



Healthy Migrants in Healthy Communities!





GFMD Thematic Meeting 3 - Geneva, November 20, 2013

Migrants' Health for Inclusive Socio-Economic Development

Dr. Davide Mosca, Director, IOM Migration Health Division

*" The **wealth of poor people** lies in their capabilities and their **assets**. Of these, **health is the most important**.
Health allows poor people to work.*

*A sick, weak and disabled body is a **liability** both to the person affected and to those who must support them.*

Thus, if health is an asset and ill health a liability, protecting and promoting health care is central to the entire process of poverty reduction and human development "

Zambia's, Poverty Reduction Strategy Paper, 2002



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«Health and development are inextricably linked!»

- *Health is central to sustainable development* : health is a beneficiary of development, a contributor to development, and a key indicator of what people-centered right-based, inclusive, and equitable development seeks to achieve
- Health is important as an end in itself, and as an integral part of 'human well-being' (which includes interrelated and interdependent material, psychological, social, cultural, educational, work, environmental, political, and security dimensions).
- The achievement of health goals *requires policy coherence and shared solutions across multiple sectors*: that is a "whole-of-government" or "health-in-all-policies" approaches

(Health in the post-2015 Agenda : Report of the Global Thematic Consultation on Health, April 2013)



High-level Dialogue on Migration and Development 2013

8. Acknowledge the important contribution of migration in realizing the MDGs, and recognize that *human mobility is a key factor for sustainable development* which should be adequately considered in the elaboration of the post-2015 development agenda;

10. Reaffirm *the need to promote and protect effectively the human rights and fundamental freedoms of all migrants, regardless of their migration a status* (...) recognizing the *roles and responsibilities of countries of origin, transit and destination* in promoting and protecting the human rights of all migrants, and avoiding approaches that might aggravate their vulnerability;

(Declaration of the High-level Dialogue on International Migration and Development, 68th Session UNGA , Oct. 2013)

Challenges in promoting migrants' health rights

National level: **health of migrants not often safeguarded:**

- Migrants still seen as burden on health system and carriers of disease
- 'Generous' social rights seen as a potential pull factor
- Migrants too often remain **invisible, marginalized and excluded** (empowerment?)
- Lack of policy coherence, and multi-sectoral collaboration

International level: **health of migrants absent in global debates:**

- Often absent in global health debates (SDH, NCD, Disease Control programmes, etc.)
- Often absent in debates on migration & development (HLD M&D, GFMD, GMG, etc.)



Challenges II: Discrimination, exclusion, unethical treatment of migrant workers

- **Limitations to travel, work and reside abroad** based on medical ground (HIV, TB)
 - Pre-departure **forced contraception**;
 - **Unethical medical screenings** for prospective migrant workers
 - **Deportation** of migrants with treatable conditions and **pregnant**
 - **Refusal of visa to dependents** for temporary labour migrants
 - **Impact on families left behind**
- Evidence-based good practices exist.
- Dialogue can help in advancing an equity agenda for the benefit of all



