



## PROMOTING HEALTH FINANCING AND COVERAGE OF MIGRANTS FOR SUSTAINABLE DEVELOPMENT

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### GFMD Platform for Partnerships

29 June 2017, Berlin

## Challenge: migrant health perceived as costly

**GFMD 2010 outcome: «assess cost effective health care models for various migration scenarios»**

### **MIGRANTS' HEALTH AT RISK**

Lack of access and social protection  
out of pocket payment  
Delayed or substandard care  
Inefficient use of remittances

### **PROMOTING MIGRANT HEALTH**

Migrants' health rights  
Good public health practice  
Positive contribution to development  
Pay more taxes than benefit  
Health is essential for soc cohesion

# 2030 Agenda «leaving no one behind»

## Tracing migrant health in the SDGs



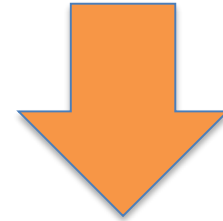
# Models of social protection in health

## Countries of origin

Remittance  
dependent

## Countries of destination

Dependent on  
legal status



### Limitations:

Lack of awareness,  
No portability  
Family coverage rare,  
Emergency care mainly  
Not recognized  
Informal sector mainly uncovered

**Bi & multi  
lateral  
*Portability !***

**Enhance social protection in health: Guaranteed access to available health services, with adequate financial protection and dignity in care**

- Mitigate out of pocket health spending
- Pooling of financial risks: employers, taxes, private partners, remittances
- Develop or strengthen bilateral and multi lateral arrangements -> portability
- Platform for partnerships among agencies, countries and sectors
- Mainstream the topic in key health and migration debates: GCM and other milestones towards 2030



**MIGRANT HEALTH: RESETTING THE AGENDA**

Report of the 2nd Global Consultation  
Colombo, Sri Lanka, 21-23 February 2017



SEVENTIETH WORLD HEALTH ASSEMBLY  
Agenda item 13.7

**GCM !!:  
No Health  
in the 6  
thematic  
sessions**

**Promoting the health of refugees and migrants**

Draft resolution proposed by Argentina, Colombia, Ecuador, Greece, Italy, Luxembourg, Mexico, Panama, Philippines, Portugal, Switzerland and Thailand

