

# Leaving No Migrant behind: Migration and Health Perspectives

*Healthy Migrants in Healthy Communities*

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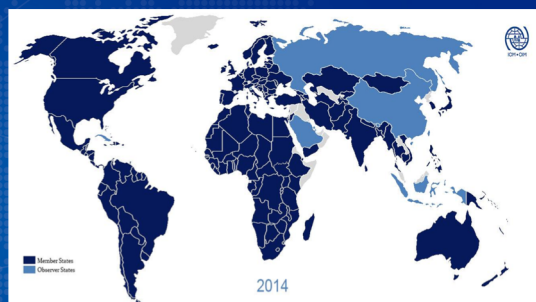


## I. Introducing IOM, and Migration Health at IOM



## The International Organization for Migration (IOM) is...

- UN related organization
- 172 Member States
- Headquarters in Geneva
- 393 offices in more than 150 countries
- Over 10,000 employees
- Committed to the principle **that humane and orderly migration benefits migrants and societies**



From 67 Member States in 1998 to 172 in 2018



## IOM Migration Health Division (MHD, 2017)

### IN TOTAL

**137.56 million**  
USD EXPENDITURE

**1,233**  
MHD STAFF

**204**  
PROJECTS ACTIVE IN 2017

**408,500** doses of vaccine to more than 100,000 migrants during health assessments



**2.4 million** primary health care (PHC) consultations provided in fragile contexts

**263,407** beneficiaries reached with mental health and psychosocial support (MHPSS) services in crisis situations



**350,756** pre-departure migration health assessments provided for both refugees (30%) and immigrants (70%) in 2017



## II. WHY do we need to focus on Migration health?




IOM UN MIGRATION

## WMA Constituent Member Survey on Migration Health engagement

- **Objective:** a joint IOM-WMA survey disseminated to WMA Constituent members to provide an overview of WMA Constituent Member involvement / interest in Migration Health.
- **How:** Survey sent by email by Communications WMA
- **Timeframe:** 28 August-12 September 2018 (2 weeks)
- **Participation:** Total of 22 responding Constituent Member Medical Associations (MAs), of membership total 114 (19%)



# 1. Do



WORLD  
MEDICAL  
ASSOCIATION

## WMA RESOLUTION ON REFUGEES AND MIGRANTS

*Adopted as a Council Resolution by the 203<sup>rd</sup> WMA Council Session, Buenos Aires, April 2016 and adopted by the 67<sup>th</sup> World Medical Assembly, Taipei, Taiwan, October 2016*

### PREAMBLE

Currently, a very large number of people are seeking refuge and/or asylum; some are fleeing war zones or other conflicts, others are fleeing from desperate poverty, violence, and other injustices and abuses with potentially very harmful effects to mental and physical health.

The global community has been ill prepared for handling the refugee crisis, including addressing the health needs of those seeking refuge.

The WMA recognizes that mass migration will continue unless people are content to stay in their birth countries because they see opportunities to live their lives in relative peace and security and to offer themselves and their families the ability to live lives with opportunities for fulfilment of various sorts, including economic improvement. The global community has a responsibility to seek to improve the lot of all populations, including those in countries currently with the poorest economies and other key factors. Sustainable development will give all populations improved security, and economic options.

The WMA recognizes that warfare and other armed conflict, including continuous civil strife, unrest and violence, will inevitably lead to people movement. The worse the conflict the higher the percentage of people who will want to leave the conflict zone. There is a responsibility for the global community, especially its political leaders, to seek to support peace making and conflict resolution.

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## 2. Is your Association active in supporting migrant and refugee doctors working in your country?

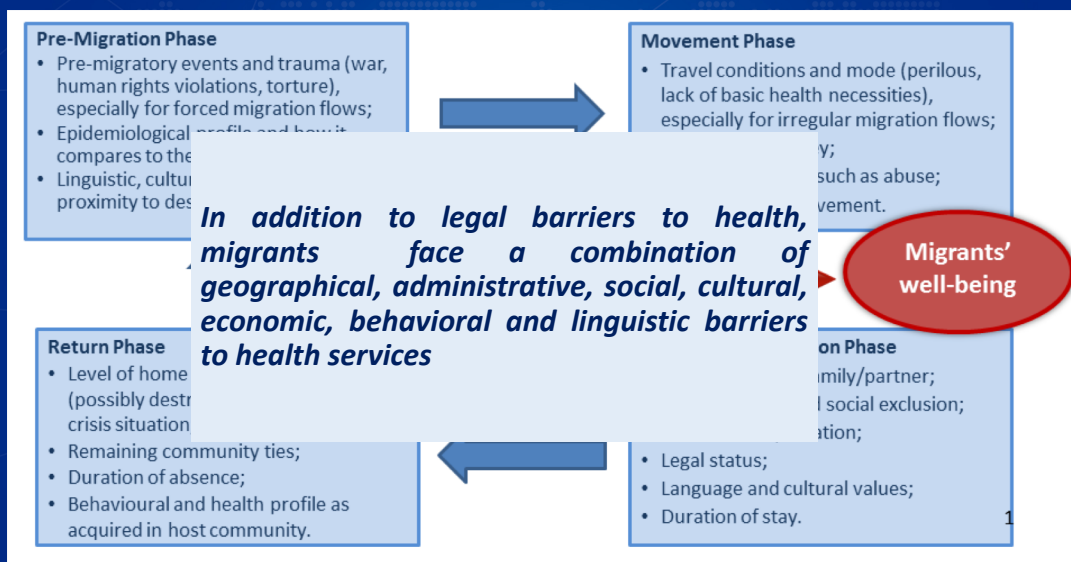
- 11 MAs are active in supporting migrant and refugee doctors working in their country.
- 10 MAs are not active in supporting migrant and refugee doctors working in their country.

