



## MIGRATION HEALTH IN THE SUSTAINABLE DEVELOPMENT GOALS :

### ‘Leave No One Behind’ in an increasingly mobile society

The UN 2030 Agenda for Sustainable Development puts people at the center of all actions, particularly the most marginalized and disempowered, for the realization of societies that are more equitable and inclusive. It also acknowledges that migration carries a development potential, owing to migrants’ intellectual, cultural, human and financial capital, and their active participation in society. Being and staying healthy is a fundamental precondition for migrants to work, be productive and contribute to the social and economic development of communities of origin and destination. Moreover, migrants have a right to health and including migrants in health systems’ responses is good public health practice. Multi-sector partnership and coordinated efforts are needed to ensure that migrant health is addressed throughout the migration cycle, as are efforts to develop migration-sensitive health systems that respond to increasingly diverse population health profiles and needs.

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 escaping from persecution and violence, by improving socioeconomic status, by offering better education opportunities, and by increasing purchasing power for ‘left behind’ family members thanks to 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 life-style, 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 for those affected by medical conditions. When health services are available to migrants, these may not be culturally, linguistically and socially-sensitive to their needs, leading to delayed or undiagnosed conditions or ineffective treatment.

In response to the call to ‘leave no one behind’ which is at the core of the UN 2030 Agenda for Sustainable Development, governments, humanitarian and development actors should integrate the health needs of migrants into global and national plans, policies and strategies across sectors and across borders in accordance with the 17 Sustainable Development Goals (SDGs) and their respective targets. There are numerous avenues for the realization of migrant health through the implementation of SDGs; the following pages outline a non-exhaustive list of goals and targets of particular relevance, and illustrate the multi-sectoral nature of a factual action framework.

To realize the Sustainable Development Agenda 2030 vision, including the achievement of Universal Health Coverage, governments and health actors need to uphold migrants and mobile populations’ health through multi-sectoral responses and develop migration-sensitive health systems that ‘leave no one behind’.



# Tracing migrant health in the SDGs

## 1 NO POVERTY



### TARGET 1.3

Implement social protection systems including floors and achieve sustainable coverage of the poor and vulnerable

Implement appropriate social protection systems in health that are inclusive of migrants, are free of discrimination, and sensitive to the contemporary mobility of persons, including through cross-border portability of entitlements and rights; reduce out-of-pocket payments for health care and catastrophic health expenditures; achieve coverage through sustainable and innovative financing.

### TARGET 1.5

Strengthen resilience of the poor and most vulnerable to economic, social and environmental shocks and disasters

Ensure migrants' and mobile populations' resilience in the context of crises, and reduce their health vulnerability linked to climate change, extreme events, and other economic, social and environmental shocks and disasters causing large scale population displacement within and across borders.

## 3 GOOD HEALTH AND WELL-BEING



### TARGET 3.8

Achieve Universal Health Coverage

Ensure the inclusion of migrants, regardless of their legal status, in 'Universal Health Coverage'; ensure they are accounted for in financial risk protection schemes; have access to quality, equitable health care services, safe, effective and affordable essential medicines and vaccines, and cross-border continuity of health care. Not doing so, counters public health principles, ethics and universal health care goals. Include migrants and mobile populations in disease prevention and control programmes.

### TARGET 3.c

Increase health financing and establish a sufficient health workforce in developing countries

Increase health workforce financing, recruitment, development, training and retention in developing countries, especially in least developed countries and small island developing states; enhance the local integration of migrant-, refugee- and displaced health personnel; manage migration of health care workers and implement the international code of recruitment of health personnel.

## 5 GENDER EQUALITY



### TARGET 5.2

Eliminate all violence against women and girls

Eliminate all forms of violence against all migrant women and girls and their physical, mental and social well-being impact, including trafficking and all types of exploitation, marginalization, discrimination and abuse.

### TARGET 5.6

Ensure universal access to sexual and reproductive health and reproductive rights

Ensure that universal access to sexual and reproductive health and rights, in accordance with the programme of action of the 1994 International Conference on Population and Development (ICPD) and the Beijing Platform for action, applies without discrimination to migrant populations whose sexual and reproductive health can be at disproportionate risk due to the circumstances of the migration process.

## 8 DECENT WORK AND ECONOMIC GROWTH



### TARGET 8.7

Eradicate forced labour, end modern slavery and human trafficking; eliminate child labour

End the use of migrants for forced labour, child labour, modern slavery, and human trafficking, and address the multiple associated health risks due to unsafe, poor working and living conditions, and the various forms of exploitation, discrimination and unsafe health practices throughout the migration process.

