meet migrant health needs. Other barriers to health services include discrimination and stigmatization, administrative hurdles, restrictive norms generating fear of deportation or the loss of employment and status. When health services are available to migrants, these may not be culturally, linguistically and socially sensitive, leading to delayed or ineffective treatment.

Figure 3: Factors of migration stages that can affect migrants' health¹⁹



Existing approaches and gaps

Acknowledging the connection between migration and health, WHO Member States adopted the 2008 World Health Assembly (WHA) Resolution on the *Health of Migrants* (WHA.61.17).²⁰ The Resolution paved the way for the 2010 1st Global Consultation on Migrant Health in Madrid,²¹ which was co-organized by IOM, WHO and the Government of Spain and defined an 'Operational framework' to guide Member States and stakeholders in implementing the strategies of Resolution WHA.61.17.

At the 106th IOM Council in November 2015, the urgency of advancing the unfinished agenda of migrant health was emphasized by IOM Members States through the organization of a *High-level Panel on*



Migration, Human Mobility and Global Health. IOM Council document C/106/INF/15²² on *Advancing the Unfinished Agenda of Migrant Health for the Benefit of All* explored important challenges, programmatic accomplishment, lessons learned and good practices in the domain over several decades.

In September 2016 a side event on ‘Health in the context of Migration and forced displacement’²³ was organized by IOM, WHO and UNHCR during the 71st UN General Assembly High-level Plenary Meeting on Large Movements of Refugees and Migrants; and various Regional Consultative Processes on Migration and Development have initiated dedicated discussions on migration and health²⁴.

WHO regional resolutions were adopted by Regional Committees of the Americas (CD55.R.13)²⁵ and Europe (EUR/RC/66/R6) as well as a Strategy and Action Plan for refugee and migrant health in the European Region²⁶. Moreover, during the 69th World Health Assembly, a technical briefing session was dedicated to the topic of ‘*Migration and Health*’ and WHO Member States debated and took note of the Secretariat report on ‘*Promoting the Health of Migrants*’.²⁷

Most recently, the Executive Board of the World Health Organization at its 140th session in January 2017, noted the WHO Secretariat report on promoting the health of migrants²⁸ and reaffirmed the New York Declaration on Refugees and Migrants, in particular its annexes on the Global Compact on Refugees and on the Global Compact for Safe, Orderly and Regular Migration and adopted decision EB140(9).²⁹ This WHO Executive Board Decision requests WHO to, inter alia, “prepare, in full consultation and cooperation with Member 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 World Health Assembly (WHA)”;³⁰ and “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 international organizations, to report thereon to the 71st World Health Assembly[.....]”.³¹

These milestones illustrate the rising awareness and recognition of the urgency to adapt existing policies and programmes to the health challenges related to global human mobility, for example through health insurance coverage for migrants and evolving public health donor funding models such as those from the Global Fund including strategic engagement on multi-country and regional efforts.³² However, the adaptation and development of conducive cross-sector technical and policy instruments remains slow and fragmented.³³ As a result, migrant health remains under-researched, under-funded, scarcely addressed by many national health systems and an absent theme in key international health dialogues, as well as migration governance fora. Meanwhile, millions of migrants are still denied access to health services and remain invisible to global health initiatives, either in the context of large, acute crisis driven migrant influx, or within the long term, structural, economic and disparity-driven migration flows.

Second Global Consultation on Migrant Health

In February 2017, IOM, WHO and the Government of the Democratic Socialist Republic of Sri Lanka jointly organized the second Global Consultation on Migrant Health³⁴ during which both governments and non-governmental actors identified priority areas and key policy strategies to reach a unified agenda across regions on the health of migrants, reconciling acute large scale displacement as well as long term economic and disparity driven structural migration; and engaged multi-sectoral partners at policy level for a sustained international dialogue and an enabling policy environment for change.



The government representatives adopted the Colombo Statement,³⁵ which calls for international collaboration to improve the health and well-being of migrants and their families, and to address the health challenges posed by increasingly mobile populations. The Statement, as an initiative of political commitment, inter alia, agreed “to promote the principles and agreements reached at the second 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.”³⁶ (See Annex I for full text.)