## 3. Would your Association like to further engage with migration health issues?

- 16 MAs would like to further engage with migration health issues.
- 5 MAs would not like to further engage on these issues.
- There is a clear interest from many MA to further engage with migration health issues.



## Migration as a determinant of health



## Key Health Challenges for Migrants

- Access to health care
- Poor living and working conditions
- Health service delivery, especially in emergencies
- Health monitoring
- Health care financing
- Migration of health workers and attacks on health care workers



## Unique health challenges:

- Forced displacement and irregular migration
- Omnipresent exploitation, abuse, discrimination –slavery
- Widely used detention practices



IOM UN MIGRATION

## The Myths, the stigma...

### Reality:

- Most migrants are healthy and usually underutilize services
- Migrant populations are very diverse – the health profile of a migrant depends on the characteristics of the migration process at all stages
- Conditions surrounding the migration process can make migrants vulnerable

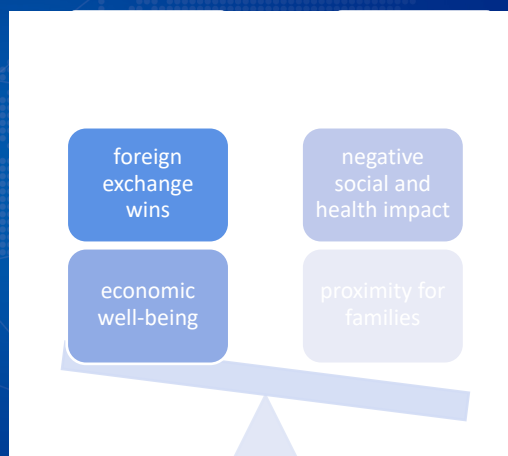
### Myths:

- “Migrants are carriers of disease”
- “Migrants are a burden on health systems”
- “Generous social rights are a pull factor”

IOM UN MIGRATION

## Migration as a driver for development

- Migrants work : 70%
- Migrants contribute to economies and development
- Migrants contribute more in taxes and social contributions than they receive in benefits
- **Migrants sent approx. 581 billion USD home/2015.** (WB-KNOMAD)



## Human mobility intersects with sustainable development

- The level of development of an area or community can be a **driver of mobility**
- Migration can be an **opportunity for development**
- **Migrants can be contributors to development** in their countries of origin *and* destination
- Mobile populations are also **vulnerable** populations, whose specific needs must be considered for governments to '**leave no one behind**' in development.





## A 'migrant-inclusive' road to Universal Health Coverage (UHC)

- “UHC can be universal only if it applies equally to **all people**. Equity is central.”
- The SDGs rest on the principle that **no one is left behind**
- **UHC is not achievable without including migrants**
- **10.7 + 3.8 = Migrant-inclusive UHC by 2030.**



### III. WHERE can we find policy and political opportunities?



IOM medical staff and British medics treat a young Rohingya refugee with suspected diphtheria at an IOM clinic in Cox's Bazar in January 2018.  
© IOM 2018/Fiona MACGREGOR

# Migration and Development – Global Health: the Interlinkages

- Migration and migrants should be part of the **global development and health debate**
- Health of migrants should be part of the **global migration and development debate**
- **Whole of government / Whole of society - approach**



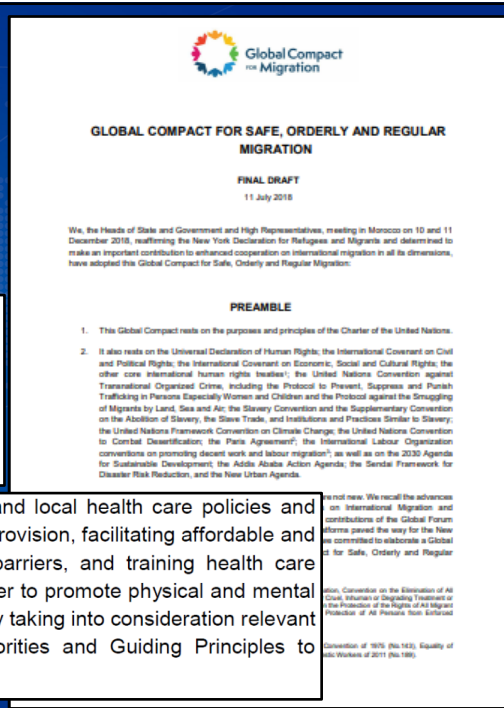
## Global Migration Policy developments...



