



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

## HEALTH IN THE POST-2015 DEVELOPMENT AGENDA:

### The importance of migrants' health for sustainable and equitable development

**BACKGROUND** There are approximately 215 million international migrants today. If current rates of international migration continue, the number could reach 405 million by 2050. Adding the around 740 million internal migrants to the picture, all in all, there are about **one billion people on the move** today. With migration being a megatrend in the 21<sup>st</sup> century, societies are more culturally and ethnically diverse than ever before and experience an unprecedented diversity in health needs and profiles. **Ensuring migrants' health means ensuring the health of a seventh of the world's population, and carries positive multiplier effects through improved public health and development outcomes.**

IOM supports the approach spearheaded by the World Health Organization (WHO) that with regard to health, the new development agenda should be based on the overarching goals of **maximizing healthy life expectancy** and achieving **universal health coverage**, i.e. access for everyone to *"the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship"* (WHO 2012). However, IOM supports a wider interpretation of universal health coverage and suggests that the concept should include public health interventions and other measures that address the **underlying determinants of health**. The conditions in which migrants travel, live, and work carry significant risks for their physical and mental well-being, determined by unequal access to social and health services, migrant status, restrictive immigration and employment policies, and dominant anti-migrant sentiments in societies. IOM therefore supports the explicit inclusion of a "sub-goal" and/or indicators that measure **universal health coverage for marginalized individuals and populations, such as migrants, regardless of legal status**. With persistent and increasing inequalities within and between countries in the developed and the developing world, the new sustainable development framework should build on the current one, but **focus more strongly on equity**, and measure **data disaggregated** by gender, socio-economic status, geographic location, **migration status** etc. Indicators should monitor progress in removing the underlying social factors determining health outcomes, including in the migration context.

When migrants' rights, including to health, are ensured and conducive and coherent cross-sector policies enable migrants to integrate in the host community and contribute to development for themselves, their families, and the wider communities in both origin and destination countries, the social and economic development potential of migration is better fulfilled.

#### POST-2015 HEALTH GOALS SHOULD INCLUDE MIGRANTS, REGARDLESS OF THEIR LEGAL STATUS:

- SPECIFIC INDICATORS SHOULD BE ADOPTED TO MONITOR MIGRANTS' ACCESS TO HEALTH CARE AND HEALTH OUTCOMES.

#### SOCIAL DETERMINANTS OF MIGRANTS' HEALTH NEED TO BE ADDRESSED USING A HEALTH IN ALL POLICIES APPROACH:

- HEALTH OF MIGRANTS NEEDS TO BE INCLUDED IN RELEVANT MIGRATION, POPULATION AND DEVELOPMENT DEBATES.