### TARGET 8.8

Protect labour rights and promote safe and secure working environments for all workers including migrant workers

Address the health needs and promote 'decent work' of migrant workers, especially women and those with 'irregular' status, who are exposed to multiple health risks, including poor working and living conditions and exploitation, and ensure their equitable access to health services; end deportations and travel restrictions due to health conditions.

## 10 REDUCED INEQUALITIES



### TARGET 10.7

Orderly and safe migration through well-managed migration policies

Mainstream the health of migrants, their families and communities in migration governance discourses'. Recognize the migration as a determinant of health which can expose migrants to multiple health risks during all phases of the migration process. Enhance the health of migrants through improved policy coordination among sectors that impact the health of migrants and respect migrants' right to health to ensure equitable access to health services. Ensure immigration health assessment practices follow public health principles and international standards of care.

## 11 SUSTAINABLE CITIES AND COMMUNITIES



### TARGET 11.1

Access to adequate housing and basic services; upgrade slums

Ensure that access for all to adequate, safe and affordable housing and basic services includes migrants, who can be at elevated risk of poor living conditions, whether in camps, informal settings, migration centres, detention or slums; and reduce health risks due to overcrowding, poor hygiene and sanitation.

### TARGET 11.5

Reduce deaths and number of people affected and decrease the economic losses following disasters

Ensure that reducing the number of deaths and number of people affected, and decreasing the economic losses following disasters includes the protection of displaced persons, as well as other vulnerable migrants and mobile populations who may not have been included in disaster risk reduction plans. Disasters, by defaults, trigger large scale displacement.

## 16 PEACE, JUSTICE AND STRONG INSTITUTIONS



### TARGET 16.1

Reduce violence and related death rates

Reduce all forms of violence associated with migration and save lives especially in the context of conflict, smuggling and trafficking, putting migrants at disproportionate risk due to unsafe travel and living conditions and associated vulnerability to sexual, physical and psychological violence.

### TARGET 16.2

End abuse, exploitation, trafficking, violence against and torture of children

End abuse and exploitation of trafficked and young migrants, especially unaccompanied minors, as they are at increased risk of abuse, exploitation, and violence, and the associated physical and mental health risks.

## 17 PARTNERSHIPS FOR THE GOALS



### TARGET 17.16

Utilize global and multistakeholder partnerships to support the achievement of sustainable development goals in all countries

Utilize multi-sectoral and international partnerships, as migrants inherently connect sectors, communities, countries and regions. Enhance the health of migrants and public health by coordinating among health and other sectors in society, and through the inclusion of migration and health in cross border, regional and global development dialogues and humanitarian responses.

### TARGET 17.18

Assist developing countries in increasing the availability of high-quality data disaggregated by migratory status

Enhance capacity building to increase the availability of data disaggregated by income, gender, age race, ethnicity, migration status, [...] including in the health sector to allow the monitoring of the health of migrants and the implementation of policies and legislations affecting the health needs of migrants.

# Examples of IOM activities towards the SDGs

3 GOOD HEALTH AND WELL-BEING



## 3.8 Providing Health Care among TB-affected Migrant Communities in Myanmar

IOM projects address vulnerabilities and health systems risks including individual risk factors, social barriers, and economic costs. In collaboration with the National Tuberculosis Programme (NTP) in Myanmar, IOM provides Tuberculosis (TB) services through community structures and village-based mobility working groups that recruit and train Outreach Health Workers (OHWs). IOM and the NTP jointly conduct active case finding for TB in locations where it may be “hidden”, including where migrants live and work. In 2015, IOM launched the MORE HEALTHY Bus (Migrant Out Reach Express for Health Education and Access to Lab for TB and HIV), a mobile Active Case Finding service that targets migration hotspots in peri-urban areas in the outskirts of Yangon, which provides on-site X-Ray screening for migrants and host communities.

During 2015, IOM supported 7,809 migrants and host community members to access diagnostic or treatment services, and 2,099 new TB cases were detected. 123 community health workers supported by IOM were trained and actively involved in TB case finding and/or treatment activities. Additionally, 776 health education sessions were held, reaching over 7,625 migrants and host community members.