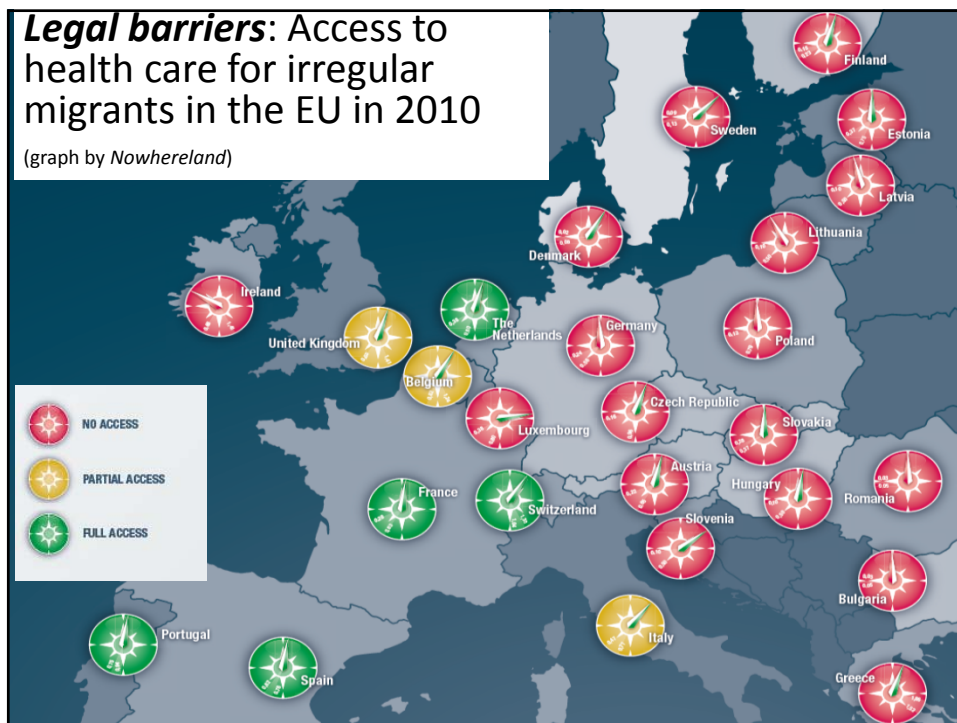
in sum, what the health and migration problem is?

- Conditions surrounding the migration process can make migrants vulnerable
- Inequalities in accessing health services
- Negative outcomes for migrants and communities (i.e. health costs of migration)
- Limited monitoring systems, limited knowledge, limited inter-sector and inter-country debate and partnership



Legal barriers: Access to health care for irregular migrants in the EU in 2010

(graph by NowhereLand)



Access to health services for undocumented immigrants in the EU

(April 2012, adapted from El Pais)

