



Young Yasmine receives treatment at the Al Matar Health Unit in Maarib, Yemen, rehabilitated and equipped thanks to IOM's support. ©IOM 2022

## UNIVERSAL HEALTH COVERAGE

The realization of **universal health coverage** (UHC), one that leaves no migrant behind, requires innovative, evidence-based policies and sustainable financial mechanisms that emphasize whole-of-society and whole-of-government actions, and involve migrants, including health workers, as co-developers of health services. Being and staying healthy is a fundamental precondition for migrants to be productive and contribute to the social and economic development of communities of origin and destination.

In order to achieve UHC, a multi-sectoral, inclusive and rights-based approach is needed. We must not forget that UHC is an opportunity to accelerate outcomes across not only global health priorities, but also towards the achievement of other Sustainable Development Goals (SDGs). Furthermore, UHC will not be achieved through the health sector alone, hence the need for synergies among sectors for meaningful progress towards the UHC goals. Actions towards equity and inclusion are integral to these efforts. **The 2021 State of UHC Commitment report** reflects many of these critical elements to reach UHC. The report demonstrated that many countries have made clear

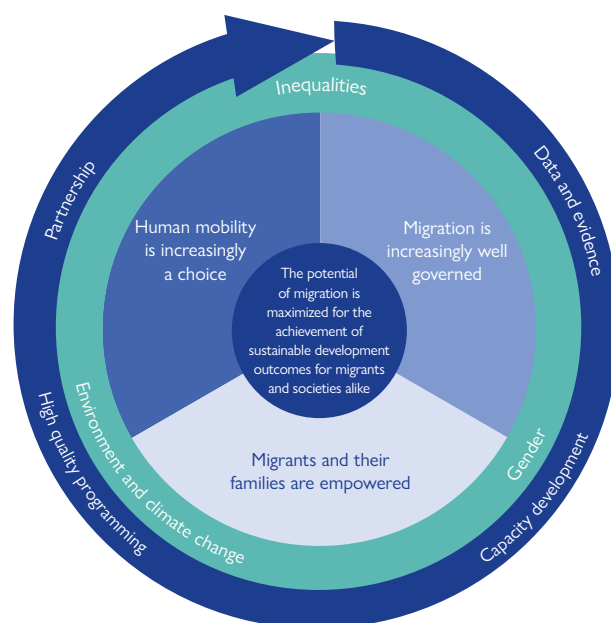
commitments towards reaching UHC, through setting national targets and recognizing the importance of UHC for achieving SDG 3, Ensuring healthy lives and well-being for all at all ages. The report noted that countries that have made the fastest progress towards UHC have shown that a comprehensive approach benefits outcomes across multiple health and disease areas. Specific vulnerable population groups, like migrants, were identified by 31 of the 45 governments, among the reported commitments in this report, and the second highest overall number of commitments were made to leave no one behind, signifying that equity is acknowledged as central in government UHC initiatives. Nevertheless, while many countries have prioritized equity in their UHC commitments, gaps persist between policy, implementation and results.

IOM will continue to advocate for universal access for migrants to safe, quality and affordable health-care services and medicines, particularly in areas where health services are insufficient or restricted. By building resilient, accessible and equitable health systems, truly universal health coverage can be attained.

As indicated in the **IOM Institutional Strategy on Migration and Sustainable Development** (2020) IOM is committed to the realization of the SDGs and to reducing health inequities for migrants. This commitment is rooted in advocacy for migrant-inclusive health policies that focus on increasing health coverage, ensuring equitable access to health care, and promoting financial risk protection. IOM works with partners to ensure that the health of migrants will continue to be addressed in national and global development strategies.

The SDGs offer an opportunity to address **migration health** - most notably considering linkages across targets, including 3.8 and 10.7. SDG target 3.8 on universal health coverage will not be achieved, nor will the SDGs, unless health services coverage and financial protection measures in all countries progressively include migrants, especially those marginalized or in situations of vulnerability. As the **first International Migration Review Forum** has shown, the **Global Compact for Safe, Orderly and Regular Migration** provides an opportunity to contribute to the realization of the SDGs. There can be no sustainable development without migration, and no progress towards the SDGs without the inclusion of migrants.