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

5 GENDER EQUALITY



## 5.6 Promoting Sexual and Reproductive Health in Sudan

In July 2015, IOM opened a mobile clinic in North Darfur to provide needed health services as a result of intertribal fighting that led to a high influx of internally displaced persons (IDPs). By the end of the year, 2,469 antenatal care visits were received, and 264 births were assisted by skilled attendants. In addition, 720 pregnant and lactating women received assistance through a one-month nutritional supplementary feeding program. In the same year, IOM also led a six-day training course on Prevention of Mother-to-Child Transmission (PMTCT) for IDPs midwives and a four-day peer education on HIV/AIDS for IDP youth. To encourage community mobilization, IOM steered a five day campaign targeting women and children to raise awareness on reproductive health, feminine hygiene and prevention of infectious diseases.

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

8 DECENT WORK AND ECONOMIC GROWTH



## 8.8 Protecting Labour Rights of Migrant Workers in Peru

A research by IOM and the London School of Hygiene & Tropical Medicine analyzed the health risks and consequences of migrant and trafficked workers in popular industries of multiple countries. The Madre de Dios region is home to Peru's largest proportion of migrants (over 20%) and 70% of the country's artisanal gold production. Most of the migrant workers are poor young men from the Andean region of Peru. These migrant workers are introduced to health risks from the exposure to the work itself and harsh living conditions within camps in the jungle. Negative health outcomes may include skin cancer and neurological damage from chemical hazards, as well as depression and anxiety from psychosocial hazards. The report recommends strategies to promote healthier working environments, including an evidence-informed strategy to address protection and service needs, plans for multisectoral coordination with relevant ministries, and a proposed action to allocate funding and human resources in support of mobile health units like the La Caravana de la Vida (2012-14). This health unit visited rural areas that lacked vital medical services or infrastructure and informed Peruvians of the risk of trafficking.

Source: [https://publications.iom.int/system/files/pdf/labour\\_exploitation\\_trafficking\\_en.pdf](https://publications.iom.int/system/files/pdf/labour_exploitation_trafficking_en.pdf)

10 REDUCED INEQUALITIES



## 10.7 Global Consultation on Migrant Health for Multi-sectoral Policy Dialogue

IOM, WHO and the Government of the Democratic Socialist Republic of Sri Lanka are jointly organizing the 2nd Global Consultation on Migrant Health to offer Member States, stakeholders and partners a meaningful platform for multi-sectoral dialogue and political commitment to enhance the health of migrants. The Consultation will aim to reach consensus on key policy strategies to pave the way towards key benchmarks including the development of the 2018 Global Compacts on Migration and Refugees, strengthened health systems that ‘leave no one behind’, and achieving Universal Health Coverage. This will build upon the 2008 World Health Assembly Resolution (WHA.61.17) on the health of migrants, and the 2010 Global Consultation on Migrant Health, which defined an operational framework based on the Resolution to guide Member States and stakeholders in migrant health related activities.

Source: 2nd Global Consultation on Migration Health Concept Note, 2016; [https://publications.iom.int/system/files/pdf/consultation\\_report\\_health\\_migrants.pdf](https://publications.iom.int/system/files/pdf/consultation_report_health_migrants.pdf)

17 PARTNERSHIPS FOR THE GOALS



## 17.18 Increasing the Availability of Quality Policy Data on Migrant Health in Europe

The Migrant Integration Policy Index (MIPEX) Health strand is a questionnaire designed to supplement the existing seven strands of the MIPEX, which monitors policies affecting migrant integration in 38 different countries in Europe, Asia, North America and Oceania. The Health strand questionnaire is based on a consultation process which involved researchers, IGOs, NGOs and a wide range of specialists in health care for migrants. The questionnaire measures the equitability of policies relating to four issues: Migrants' entitlements to health services; Accessibility of health services for migrants; Responsiveness to migrants' needs; and Measures to achieve change. The project is a EC funded collaboration of IOM, the Migrant Policy Group and COST Action IS103 'Adapting European health services to diversity'.

Source: [http://members.costadapt.eu/images/7/73/MIPEX\\_July.pdf](http://members.costadapt.eu/images/7/73/MIPEX_July.pdf)



International Organization for Migration (IOM)  
The UN Migration Agency

Department of Migration Management – Migration Health Division  
17 route des Morillons – 1211 Geneva 19 – Switzerland  
[www.iom.int](http://www.iom.int) – [mhddpt@iom.int](mailto:mhddpt@iom.int)