Leaving No Migrant behind: Migration 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’s Timeline

1951 Founded as the Provisional Intergovermental Committee for the Movement of Migrants from Europe (PICMME) following WWII

1952 PICMME becomes the Intergovernmental Committee for European Migration (ICEM)

1980 ICEM becomes the Intergovernmental Committee for Migration (ICM) during the Indochinese refugee crisis

1989 ICM becomes the International Organization for Migration

2016 IOM becomes a UN Related Organization
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 provided 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?
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
Migration as a determinant of health

In addition to legal barriers to health, migrants face a combination of geographical, administrative, social, cultural, economic, behavioral and linguistic barriers to health services.
Unique health challenges:

• Forced displacement and irregular migration
• Omni present exploitation, abuse, discrimination – slavery
• Widely used detention practices
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"
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 a **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?
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...

The Global Compact for Safe, Orderly, and Regular Migration (GCM)

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.
...next steps

• Through enhanced bilateral, regional and multilateral cooperation and a revitalized global partnership

• Capacity-building mechanism in the United Nations; UN network on migration

• UN Framing Conference (Oct 2018; SRSG with IOM support)

• Intergovernmental Conference (December 2018)

• “....the outcome document to be adopted by the intergovernmental conference in 2018 may include the following main components: actionable commitments, means of implementation, and a framework for the follow up and review of implementation”
Global Migration Policy developments...

2.3 Health

72. In line with national health care laws, policies and plans, and in support of host countries, States and relevant stakeholders will contribute resources and expertise to expand and enhance the quality of national health systems to facilitate access by refugees and host communities, including women and girls; children, adolescents and youth; older persons; those with chronic illnesses, including tuberculosis and HIV; survivors of trafficking in persons, torture, trauma or violence, including sexual and gender-based violence; and persons with disabilities.

73. Depending on the context, this could include resources and expertise to build and equip health facilities or strengthen services, including through capacity development and training opportunities for refugees and members of host communities who are or could be engaged as health care workers in line with national laws and policies (including with respect to mental health and psychosocial care). Disease prevention, immunization services, and health promotion activities, including participation in physical activity and sport, are encouraged; as are pledges to facilitate affordable and equitable access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities.
Global health policy developments on migration...

Colombo Statement

High-level meeting of the Global Consultation on Migrant Health, Colombo, 23rd February 2017

“We, the Ministers and Government Representatives,...... agree to continue of WHA 61.17 and other relevant WHA resolutions and initiatives... To lead the migration health agenda within key national, regional and international by the 2030 Agenda for Sustainable Development.”

Endorsed by over 20 Governments

2nd Global Consultation on Migrant Health 2017: Resetting the Agenda
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
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?

SDG target 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.

SDG indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access; among the general and the most disadvantaged population).

SDG indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.
Equity in UHC financing for migration health

- **Giving priority to the worse-off** (the sickest and the poorest)
- **Reducing and ultimately eliminating inequalities** in health investments across countries and within countries
- Protecting people from financial ruin linked to OOPs by **phasing out OOPs** as a means for health financing
- **Increasing prepaid and pooled financing**
- **Increasing guaranteed packages** so that coverage of services, and their quality, improve for everyone over time.
- **Full coverage with low-cost, high-benefit services.**
Building robust and resilient migrant-sensitive health systems to reach UHC and SDGs

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
- Health systems strengthening

Determinants of health

Source: adapted from Kieny et al., 2017 WHO Bulletin (13).
IV. HOW can we collectively advance the migration health agenda?
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). Reports on situation analysis and practices in addressing the health needs of refugees and migrants
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)
A Multidisciplinary Approach

Policy, Research & Forum Activities

Facilitating Migration

Resettlement, Movement, Emergency & Post- Crisis

Migration & Development

Regulating Migration

Migration Health
Implementing the GCM...

1. Incorporate the health needs of migrants in national and local health care policies and plans.

2. Disaggregated health data in national context for country-specific migration profiles.

3. Highest attainable state of physical and mental health for all migrant workers, including portability of benefits.

4. Healthcare, psychological and counseling services as part of gender-responsive migration policies, including to address gender-based violence.

5. Protecting rights and best interests, including healthcare for all migrant children, including separated and unaccompanied children.

6. Promote benefits of and address challenges of migration of health workers.
Changing perceptions, with and for migrants

refugees, expats, econ migrants, diaspora
Shared responsibility and collective actions are critical

“...I AM WHAT I AM BECAUSE OF WHO WE ALL ARE...”