SUGGESTED ACTION

Health as a cross-cutting theme during the preparatory process of the Global Compact for Safe, Orderly and Regular Migration

Member States, through the abovementioned EB140/9 decision of January 2017, called for action to ensure health needs of migrants are adequately addressed in the Global Compact for Safe, Orderly and Regular Migration. However, health is not included in the six thematic sessions as spelled out in the modalities for the development of the Global Compact on Migration. Integrating health into the thematic sessions will allow Member States to formulate the needed actionable objectives based on the existing principles mentioned above, and ensure a space within the Global Compact debate for mainstreaming outcomes resulting from the process traced by the WHO EB’s decision 140(9) and subsequent WHA resolutions. This in turn will assist in mainstreaming the migration health agenda in domains such as migration and development, 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.

Evidence based policies

Policy development and decision making need to be based on the best available data and the collection and disseminating of good practices. There is a need to enhance the monitoring of migrant health, such as the inclusion of migration variables in existing census, national statistics and targeted health surveys as well as in the SDGs and financial protection in health³⁷ progress monitoring efforts.

Elements for Actionable Objectives

The following elements are based on above-mentioned principles and inter-State dialogues, and in particular on the results of the second Global Consultations on Migrant Health. At the national level:

- 1) Establish, reinforce and monitor comprehensive national migrant health policies that are:
 - rights-based,
 - multi-sectoral and coordinated across sectors,
 - participatory for migrants, civil society, private sector, and other key actors
 - within a whole-of-society and whole-of-Government approach.
 - based on the extension of Universal Health Coverage (UHC) and Social Protection Floors³⁸ to all migrants, irrespective of their migratory status.



- 2) Establish or assess existing mechanisms for financial risk protection; extend social protection in health and improve social security for all migrants and their families and find innovative solutions for portability of social security and continuity of care.
- 3) Focus equally on capacity to provide life-saving rapid interventions to migrants in need, as well as long-term strategies to mainstream migrant health within health and other sector strategies.
- 4) Address and remove situations, conditions and elements of vulnerability experienced by migrants, including xenophobia, migration restrictions for migrants with health needs, and other policy gaps and inconsistencies; enhance migrant resilience, for example through adequate information, education, and empowerment for self-help.
- 5) Strengthen local and national health systems and enhance people-centred and inclusive health services which foster integration and social stability.
- 6) Establish adequate indicators to monitor migrant health as well as measures to monitor progress and good practices to be shared at regional and global level.

At the regional level:

- 7) Enhance cross-border cooperation and partnerships to harmonize policies and practices and ensure continuity of care and health responses to emerging needs linked to human mobility, including in health and border management.
- 8) Ensure the mainstreaming of migration health issues within regional and multi-regional dialogues on health, migration, development, international cooperation; enhance cooperation among countries of origin, transit and destination.
- 9) Develop platforms for research, innovation and sharing of good practices.

At the global level:

- 10) Ensure a dedicated space for health and migration issues within the road-map leading to the Global Compact on Migration, and within the Compact itself.
- 11) Promote the migration health agenda across-sectors and within the scope of the implementation of the SDGs.
- 12) Enhance political leadership, partnership, and mobilization of resources towards innovation, participation and action to respond to health needs and challenges brought by global migration.

ADDITIONAL REFERENCES

For additional information, see International Organization for Migration (2015) Migration Health Division 2015 Annual Review. Geneva: International Organization on Migration.

<https://publications.iom.int/books/migration-health-annual-review-2015>



ANNEXES

Annex I: The Colombo Statement

https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/colombo_statement.pdf

Annex II: Advancing the Unfinished Agenda of Migrant Health for the Benefit of All³⁹

<https://governingbodies.iom.int/system/files/en/council/106/C-106-INF-15-Migration-Health.pdf>

¹ UN General Assembly resolution 71/1, New York Declaration for Refugees and Migrants (13 September 2016), A/RES/71/1

² UN General Assembly resolution 71/1, p. 7

³ UN General Assembly resolution 71/1

⁴ Ibid, Annex II

⁵ Ibid, Annex I

⁶ International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families; International Convention on the Elimination of All Forms of Racial Discrimination; International Covenant on Economic, Social and Cultural Rights; International Covenant on Civil and Political Rights; Convention on the Rights of the Child; Convention on the Elimination of All Forms of Discrimination against Women; Convention on the Rights of Persons with Disabilities

⁷ Committee on Economic, Social and Cultural Rights, general comment No. 14, 11 August 2000, E/CN.4/2000/4, para.11 , states that the right to health of Art. 2 (1) ECESCR is “an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health”.

⁸ Ibid, para.12.