**OBJECTIVE 15:** Provide access to basic services for migrants

We commit to ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services. We further commit to strengthen migrant inclusive service delivery systems, notwithstanding that nationals and regular migrants may be entitled to more comprehensive service provision, while ensuring that any differential treatment must be based on law, proportionate, pursue a legitimate aim, in accordance with international human rights law.

- e) Incorporate the health needs of migrants in national and local health care policies and plans, such as by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote physical and mental health of migrants and communities overall, including by taking into consideration relevant recommendations from the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants









# Opportunities to integrate migration health in global health strategies...

- Global Action Plan to promote health of refugees and migrants (2019)...
- End TB Strategy
- WHO Global NCD Action Plan
- UHC
- International Health Regulations



**QUICK FACTS**

- There are an estimated one billion migrants in the world today, which include 232 million international migrants and 760 million internal migrants.
- Tuberculosis (TB) imposes great human suffering and loss: 8.6 million people fall ill with TB worldwide in 2012, with 1.3 million deaths.
- TB particularly affects poor and vulnerable populations; migrants are a key affected population.
- Migration as a social determinant of health increases TB-related morbidity and mortality for migrants and their communities along all migration pathways.
- In low and middle TB-burden countries, TB among foreign-born populations is often high, due to existing infection or reactivation of latent TB.
- Migrant and mobile populations from and within high TB-burden countries face a range of risk factors.

**WHY ARE MIGRANTS VULNERABLE TO TB?**

- Among migrant workers with a legal status, their access to TB diagnosis and care is subject to contracts, work permits, and ability to access health care services or insurance from the State or the employer.
- Undocumented migrants face challenges such as fear of deportation that limit their access to diagnostic and treatment services. Deportation while on treatment or poor adherence may lead to drug-resistant disease, poor outcomes and further spread of infection.
- Migrants in detention centres or regularised persons often live in unhealthy conditions for extended periods of time, contributing to vulnerability to TB.
- Forced displacement of persons after conflict or a natural disaster is often associated with increased TB risk due to overcrowding, overcrowding in camps or other temporary shelters, treatment interruption from interruption of health services and risk of drug resistance.

**MIGRATION PROCESS AND TB**

There are risk factors for TB exposure, infection, transmission and poor outcomes throughout the migration process.

**Individual factors**

- Overcrowded living and poor working conditions
- Low socio-economic status
- Increased vulnerability to HIV infection
- Unlawful/irregular status
- Substance abuse

**Social Barriers**

- Language, cultural beliefs, legal rights
- Immigration status
- Anti-migrant sentiments
- Lack of awareness of entitlement to health services
- Low health-related spending capacity
- Migrant-unfriendly health services

**Economic barriers of migrants**

- At household level: costs of care and income loss for migrants and their families.
- At government level: costs to health systems.
- At societal level: loss of productivity and revenue.

**International migrants and the four migration pathways**

© World Health Organization, International Organization for Migration, May 2014.

## Monitoring UHC in the SDG era to ensure migrants are not left behind:

### Developing a UHC Priority Benefits Package

What services should be made available and under what conditions, and how can these be inclusive of migrants?

**2018 3rd ANNUAL UHC FINANCING FORUM**

**Equity on the Path to UHC: Deliberate Decisions for Fair Financing**

When countries commit to pursue equity on the path towards universal health coverage (UHC), they must consider fairness in all financing policy decisions. This requires establishing fair processes, avoiding unacceptable choices, and tracking progress. Keeping the focus on equity produces outcomes that matter: better health, less poverty, greater productivity, and more growth.

Fair Processes	Unacceptable Policy Choices	Tracking Progress
Countries should encourage public involvement and ensure accountability in policy development and implementation. Fair processes require meaningful public involvement in decision-making.	As countries pursue strategies to raise revenue for UHC, pool funds, and purchase services, some policy choices are unacceptable. On the path toward financing of UHC, policymakers must grapple with difficult trade-offs between improving equity and other objectives such as improving efficiency.	Countries should monitor, analyze and report impacts on equity. Policy decisions should incorporate the likely impact on equity. This requires that: ▶ Information systems capture

## Building robust and resilient migrant-sensitive health systems to reach UHC and SDGs



**10 REDUCED INEQUALITIES**

**TARGET 10.7**  
 Orderly and safe migration through well-managed migration policies

### Impact on SDGs

- SDG 1: No poverty  
SDG 4: Quality education  
SDG 5: Gender equality  
SDG 16: Inclusive societies
- SDG 3: Equitable health outcomes and well-being; global public health security and resilient societies
- SDG 8: Inclusive economic growth and decent jobs

### SDG Target 3.8

**Universal health coverage**  
 All people and communities receive the quality health services they need, without financial hardship

### Actions

**Health systems strengthening**

Determinants of health

Source: adapted from Kieny et al., 2017 WHO Bulletin (73).