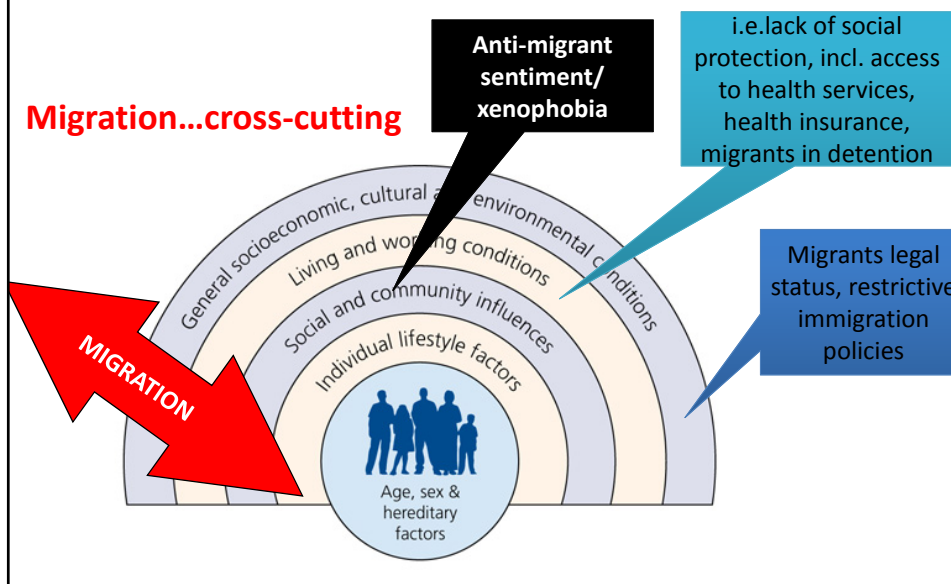
	ACCESS TO HEALTH SERVICES					ACCESS TO TREATMENT	
	Primary care	Specialist care	Hospitalization	Emergencies	Child delivery	Medicine with prescriptions	Other illnesses
Germany	No access	No access	No access	Free access	No access	No access	No access
Belgium	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Spain before Sept 2012	Free access	Free access	Free access	Free access	Free access	Access based on full payment	Free access
Spain after Sept 2012	Access based on full payment	Access based on full payment	Access based on full payment	Free access	Free access	Access based on full payment	Free access
France	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Greece	No access	No access	No access	Free access	No access	No access	No access
Italy	Free access	Access based on co-payment	Access based on co-payment	Free access	Access based on co-payment	Free access	Free access
Netherlands	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Poland	Access based on full payment	Access based on full payment	Access based on full payment	Free access	Access based on full payment	Access based on full payment	Free access
Portugal	Free access	Free access	Free access	Free access	Access based on co-payment	Free access	Free access
UK	Free access	Free access	Free access	Free access	Free access	Free access	Free access
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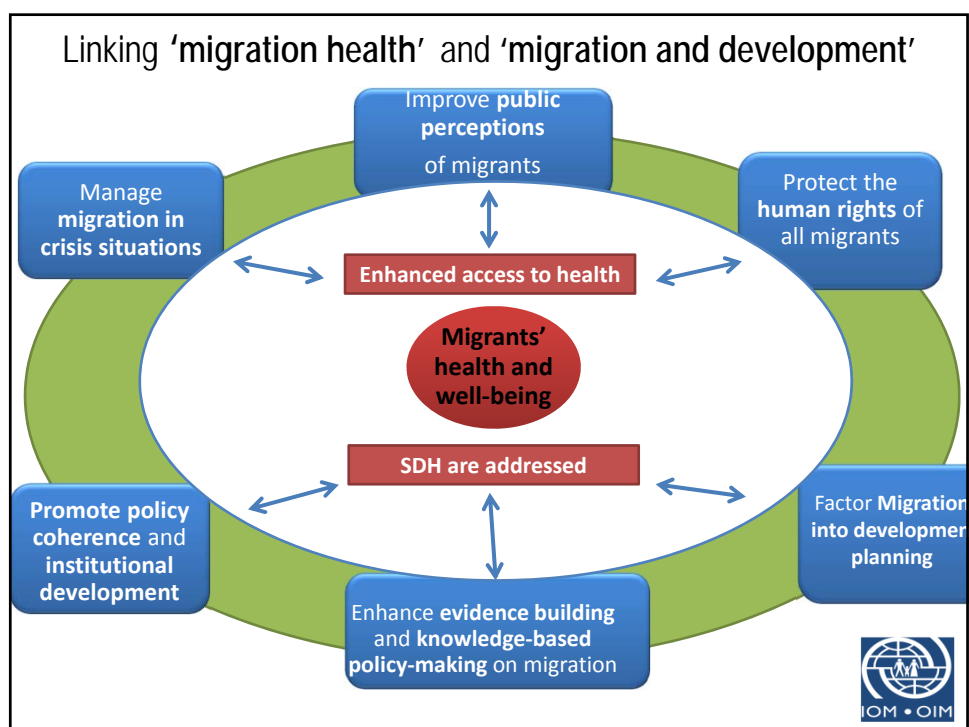
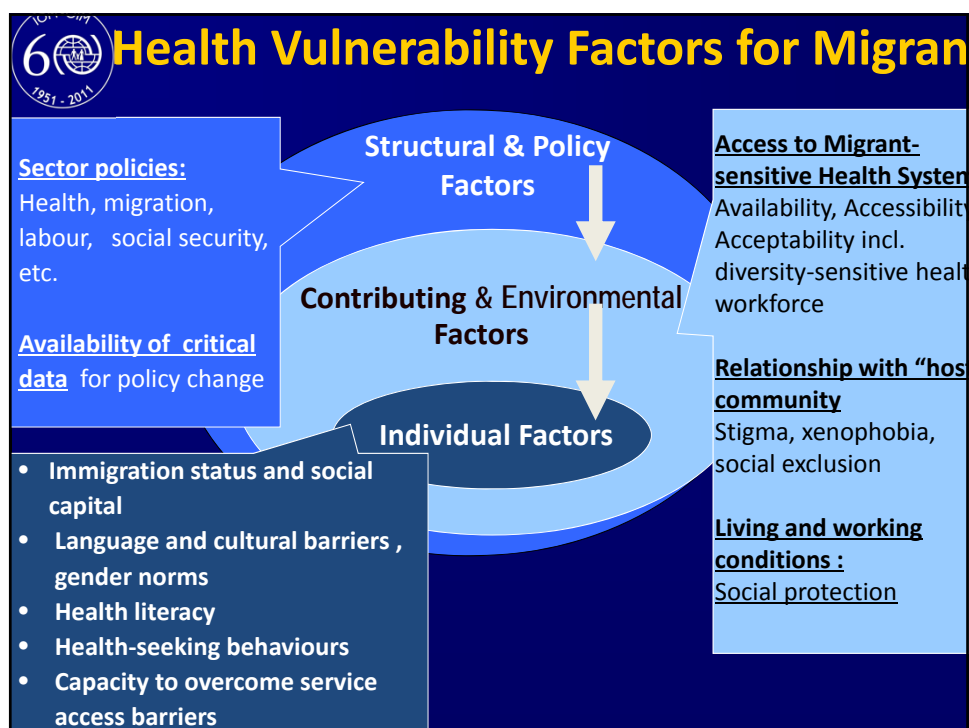
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Migrants' Health | Trends & Challenges | IOM's work on health | Opportunities | Partnership

