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

Health is widely recognized as a critical enabling factor of social and economic development. The conditions in which migrants travel, live and work can carry exceptional risks for their physical and mental well-being. These include unequal access to healthcare and services, vulnerabilities associated with migrant status, marginalization and abuse, and are often linked to restrictive immigration and employment policies, economic and social factors, and dominant anti-migrant sentiments in societies. These are often referred to as the social determinants for migrants’ health. In order for migrants to attain their development potential and to concurrently contribute to sustainable development while reducing the health costs of migration for both migrants and societies of origin and destination, these social determinants need to be addressed.

As migration has become a megatrend in the 21st century, societies are more culturally and ethnically diverse than ever before, and characterized by an unprecedented diversity in health needs and profiles. Yet the migration and development debate has thus far overlooked a broader analysis and discussion on health-related themes. The 4th Global Forum on Migration and Development in Puerto Vallarta, Mexico (2010) recognized the relevance of migrants’ health and recommended the “assessment of cost effective health care models for various types of migration scenarios”. Yet so far, this recommendation has not been implemented.

There are four arguments for why the UN HLD on Migration and Development should incorporate the health of migrants into the debate:

a) Healthy migrants are better able to integrate into host communities, contribute to positive development outcomes, and reduce potential negative public health outcomes.

b) Migrants have a right to health, and addressing their health needs and vulnerabilities serves to refocus the migration discourse on the human factor, and human development.

c) Enhancing the health of migrants throughout the migration continuum requires inter-country and multi-sectoral dialogue, coordination and sharing of good practices. Migration health is eminently a domain benefiting from inter-sectoral policy coherence, such as in health, immigration, labour and social services, private and public cooperation and development.

d) International dialogue is needed to enhance safer and healthier labour migration, avoid discriminatory health practices, and guarantee that the migration of health personnel from countries experiencing a shortage in human resources for health does not affect the realization of development goals.

‘‘CARING FOR THE HEALTH OF MIGRANTS IS NECESSARY FOR SUSTAINABLE DEVELOPMENT. TO THIS EFFECT, A HEALTH IN ALL POLICIES APPROACH SHOULD ALSO BE APPLIED TO THE MIGRATION AND DEVELOPMENT DEBATE.’’

International Organization for Migration (IOM)
**WHA Resolution on the Health of Migrants and a Global Consultation**

The 61st World Health Assembly (2008) adopted the Resolution WHA 61.17 Health of Migrants, which recommends the integration of health needs of migrants into the framework of the broader agenda on migration and development, and calls Member States of the World Health Organization (WHO) “to promote migrant-sensitive health policies” and “to promote interagency, interregional and international cooperation on migrants’ health with an emphasis on developing partnerships with other organizations and considering the impact of other policies [...].”

In follow-up to this Resolution, the WHO, the International Organization for Migration (IOM) and the Government of Spain organized a Global Consultation on the Health of Migrants in Madrid in 2010, which saw the participation of Governments, UN Agencies, IOs, NGOs and Academia and resulted in an operation framework to implement the resolution. Four priorities were identified: i) Enhanced monitoring on migrants’ health; ii) Conducive and coherent policy and legal frameworks; iii) Migrant-sensitive health systems; iv) Partnership, networks and multi country frameworks. However, three years after the Global Consultation in Madrid and five years after its adoption, the WHA Resolution on the Health of Migrants is still far from being fully implemented and recognized within migration and development debates.

**HLD ROUND TABLE 1: Assessing the effects of international migration on sustainable development and identifying relevant priorities in view of the preparation of the post-2015 development framework**

**Desired outcomes:**
- Recognition of the relevance of health-related themes within the migration and development debates.
- Recognition that the health of migrants is a prerequisite for, and an outcome of, sustainable development.
- A recommendation to include migrant health indicators into the post–2015 development framework in order to monitor the health of this highly marginalized group, in line with the 2008 WHA Resolution on the Health of Migrants.
- Retention of health themes in the GFMD debates.

Being healthy enables migrants to integrate in the host community and contribute to sustainable development – for themselves, their children and families and the wider communities in both origin and destination countries. Migrants’ access to health is often determined by policies in sectors other than the health sector. In many instances access remains limited, particularly for undocumented and disadvantaged migrant workers.