## Supporting the achievement of the 2030 Agenda for Sustainable Development



**3.8** Achieve **universal health coverage**, including **financial risk protection**, **access to quality essential health-care services** and **access to safe, effective, quality and affordable essential medicines and vaccines** for all.

Well-managed migration policies imply that the health needs of migrants and host communities are met as a prerequisite for sustainable development. Additionally, universal health coverage (UHC) can only be achieved when the health and equitable access to health services of all people, including migrants, are addressed. Therefore, the health of migrants must be mainstreamed in both health and migration policies.



**10.7** Facilitate **orderly, safe, and responsible migration and mobility of people**, including through implementation of **planned and well-managed migration policies**.

## MULTISECTORAL PARTNERSHIPS TOWARDS ACHIEVING UHC

IOM works together with Member States and other partners to ensure that migrants are included within UHC national plans and health systems, and health policy frameworks promote equity for populations on the move, including migrants and refugees. In global health and migration frameworks, IOM emphasizes the need for an evidence-based discourse on migration health based on best practices and national migration realities.

Upon **the request of World Health Organization (WHO)** Member States, IOM has collaborated closely in the development of several WHO governing body processes focused on promoting the health of migrants and refugees. This includes collaboration on the **2017 World Health Assembly (WHA) Resolution on Promoting the Health of Migrants and Refugees**, the **Framework of Guiding Principles and Priorities for Promoting the Health of Migrants and Refugees**, the **reports on situation analysis and practices in addressing the health needs of refugees and migrants**, as well as on the development and implementation of the **2019 Global Action Plan (GAP) on promoting the health of refugees and migrants**.

In September 2019 at the UN General Assembly (GA) High Level Meeting (HLM) on UHC, world leaders endorsed the Political Declaration on **“Universal Health Coverage: Moving Together to Build a Healthier World”**. The declaration highlights the particular needs and vulnerabilities of migrants, refugees, internally displaced persons and indigenous peoples. This assistance includes health care and other counselling services as well as the promotion of strong and resilient health systems that reach

those who are vulnerable or in vulnerable situations. IOM contributed to the development of **key asks** for consideration during the 2019 HLM on UHC, which called for “improving health outcomes for populations on the move, migrants and refugees”.

According to the **latest global monitoring report on UHC**, overall progress made in health coverage over the past 20 years is likely offset by the COVID-19 pandemic and the reduction of financial hardship remains a challenge. A follow-up UN GA HLM on UHC will be held in New York in September 2023 to provide an opportunity to take the necessary action to accelerate progress towards UHC by 2030 and ensure prioritisation of investment in strengthening health systems that leave no one behind, including in times of crisis and emergency.

Since 2017, IOM has been actively participating in the **UHC2030 Partnership**, a multi-sector platform comprised of WHO, the World Bank, Member States, civil society organizations, private sector and other partners, to raise awareness of UHC global commitments, facilitate knowledge-sharing, and advocate for increased investment and political will for health system strengthening. Multisectoral partnerships will be crucial in ensuring that a holistic approach is pursued and equity is at the forefront of national efforts to achieve UHC targets by 2030.



## HOW IOM ACTIVITIES WORK TOWARDS UHC GOALS

IOM contributes to increasing health coverage for migrants by working with governments to standardize and execute high quality health assessments, administration of vaccines, facilitating continuity of care, and providing preventative and curative interventions. IOM supports Member States to develop migrant-friendly health policies, and to foster an enabling environment through policy, advocacy, and awareness-raising.

IOM continues to advocate for the promotion of financial risk protection for migrants accessing health services. Lack of insurance coverage can lead to excessive health expenditures for migrants, many of whom pay out of pocket for health services. This exacerbates health conditions that could be prevented, often at reduced costs, if services had been available and accessible. Ensuring migrants are not susceptible to untenable out-of-pocket payments to access health services is a priority across all phases of the migration pathway.