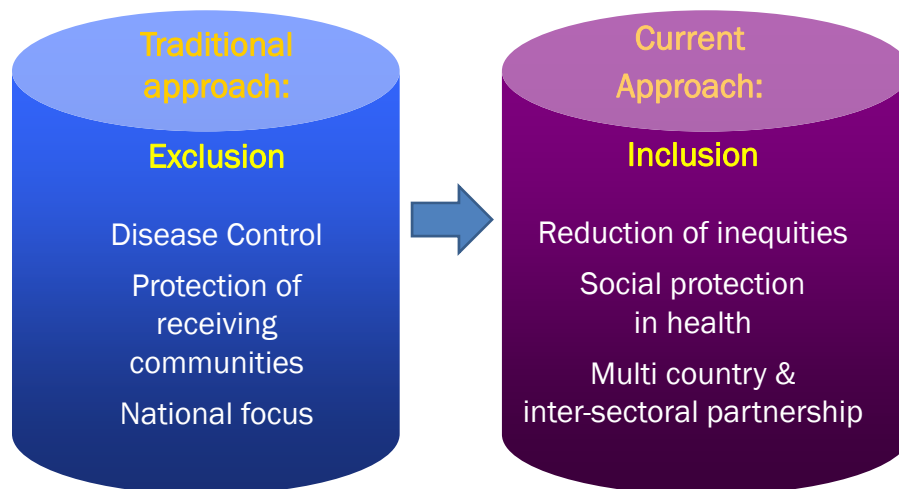
IOM • OIM

Migration, a social determinant of health for migrants





Health Sector approach: a paradigm shift in Migration & Health

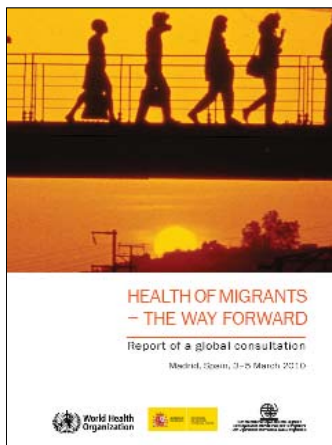


Bridging rights, equity, public health, and development





World Health Assembly Resolution on Health of Migrants (WHA 61.17)(2008)



Calls upon Member States:

- “to promote **equitable access to health promotion and care** for migrants”
- “to promote **bilateral and multilateral cooperation on migrants’ health** among countries involved in the whole migration process”