## Health Workers Mobility



IOM MIGRATION HEALTH DIVISION  
 Information Sheet  
**MIGRATION OF HEALTH WORKERS**

High-Level Commission on  
 Health Employment  
 and Economic Growth

**WORKING FOR  
 HEALTH AND GROWTH**

*Investing in the health workforce*



## IV. HOW can we collectively advance the migration health agenda?

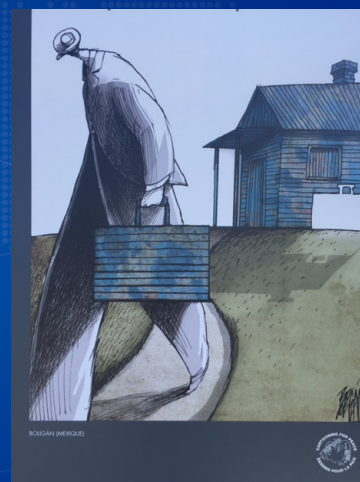


## The way forward

Migration is...

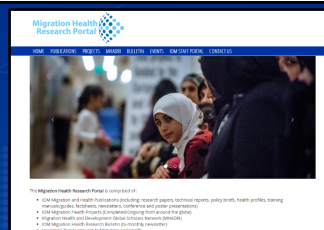
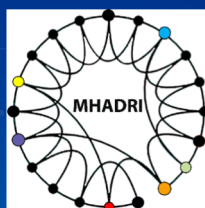
1. **Inevitable** – demographics & disasters
2. **Necessary** – development
3. **Desirable** – if well-governed

**“Migration is not a problem to be solved,  
but a reality to be managed”**  
*WL Swing (IOM DG, 2008-18)*





# Good practices...



World Health Organization

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Between August 2017 and January 2018, 199 submissions were received, covering 85 countries, from 52 Member States and partners such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the International Labour Organization (ILO).

### Refugee and migrant health

#### Reports on situation analysis and practices in addressing the health needs of refugees and migrants

To achieve the vision of the 2030 Agenda and the Sustainable Development Goals, to leave no one behind, it is imperative that the health needs of refugees and migrants be adequately addressed. In its 140th session in January 2017, the Executive Board requested that its Secretariat develop a framework of priorities and guiding principles to promote the health of refugees and migrants. In May 2017, the World Health Assembly endorsed resolution 70.15 on Promoting the health of refugees and migrants. This resolution urges Member States to strengthen international cooperation regarding the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants. It urged Member States to consider providing the necessary health-related assistance through bilateral and international cooperation to these countries, hosting and receiving large numbers of refugees and migrants.

## A Multidisciplinary Approach – Health sector collaboration with other sectors



Changing perceptions, with and for migrants

## refugees, expats, econ migrants, diaspora

The image shows three posters for a migration campaign, each featuring a different migrant and their story.

- Poster 1 (French):**
  - Title: je suis migrant
  - Quote: "Dès le début, les Mauritanais m'ont traité comme l'un des leurs. Leur secret est l'hospitalité. L'hospitalité est fondamentale ici".
  - Name: Seydu Kulibai
  - Origin: Mauritanie
  - Host Country: Mali
- Poster 2 (German):**
  - Title: ich bin migrant
  - Quote: "Jeder Mensch besitzt dieselben Rechte. Warum gibt es so viel Diskriminierung?"
  - Name: Farasat
  - Origin: United Kingdom
  - Host Country: Pakistan
- Poster 3 (English):**
  - Title: i am a migrant
  - Quote: "I feel lucky to have a job. Maybe this way I can pay back what I received from all the kind people in Korea who have helped me."
  - Name: Quynh Hoa
  - Origin: Republic of Korea
  - Host Country: Vietnam

Each poster also includes logos for IOM and UN Migration, and a call to action: "DEFIER / CHALLENGE / ANFORDERUNG ZUM KAMPAGNE" and "REJOINDEZ LA CAMPAGNE / NEMEN DE BISTEITELLEN ZU HINTERFRAGEN DAS POSITIVE AN MIGRATION / JOIN THE CAMPAIGN".

Shared responsibility and collective actions are critical



"...I AM WHAT I AM BECAUSE OF WHO WE ALL ARE..."