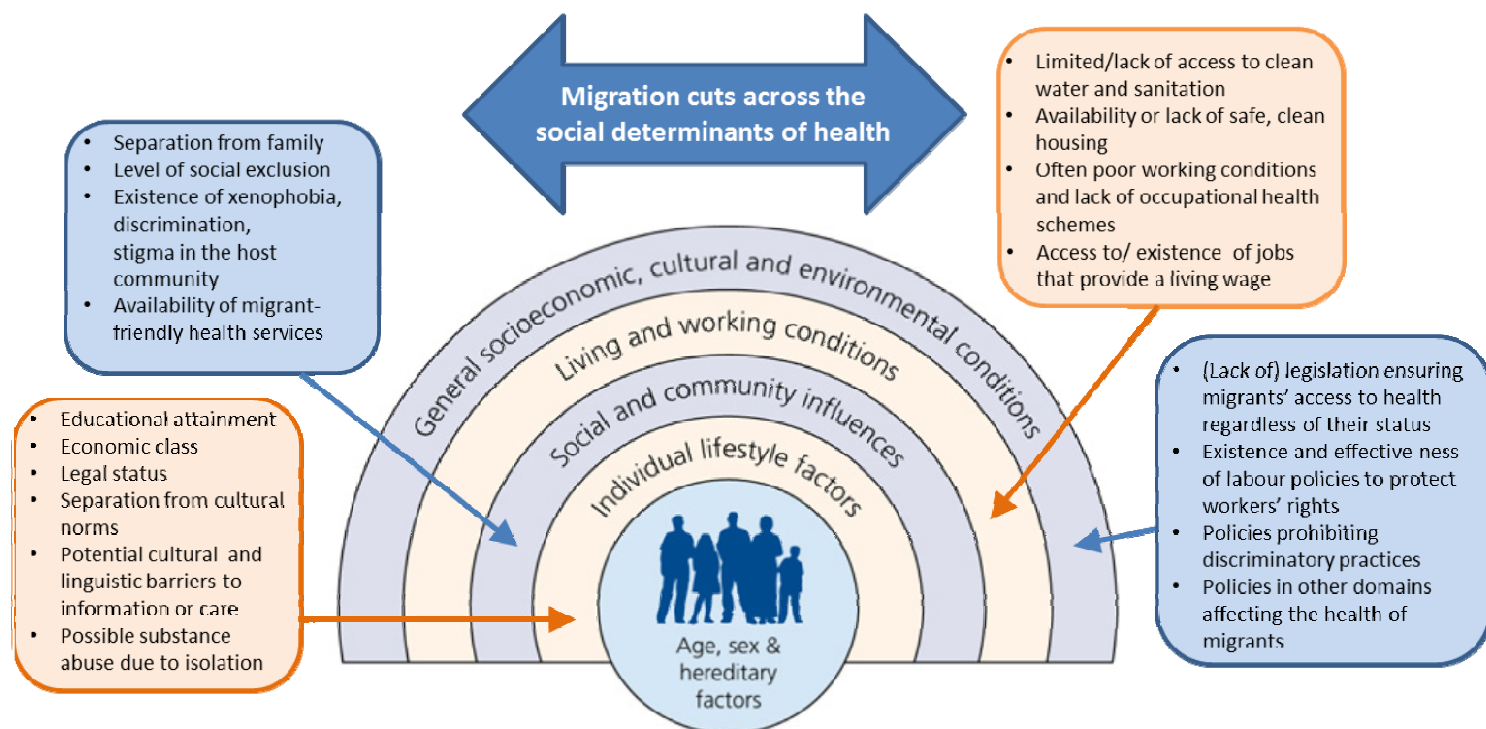


Figure 1: Adapted from: Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.* Geneva, World Health Organization, 2008.

## MIGRATION AS A SOCIAL DETERMINANT OF HEALTH FOR MIGRANTS

As is the case for many marginalized populations, the **health of migrants is for a large part determined by factors outside the health sector**. The conditions in which migrants travel, live and work often carry exceptional risks for their physical, mental and social well-being, and the migration process can therefore be regarded as a social determinant of health for migrants (see Figure 1 above). The 2008 WHA Resolution *Health of Migrants* recognizes “**that health outcomes can be influenced by the multiple dimensions of migration**”.

Risks for migrants’ health vary according to their individual characteristics (gender, age, disability, etc.), their education level and, most notably, their legal status. Especially irregular migrants face **higher risks of exploitation and marginalization, including lack of access to health services**. In addition, even if migrants have access to health services, they generally choose to avoid them because of fear of deportation, xenophobic and discriminatory attitudes of staff in healthcare settings, and linguistic, cultural and gender barriers.

In order to improve health equity for migrants, **policies outside the health system** need to be adapted (i.e. immigration, labour, housing policies, social protection), and **cross-sectoral action** is crucial. This is also recognized in the **Rio Political Declaration on Social Determinants of Health** (2011), which promotes a “*health in all policies*” concept, recognizing that inter-sectoral cooperation and action are a promising approach towards health equity.

***Kids of immigrants left out of health care***  
Findings of a recent study on low-income families in the US have shown that **those with more precarious immigration statuses show the poorest health outcomes, and that families with noncitizen members face barriers, real or perceived, to using [...] health-related programmes.**

(Ziol-Guest, K. M. and Kalil, A. (2012), *Health and Medical Care among the Children of Immigrants.*)

***Undocumented Workers in Canada***  
Researchers found that undocumented migrant workers in Canada constitute a flexible and cheap workforce for Canadian businesses, and that the **conditions under which they live and work have severe consequences for their health.**

(Gastaldo, D., Carrasco, C., & Magalhaes, L. (2012), *Latin American undocumented workers in the Greater Toronto Area.*)