WHO-IOM Global Consultation on Health of Migrants (2010)

Operational Framework on Migrants’ Health:

Monitoring Migrant Health

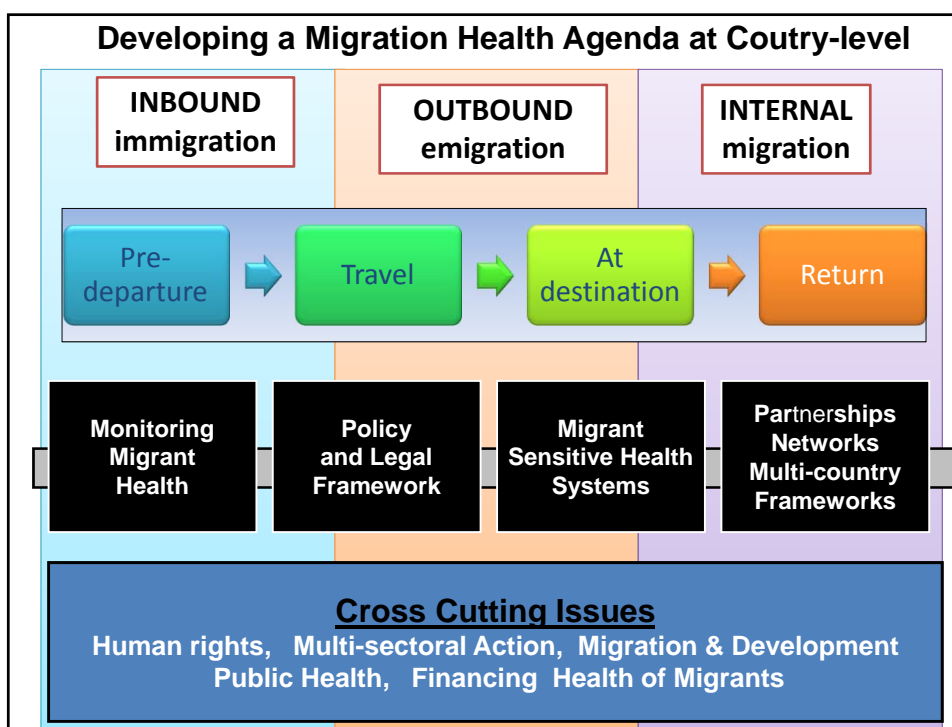
Policy and Legal Frameworks

Migrant-Sensitive Health Systems

Partnerships, Networks and Multi country Frameworks

Challenges remain in all areas of the Madrid operational framework

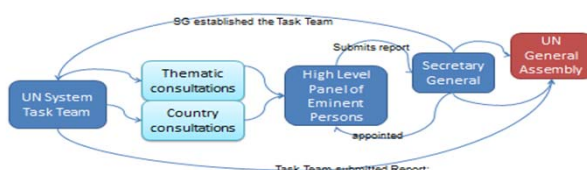
<p>Monitoring Migrant Health</p> <p><i>Serious data gaps hinder comparability and evidence-based policymaking</i></p>	<p>Policy and legal frameworks</p> <p><i>Lack of migrant friendly health policies, lack of policy coherence</i></p>
<p>Migrant sensitive health systems</p> <p><i>Many health systems are not available to, accessible to, accepted by migrants</i></p>	<p>Partnerships, networks and multi country frameworks</p> <p><i>Lack of multi-sectoral and multi-country collaboration on health of migrants</i></p>



Towards a post-2015 development framework

What to achieve?