## IOM PROJECTS CONTRIBUTING TOWARDS UHC

### SOUTHERN AFRICA: SEXUAL AND REPRODUCTIVE HEALTH (SRH) SUPPORT FOR MIGRANT AND HOST COMMUNITIES

In 2016, IOM joined forces with several partners to create the project **“SRH-HIV Knows No Borders.”** The project worked to increase knowledge on SRH and HIV, improve access to related services, and create an enabling environment. The project spans six countries: Eswatini, Lesotho, Malawi, Mozambique, South Africa, and Zambia. In 2020, more than 195,050 persons from the migrant and host communities as well as sex workers, were reached with awareness-raising messaging and information. In addition, 22,450 people were referred for SRH and/or HIV services, including HIV testing, family planning, initiation on antiretroviral therapy, as well as GBV services. Despite COVID-19 restrictions, 11 community dialogue platforms were established in 2020 and 50 were strengthened while integrating COVID-19 specific messaging.



A young schoolgirl change agent in Eswatini with IOM staff. © IOM 2020/James DOWLING

### IN BRAZIL, MOBILE TEAMS FOR LOCAL HEALTH SYSTEM SUPPORT

In 2020, IOM used its mobile health teams to respond to the urgent health needs of Venezuelan migrants, including refugees, and the vulnerable host communities and indigenous people living in the northern regions of Brazil by providing prevention, diagnosis and treatment services. This intervention increased health access for these populations through primary health-care consultations, referrals, disease prevention activities, and vaccination campaigns. In addition, technical support is provided to the local health system through trainings, capacity-building efforts and the deployment of health professionals. Over 15,550 primary health-care consultations, 330 referrals to higher levels of care and supported routine vaccination for more than 10,950 were provided in 2020.



Mobile health team in Pacaraima, Brazil. © IOM 2020/Bruno MANCCINELLE



## UKRAINE: PSYCHOSOCIAL SUPPORT FOR CONFLICT-AFFECTED COMMUNITIES

Even before the newest escalation of conflict in the country, IOM has been actively helping those in need of mental health and psychosocial support (MHPSS) in Ukraine by running a **toll-free emotional support hotline** staffed by four operators, seven psychologists and one psychiatrist. More than 3,400 consultations have been provided in the hotline's first year of operation, and most are women from Donetsk and Luhansk regions. Only 30 per cent of the callers in the first year were male. To encourage more men to seek help, IOM launched in 2021 a new campaign aimed at men and boys, "Start Talking and You Will Feel Better". Within only a few days, the number of men contacting the hotline grew by 60 per cent.



In just a few months, IOM's hotline received thousands of calls, primarily from the Donetsk and Luhansk regions. © IOM 2020

## IN AFGHANISTAN, HEALTH SYSTEM FINANCING AND PRIMARY HEALTH-CARE SERVICES

in 2021, IOM rapidly scaled up provision of life-saving health services for mobile, displaced, hard-to-reach populations and host communities in Afghanistan. By the end of the year, IOM expanded operations through the establishment of 30 mobile health teams (MHTs) and rapid response teams (RRTs) for COVID-19 in 12 of Afghanistan's 34 provinces, supporting over 190 villages. IOM implemented TB programming in four provinces, COVID-19 vaccination in 12 provinces, and supported health system financing for four COVID-19 hospitals. In 2021, IOM reached 238,280 persons with life-saving primary health services. Tuberculosis (TB) health teams screened 643,592 persons, and detected and referred 229 TB cases for follow-up, monitoring, and treatment. IOM screened more than 1.8 million people for COVID-19 and close to 2 million people benefited from messaging on COVID-19 prevention measures and sensitization on other key diseases. A total of 33,985 vaccine doses for COVID-19 were administered and 1,496 COVID-19 severe cases were treated at IOM-supported hospitals.



A member of the IOM rapid response teams provides primary care to communities in Herat, Afghanistan. © IOM 2021 / Mohiuddin KHAN

## VIET NAM: SUPPORTING MIGRANT CARE THROUGH RESEARCH

In partnership with the Ministry of Health and WHO, IOM contributed to mapping the state of migrant health in the country, with four key questions underpinning the research 1) what is the current situation of migration in Viet Nam; 2) what challenges do migrants, especially undocumented ones, face in accessing health care; 3) what are stakeholders' perceived barriers to migrant health-care services and 4) which challenges have stakeholders encountered in implementing strategies, policies and programmes related to migrant health. **The document, published in 2020**, outlines the key findings and needs, as well as steps for the development of a national action plan to promote the health of migrants in Viet Nam.



Situation Analysis of Migrant Health in Viet Nam. © IOM 2020

For more information on the above activities please contact the Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)