### **Efforts to enhance access to health services for migrants**

A number of states are using innovative approaches to address the health of migrants. For example, Sri Lanka and the Philippines put in place insurance schemes for their overseas migrant workers. Thailand offers categories of registered migrants and their families health services through a compulsory migrant health scheme. Brazil and Portugal are examples of countries that have adopted a policy of equal access to coverage for all migrants irrespective of their legal status. Other initiatives are led by trade unions and employees. For instance, in Argentina, employers contribute a percentage of workers’ salaries towards a special fund that covers social benefits including health insurance. Only a few cases of portable health care benefits exist, such as the Moroccan-German agreement. Albeit these efforts have their limitations, they recognize the important contribution of migrants to development and the need to ensure the health of migrants.

(From background paper for GFMD Mexico 2010 Roundtable 2.1 on Partnerships for migration and human development: shared prosperity – shared responsibility).



### THREE ARGUMENTS FOR WHY THE POST-2015 DEVELOPMENT AGENDA SHOULD INCLUDE MIGRANT HEALTH:

#### A) Migrants have a right to health

The right to health is an all-inclusive human right that encompasses equal opportunity for everyone to enjoy the “*highest attainable standard of physical and mental health*” (WHO 1946, ICESCR 1966). The human right to health is closely interrelated and interdependent with other basic rights, such as housing, education, employment, etc. Yet, for migrants, the right to health is often not fully realized, due to legal, social, economic, linguistic and cultural barriers which persist regardless of international and national legal commitments.

#### B) Including migrants in health systems improves public health outcomes

The exclusion of migrants from public health systems is not just a violation of migrants’ rights; it is also counterproductive from a public health perspective. Migrants are an increasingly large part of today’s societies. Addressing their health needs should thus be a *vital component of any effective public health policy*. Guaranteeing migrants equitable access to health promotion and care makes practical sense – it is cost-effective and improves public health outcomes. Promoting migrants’ use of primary health care and early treatment and including them into disease-control programmes will reduce the need for costly emergency care. Addressing the health of migrants caught in crisis and post-conflict situations is especially relevant to public health. Ongoing access to health care and treatment needs to be ensured, as well as access to psychosocial support.

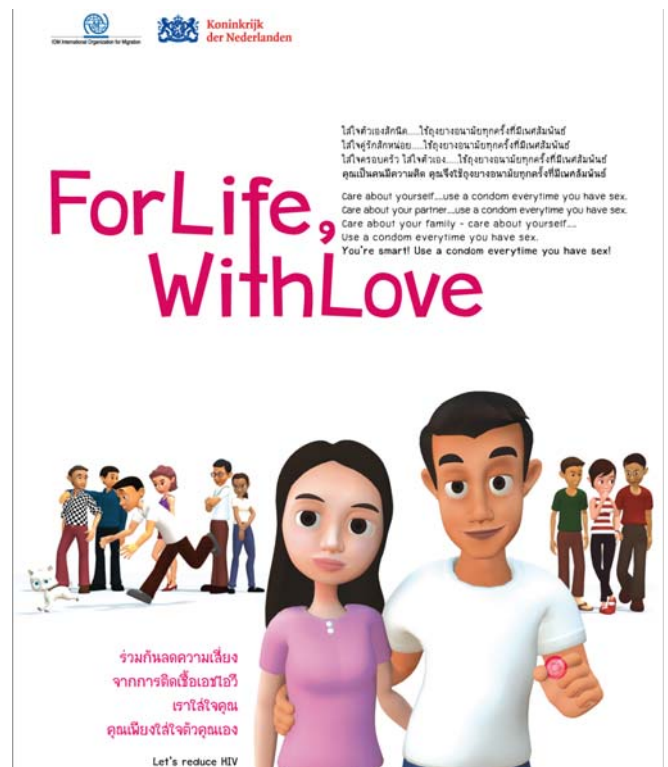
#### C) Healthy migrants contribute to positive development outcomes

Health is a prerequisite for as well as an outcome of sustainable development (WHO 2012). It is now widely acknowledged that migration carries a development potential, due to migrants’ intellectual, cultural, social and financial capital and their active participation in societies of origin and destination. *Being and staying healthy is a precondition for migrants to work, be productive and contribute to social and economic development* of their communities of origin and destination, i.e. via remittances and shared knowledge or diaspora trade networks. Thus, “a substantial case can be made for the inclusion of migration as a cross-cutting issue” in the new development framework (IOM/UNDESA 2012). Universal health coverage, including for marginalized populations, can help to leverage the positive development impacts of migration.