- **Migration to be included** in the post-2015 development framework
- **Health of Migrants** to be addressed in the framework:
 - **indicators to monitor** migrants' access to health care and health outcomes
 - **Social determinants of migrants' health** addressed



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« Universal challenges, universal goals »

- The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability
- The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized
- Equity can be made explicit in all the goals by disaggregating indicators and targets, at all levels; the post-2015 health agenda should include specific health-related targets as part of other development sector goals
- Examples of effective intersectoral action should be shared and widely disseminated so that others can learn from these experiences

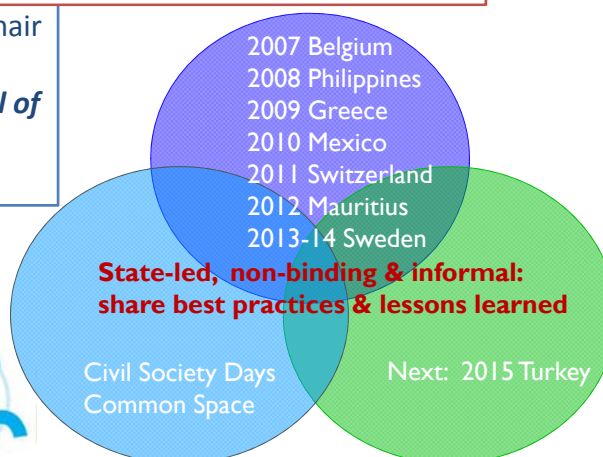
(Health in the post-2015 Agenda: Report of the Global Thematic Consultation on Health, April 2013)

Global Forum on Migration and Development

GFMD 2010 in Puerto Vallarta, Mexico recommended the
“assessment of cost effective health care models for various types of migration scenarios”

Theme of the Swedish Chair
 (2013-2014):

«**Unlocking the potential of migration for inclusive development**»



The Way Forward

- ✓ Implement the **WHA Resolution 61.17** and its action framework (Madrid 2010)
- ✓ Maintain the **health of migrants** in global migration and development debates
- ✓ Address **discriminatory practices**
- ✓ Produce **evidence** and share **good practices**
- ✓ Include **migrant-health indicators** in the **post-2015** development framework
- ✓ Forge a large **partnership** cross- sector and cross-countries





MIGRATION & HEALTH POSTION PAPER SERIES

Water treatment facility at one of the camps for internally displaced persons in Mogadishu, Somalia. © IOM 2012

Health Promotion & Assistance for Migrants
Migration, Social Determinants of Health & Development



International Organization for Migration (IOM)



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© IOM 2012 (Photo by David Donatelli)

Health Promotion & Assistance for Migrants
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Healthy Migrants in Healthy Communities!



HEALTH IN THE POST-2015 DEVELOPMENT AGENDA:
The importance of migrants' health for sustainable and equitable development

Addressing the Health of Migrants, within the scope of the UN GA High-Level Dialogue (HLD) on Migration and Development, 2013





International Organization for Migration (IOM)

MIGRATION AND HEALTH

2nd part

Good practices

24

I) Monitoring health of migrants

1.1. Migrant health information systems

1.2. Standardization & comparability of migrant health data

1.3. Migrant health research



European Centers for Disease Control
[ECDC]

Improving HIV data comparability in migrant populations and ethnic minorities in the EU/EEA Countries (2009-2011)

- Identified & conducted expert review of commonly used indicators in published literature – 'country of birth/nationality/origin'; 'ethnicity'; 'length of stay in current residence'.
- Recommended strategies include –
 - Use of **triangulation** [using multiple migration & mobility indicators in conjunction]
 - Providing **specific definitions of migration and migrants** in national surveillance systems, relevant to the context



Philippines

- The National Statistics Office (NSO) has incorporated migration-related information in its periodic national census.
- Republic **Act 8042** (*Migrant Workers and Overseas Filipinos Act 1995* amended in 2010, calls for:
 - (a) implementation of a *shared government information system on migration (SGISM)* chaired by the Dept of Foreign Affairs, and
 - (a) a ***“one country team approach”*** in managing migration.