⁹ Committee on Economic, Social and Cultural Rights, general comment No. 3, 1990, contained in document E/1991/23 , para.10. The Committee further explains that “a State party in which any significant number of individuals is deprived of essential foodstuffs, of essential primary health care, of basic shelter and housing, or of the most basic forms of education is, prima facie, failing to discharge its obligations under the Covenant.” Ibid.

¹⁰ WHO Constitution, adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 June 1946 by 61 States representatives.

http://www.who.int/governance/eb/who_constitution_en.pdf

¹¹ For further information on SDG 3 targets, refer to UN General Assembly resolution 70/1, pg. 16-17

¹² High-level meeting of the 2nd Global Consultation on Migrant Health, Colombo Statement (23 February 2017). Refer to Annex

¹³ IOM (2017) Migrants and mobile populations within pandemic preparedness plans: A review of 21 countries in the Asia-Pacific Region. (in Press). Migration Health Division, IOM.

¹⁴ WHO World health Assembly report by the Director-General, Implementation of the International Health Regulations (2005), report of the Review Committee on the Role of the International health Regulations (2005) in the Ebola Outbreak and Response (13 may 2016), A69/21.

¹⁵ International Organization for Migration, World Health Organization, United Nations Human Rights, Office of the High Commissioner. (2013) International Migration, Health and Human Rights. Geneva: International Organization for Migration. https://publications.iom.int/system/files/pdf/iom_unhchr_en_web.pdf

¹⁶ WHO World health Assembly report by the Secretariat, Framework on integrated, people-centred health services (15 April 2016), A69/39. pg. 4

http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1

¹⁷ High-level meeting of the 2nd Global Consultation on Migrant Health, Colombo Statement (23 February 2017).

¹⁸ Adopted by the IOM Council in 2015, the MiGOF lays out the essential elements for facilitating orderly, safe, regular and responsible migration: C/106/40, 4 November 2015, available online

¹⁹ International Organization for Migration, World Health Organization, United Nations Human Rights, Office of the High Commissioner. (2013) International Migration, Health and Human Rights. Geneva: International Organization for Migration.

https://publications.iom.int/system/files/pdf/iom_unhchr_en_web.pdf



- ²⁰ World Health Organization. (2008) 61st World Health Assembly, Resolution WHA61.17, Health of Migrants. http://apps.who.int/iris/bitstream/10665/23533/1/A61_R17-en.pdf
- ²¹ World Health Organization. (2010) Health of migrants: the way forward - report of a global consultation, Madrid. <http://publications.iom.int/books/health-migrants-way-forward-report-global-consultation>
- ²² International Organization for Migration. (2015) Advancing the Unfinished Agenda of Migrant Health for the Benefit of All. 106th Session of IOM Council. <https://governingbodies.iom.int/system/files/en/council/106/C-106-INF-15-Migration-Health.pdf>
- ²³ <http://webtv.un.org/meetings-events/other-meetingevents/watch/migration-and-health-event/5137058410001>
- ²⁴ For example, the Colombo Process (<https://www.iom.int/colombo-process>) and the Puebla Process (<https://www.iom.int/puebla-process>).
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- ²⁶ World Health Organization, Regional Office for Europe. (2016) 66th Regional Committee for Europe, Resolution EUR/RC66/R6, Strategy and action plan for refugee and migrant health in the WHO European region. http://www.euro.who.int/__data/assets/pdf_file/0018/319113/66rs06e_MigrantHealth_160765.pdf?ua=1
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- ²⁹ World Health Organization. (2017) 140th Executive Board, Decision EB140(9), Promoting the health of refugees and migrants. [http://apps.who.int/gb/ebwha/pdf_files/EB140/B140\(9\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB140/B140(9)-en.pdf)
- ³⁰ *Ibid*, para. 2
- ³¹ *Ibid*, para. 3
- ³² The Global Fund Strategy 2017-2022. https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf
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- ³⁶ Annex I, Colombo Statement, para. 3.4
- ³⁷ *Tracking Universals Health Coverage: First Global Monitoring Report 2015*, http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf
- ³⁸ International Labour Organization defines Social Protection Floors as “Social protection floors are nationally defined sets of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level.” <http://www.ilo.org/secsoc/areas-of-work/policy-development-and-applied-research/social-protection-floor/lang--en/index.htm> and UN General Assembly resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development (18 September 2015), A/RES/70/1.
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