Additionally, the conditions in which migrants travel, live and work often carry exceptional risks for their physical, mental and social well-being, the migration process itself is a social determinant of health for migrants and their families. Addressing migrants’ health, and more in general health outcomes of migration, requires coherence of a full range of policies, such as immigration, labour, social protection, housing, education and health. Intersectoral collaboration and dialogue between countries of origin and destination is critical. Tackling health vulnerabilities of migrants substantially reduces financial and health costs for migrants and societies and enhances the development potential of migration. If migrants’ use of primary health care and early treatment is promoted, the need for costly emergency care will be avoided, and both sustainable development and health equity goals can be achieved.
Migration is an enabler of social and economic development when basic human rights of migrants, including health-related ones, are ensured. **Promotion and protection of migrants’ health, as well as non-discriminatory practices, need to be maintained throughout the migration cycle.** Integrating a rights-based approach to health in migration management includes the respect of the human dignity of migrants with medical needs, regardless of their immigration status, as well as freedom from discrimination on the basis of gender and health status. The human right to health, enshrined in legally-binding international human rights treaties, is an all-inclusive right that encompasses equal opportunity for everyone to enjoy the “highest attainable standard of physical and mental health”.

For migrants, however, the right to health is often not fully realized. For example, some countries practice measures like the automatic detention of migrants and asylum-seekers on the basis of treatable infectious diseases, or deportation and limitations to work or residence abroad based on various health grounds, including pregnancy. Travel, employment and visa limitations are also imposed (health-related grounds of inadmissibility) to people living with HIV (PLWHA), or because of current or past tuberculosis infection even if healed. In some instances, even the right to reproductive health is denied to prospective female migrants and forced contraception is imposed before departure. In many countries, undocumented migrants do not have access to health care, and higher out-of-pocket payments for health services are requested to foreign workers. Such discriminatory practices not only violate international rights instruments, but further aggravate social exclusion of migrants and thus endanger integration, social cohesion, public health and security. They also discourage migrants from seeking care, resulting in delayed diagnosis and treatment, and hampering the achievement of global health and development goals.

**HLD ROUND TABLE 2: Measures to ensure the protection of the human rights of all migrants, particularly women and children, and ensure orderly, regular and safe migration**

**Desired outcomes:**
- A recommendation to promote migrants’ equitable access to health promotion, disease prevention and care, without discrimination, in line with the WHA Resolution on the Health of Migrants.
- A recommendation to progressively abolish limitations to travel, work or reside abroad based on treatable medical conditions that have no public health rationale or direct impacts on a migrant’s ability to work.

**HLD ROUND TABLE 3: Strengthening partnerships and cooperation on international migration, effectively integrate migration into development policies and promote coherence**

While access to health services is a critical element, policies and practices outside the health sector directly determine migrants’ health, and thus their capacity to remain healthy and contribute to sustainable development.

**Desired outcomes:**
- A recognition that to effectively manage the health-related aspects of migration, multi-sectoral cooperation at country level is needed—to address the multiple social determinants of health for migrants, their children, and their families—as well as inter-country cooperation to ensure that health policies across borders are harmonized.
- Evidence, good-practices and models should be researched and spread amongst stakeholders implementing a recommendation expressed at the 2010 GFMD in Puerto Vallarta, Mexico.

Migration connects communities, countries and regions; it also bridges populations with different health profiles and needs. Increasing circular or seasonal migration makes health conditions of mobile populations a matter of interest for cross-border and global communities. Sending and receiving countries therefore share the gains and responsibility of maintaining migrants’ health and reducing the negative impact of unattended social and working determinants of migrants’ ill health. Yet, the setting of goals and priorities around the migration debate remain sectoral, and opportunities are missed for realizing more holistic approaches that reduce costs and increase the benefits of migration as they relate to health. Regional consultative processes on migration and other dialogues should more broadly explore and share existing good practices and promote the harmonization of policies that relate to the health and well-being of migrants. Moreover, cooperation is needed in addressing emerging health needs of migrants caught in crises and conflict situations and in ensuring continuity of care across borders and upon return to countries of origin. Emergency preparedness and responses should acknowledge and ensure migrants’ access to health care and safety in this era of global migration trends and recurrence of crises, including those linked to climate change.
The overall theme of the HLD 2013 is: “Identifying concrete measures to strengthen coherence and cooperation at all levels, with a view to enhancing the benefits of international migration for migrants and countries alike and its important links to development, while reducing its negative implications.” The HLD 2013 presents therefore the opportunity for countries to acknowledge the value of health and well-being of migrants for the realisation of sustainable development goals, and to link relevant migration and health aspects with migration and development themes, across the four roundtables of the High Level Dialogue.