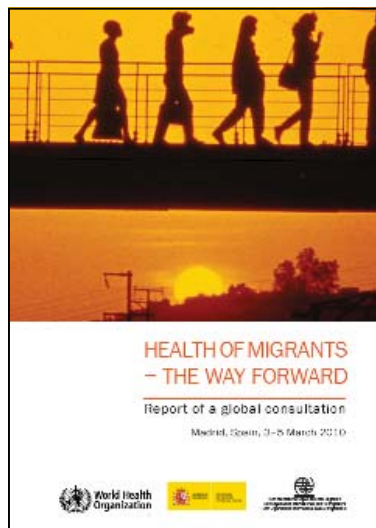
**Global dialogue and action to improve migrant health has distinct advantages:** First, it can leverage positive development outcomes of migration. Migration crosses international borders, which is why inter-state cooperation on the health of migrants is important. If one state or region does not or only inadequately address the health of migrants, this has negative spill-over effects on people and economies of other states—it leads to increased public health risks and defeats positive development outcomes of migration. Second, global commitment on migrant health also increases bargaining power of migrant-sending countries, making it easier for them to **legitimately advocate for the rights of nationals abroad**. Migrants’ Health should therefore also be put on the agenda of the **UN High Level Dialogue on Migration and Development** to be held in 2013, of the **Global Forum for Migration and Development (GFMD)**, the **International Conference on Population Development (ICPD)** Beyond 2014, and of the **Global Migration Group (GMG)**.



An Iraqi community health volunteer proudly shows her IOM certificate at the closing ceremony of an IOM project aimed to enhance access to primary healthcare for Iraqis, Egypt. © IOM 2010



One of the posters for IOM's HIV and AIDS - Safe Mobility Package "For Life With Love" animated video series that aims to promote safer sexual behaviour among migrants in Greater Mekong Sub-region. © IOM 2007



### WHA Resolution on the Health of Migrants and a Global Consultation

In 2008, the WHO World Health Assembly endorsed a resolution on the Health of Migrants (WHA 61.17) that spelled out actions for governments to enhance the health of migrants and promote bilateral and multilateral collaboration. In response to the Resolution, WHO, IOM and the Ministry of Health and Social Policy of the Government of Spain, organized a global consultation on migrant health in Madrid, Spain in, 2010.

Yet, three years after the Global Consultation, the resolution on the Health of Migrants is still far from being fully implemented. Addressing the health of migrants in the post-2015 development framework could help to refocus attention towards implementation of the Resolution.

## RECOMMENDATIONS

In the discussions leading up to an agreed health goal, IOM advocates for the explicit recognition of **health coverage for marginalized individuals and populations, including migrants**. This would contribute to ensuring that universal health coverage, as a potential overarching health goal, addresses the specific needs of these vulnerable and marginalized populations, recognizes the impact of migration-related social determinants for health, and supports a human rights-based approach to health.

A major obstacle to effectively address the health of migrants is the universal lack of standardized data on the issue. It is of utmost importance that the post-2015 UN development agenda encourages the **collection and harmonization of data on health, disaggregated by, amongst others, migrant and legal status** (The Rockefeller Foundation Conference 2012).

With this in mind, IOM recommends that a combination of quantitative and qualitative indicators should measure **progress along the four key priority areas of the WHA Resolution on the Health of Migrants** (2008):

#### Monitoring migrant health

- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

#### Policy-legal frameworks

- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

#### Migrant sensitive health systems

- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

#### Partnerships, networks and multi-country frameworks

- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network

To ensure that the post-2015 development framework is relevant and effective, the voices of marginalized populations, such as migrants, should be heard in the country consultations and other relevant dialogues that will take place in the coming years. **IOM supports the active participation of civil society organizations and emphasizes the need to include migrants' associations and other relevant actors in country and thematic consultations.**

For further information on the topic

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