"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
«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.


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;

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 Controll 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 País)

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Access to Treatment</th>
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<td>Primary care</td>
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<td>Medicine with prescriptions</td>
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<td>Other illnesses</td>
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<th>Germany</th>
<th>Belgium</th>
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<th>Spain after Sept 2012</th>
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<th>Greece</th>
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<th>Poland</th>
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Migrants’ Health | Trends & Challenges | IOM’s work on health | Opportunities | Partnership

## Migration, a social determinant of health for migrants

Migration...cross-cutting

- Anti-migrant sentiment/xenophobia
- i.e. lack of social protection, incl. access to health services, health insurance, migrants in detention

- Migrants legal status, restrictive immigration policies

General socioeconomic, cultural, environmental conditions

Living and working conditions

Social and community influences

Individual lifestyle factors

Age, sex & hereditary factors
Health Vulnerability Factors for Migrants

**Sector policies:**
Health, migration, labour, social security, etc.

**Availability of critical data** for policy change

**Contributing & Environmental Factors**

- Immigration status and social capital
- Language and cultural barriers, gender norms
- Health literacy
- Health-seeking behaviours
- Capacity to overcome service access barriers

**Individual Factors**

**Access to Migrant-sensitive Health System**
Availability, Accessibility, Acceptability incl. diversity-sensitive health workforce

**Relationship with “host community”**
Stigma, xenophobia, social exclusion

**Living and working conditions:**
Social protection

**Structural & Policy Factors**

SDH are addressed

Linking ‘migration health’ and ‘migration and development’

**Enhanced access to health**

- Improve public perceptions of migrants
- Protect the human rights of all migrants
- Factor Migration into developmental planning
- Promote policy coherence and institutional development
- Manage migration in crisis situations
- Enhance evidence building and knowledge-based policy-making on migration

**Migrants’ health and well-being**

SDH are addressed
Health Sector approach: a paradigm shift in Migration & Health

**Traditional approach:**
- Exclusion
- Disease Control
- Protection of receiving communities
- National focus

**Current Approach:**
- Inclusion
- Reduction of inequities
- Social protection in health
- Multi country & inter-sectoral partnership

**Migration Health Goals**
- Ensure migrants’ health rights
- Avoid disparities in health status & access
- Reduce excess mortality & morbidity
- Minimize negative impact of the migration process

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

- **Monitoring Migrant Health**
  - *Serious data gaps hinder comparability and evidence-based policymaking*

- **Policy and legal frameworks**
  - *Lack of migrant friendly health policies, lack of policy coherence*

- **Migrant sensitive health systems**
  - *Many health systems are not available to, accessible to, accepted by migrants*

- **Partnerships, networks and multi country frameworks**
  - *Lack of multi-sectoral and multi-country collaboration on health of migrants*

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Developing a Migration Health Agenda at Country-level

- **INBOUND immigration**
  - Pre-departure

- **OUTBOUND emigration**
  - Travel

- **INTERNAL migration**
  - At destination

**Cross Cutting Issues**
- Human rights
- Multi-sectoral Action
- Migration & Development
- Public Health
- Financing Health of Migrants
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

« 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

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
11/19/2013

Healthy Migrants in Healthy Communities!

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

MIGRATION AND HEALTH

2nd part
Good practices
I) Monitoring health of migrants

I.1. Migrant health information systems

I.2. Standardization & comparability of migrant health data

I.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.

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
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

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.
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.
III) Migrant-sensitive health systems

III.1. Migrant-inclusive health policy

III.2. Migrant-frendly 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 regressa 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

http://www.hpa.org.uk/MigrantHealthGuide/

Search the migrant health guide:

Enter your search term

Public Health
England

Supporting health practitioners who care for migrants

HPA Migrant Health Guide

Key Recommendations

- Assess your local population and their entitlements to care and educate patients about the NHS system
- Assess new patients’ health needs using the checklist provided and in 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 tell as appropriate
- Opportunistically ask patients about any plans to visit friends and relatives in their family country of origin, and offer appropriate advice

Migrants and the NHS

- Exploring the NHS
- Entitlement to health care
- Language interpretation
- Cultural competence and understanding

Health Topics

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

Regular with this site

Primary care practitioners who register with this site are informed of the latest guidance, resources and training. Registration also allows us to notify you of any updates to the Guide. This free-to-use resource is endorsed by

Health Protection Agency

Migrant Health Guide

View values from our first migrant health training day for GPs and practice nurses which took place on 12 November 2012
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»