HARVARD
MEDICAL SCHOOL

Producing research and evidence for conducive policy change

- A study by researchers at **Harvard Medical School** (2013) shows that immigrants help cover the growing costs of Medicare and Social Security: Immigrants generated *surpluses* totaling \$115 billion from 2002 to 2009. American-born population incurred a *deficit* of \$ 28 billion over the same period

« There's strong belief that immigrants are takers; this shows **they are contributing hugely**. Without immigrants, the Medicare trust fund would be in trouble sooner»

Dr. Leighton Ku
Center for Health Policy Research at
George Washington University



Immigrants stood to sing the national anthem at a citizenship ceremony



28

II) Policy and legal frameworks

Development and review of :

II.1. Global, Regional and National [policy & legal] frameworks on migration health (cross-sector)

II.2. Capacity building, guidance and standards for countries

II.3. Social protection in health for migrants



Argentina

Ministerio de
Salud



Migration law (2004):

- establishes that migration is a human right
- extends **constitutional and human rights protections to all immigrants within the country, regardless of their legal status**, and guarantees immigrants the right to equal treatment, non-discrimination, and access to educational, **medical**, and social services.



Italy



Legislative Decree, 1998,

'Healthcare assistance for the foreigners registered to the National Health Care Service'

- Once registered with the National Health Service, non nationals have equal treatment, rights and duties as nationals
- Irregular migrants that are not registered are entitled to clearly defined 'preventive', 'urgent' and 'necessary' services.

Alicia necesita que Mirta cuide a su padre.

Mirta necesita que Carmen recoja a su hijo en el colegio.

Amadou, el novio de Carmen, necesita trabajo.

Y, mira por dónde, Alicia necesita un cocinero.

Con la integración de los inmigrantes todos ganamos

Ganamos en crecimiento económico, en calidad de vida, en diversidad cultural.





Todos diferentes. Todos necesarios.

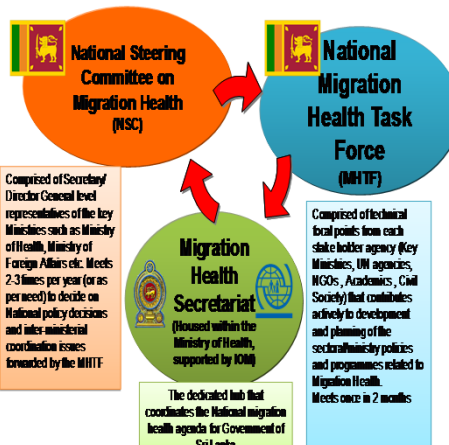


www.mtas.es

Sri Lanka : a Multi- Sectoral Migration Health Agenda & Policy

Inter-Ministerial & Inter-Agency Coordination Framework for Migration Health Development in Sri Lanka



National Steering Committee on Migration Health (NSC)
Comprised of Secretary/ Director General level representatives of the key Ministries such as Ministry of Health, Ministry of Foreign Affairs etc. Meets 2-3 times per year (or as per need) to decide on National policy decisions and inter-ministerial coordination issues forwarded by the NMHTF.

National Migration Health Task Force (NMHTF)
Comprised of technical focal points from each state holder agency (Key Ministries, UN agencies, NGOs, Academics, Civil Society) that contributes actively to development and planning of the sectoral/health policy and programmes related to Migration Health. Meets once in 2 months.

Migration Health Secretariat
(Housed within the Ministry of Health, supported by IOM)
The dedicated Unit that coordinates the National migration health agenda for Government of Sri Lanka.

IOM DG Swing and Sri Lankan Minister of Health, Geneva, 2011

III) Migrant-sensitive health systems

III.1. Migrant-inclusive health policy

III.2. Migrant-friendly services

III.3. Financing health of migrants





Mexico

Developed and is implementing the **Comprehensive Health Care Strategy for Migrants abroad**, with a designated focal point in the Ministry of Health responsible for its implementation.

Includes

- Health Informational Booths (*ventanillas de salud*)
- Leave Healthy, Return Healthy (*vate sano regresa sano*)
- Repatriation of gravely ill countrymen
- Health promotion on the northern border
- Insurance schemes at low costs



Philippines : Social Protection in Health

Philippine Overseas Workers Welfare Administration (OWWA) model:

- Fully-funded by a mandatory membership fee of US\$25 per contract for migrants going abroad as temporary workers includes insurance and health care benefits
- Memorandum of Instructions No. 006, Series of 2009 - establishment of **Medical Rehabilitation Program** for eligible mentally ill and physically disabled OFW members





Thailand: social protection in health



**Health Care Security
& Health Insurance Scheme**



**Community Participation
Migrant Health Workers**



**Health Care Services
Mother and Child**



**Drop – In Centers for HIV
and STD Prevention**



Health Protection Agency

[http://www.hpa.org.uk/
MigrantHealthGuide/](http://www.hpa.org.uk/MigrantHealthGuide/)

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England**

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Supporting health practitioners who care for migrants

HPA Migrant Health Guide

View videos from our free migrant health training day for GPs and practice nurses which took place on 12 November 2012

Key Recommendations

- ✓ Know your local population and their entitlements to care and educate patients about the NHS system.
- ✓ Assess new patients' likely health needs using the checklist provided and by reference to the country specific pages.
- ✓ Update immunisations according to the UK schedule.
- ✓ Be alert to the possibility of infectious diseases and other health concerns in migrants from at risk countries and test as appropriate.
- ✓ Opportunistically ask patients about any plans to visit friends and relatives in their family country of origin, and offer appropriate advice.

Country Specific Information



[Countries A-Z](#)

Assessing Migrant Patients

- » Assessing the health needs of new migrant patients
- » Assessing patients with symptoms
- » Vulnerable migrants

Migrants and the NHS

- » Explaining the NHS
- » Entitlements to NHS care
- » Language interpretation
- » Cultural competence and understanding

Health Topics

- » Infectious diseases
- » Immunisation
- » Other health concerns
- » Migrant health epidemiology

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IV) Partnership, networks and multi-country frameworks

IV.1. Inter-sectoral cooperation at country level

IV.2. Inter-country cooperation, exchanges, harmonization and continuity of care

IV.3. Regional, global cross-sector debates and dialogues



Multi-sectoral and inter-country coordination and regional partnerships

- ❖ **1st High Level Multi-Stakeholder Regional Dialogue on Health Challenges for Asian Migrant Workers – July 2010**
IOM, UNDP, WHO, JUNIMA, UNAIDS, ILO

Adoption of Joint Recommendations at national, bilateral, regional and intra-regional levels to improve health and well being of migrant workers.

- ❖ September 2010, Bangkok, Thailand: Round table on migration and health organized as part of the Asia-Pacific Regional Preparatory Meeting to the **Global Forum on Migration and Development (GFMD)**





SADC framework on population mobility and communicable diseases (CDs)

- Provides guidance on the protection of the health of cross- border mobile population
- Migrant Beneficiaries
 - Voluntary and forced
 - Legal or undocumented regardless of duration of stay



Partnership on Health and Mobility in East and Southern Africa (PHAMESA)

- aims to **improve health of labour migrants** and communities in commercial, agriculture, mining, fisheries, transport sectors
- research, strengthened health services, strengthened policies, increased coordination and collaboration of different partners within and across borders



The importance of multi-sectoral/ multi-country dialogue and partnerships





TB in the Mines

- Declaration on TB in the Mining Sector
adopted by Heads of State (2012)
 - outlines priority areas for urgent action; recognizes vulnerability of migrants and communities
 - Commits to **zero new infections, zero stigma and discrimination**, and **zero deaths** resulting from TB, HIV, silicosis and other occupational respiratory diseases
- Swaziland Statement (March 2013) –
Call to ending the TB and TB/HIV co-epidemic in SADC
- New IOM Programme: «Partnership on Health and Mobility in Southern African Mining Sector»



Partner of the
Stop TB Partnership



Water treatment facility at one of the camps for internally displaced persons in Mogadishu, Somalia. © IOM 2012

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