PROPOSED HEALTH COMPONENT

GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

INTRODUCTION

To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind – it is imperative that the health rights and needs of migrants be adequately addressed in the Global Compact for Safe, Orderly and Regular Migration (GCM). Despite health being a prerequisite for sustainable development, health is missing from the six thematic sessions of the modalities for development of the GCM, as well as from the 24 elements contained in Annex II of the New York Declaration for Refugees and Migrants. To address this, in its 140th session in January 2017, the WHO Executive Board requested that its Secretariat develop a framework of priorities and guiding principles, in close cooperation with IOM and UNHCR, to promote the health of refugees and migrants[1].

In May 2017, the World Health Assembly endorsed resolution 70.15 on 'Promoting the health of refugees and migrants'[2]. The resolution urges WHO's 194 Member States to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68, and other relevant paragraphs, of the New York Declaration for Refugees and Migrants. The resolution also urges Member States to consider providing the necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants. In addition, the resolution encourages Member States to use the Framework of priorities and guiding principles to promote the health of refugees and migrants[3] at all levels and to ensure that health is adequately addressed both in the Global Compact for Refugees (GCR) and the GCM.

This present document is based on the Framework of Priorities and Guiding Principles to promote the health of refugees and migrants. The development is led by WHO and IOM in close cooperation with ILO, OHCHR, UNFPA, UNAIDS, WB and other stakeholders including IFRC, PICUM and WMA.

HEALTH CHALLENGES AND OPPORTUNITIES ASSOCIATED WITH MIGRATION

The majority of migrants worldwide are of working age and healthy[4]. When supported by appropriate policies, migration can contribute to inclusive and sustainable economic growth and development in both home and host communities[5]. In 2014, migrants from developing countries sent home an estimated US$ 436 billion. These funds are often used to improve the livelihoods of families and communities in the countries of origin, through investments in education, health, sanitation, housing and infrastructure[6].

In spite of the many benefits of migration, migrants themselves nevertheless remain among the most vulnerable members of society. Despite the existing international conventions and resolutions[7] developed to protect the rights of migrants, many migrants lack access to health services, prevention and promotion measures, and financial protection on the basis of their health and/or migration status. Most often, nationality or legal status is used as a basis for drawing distinctions between those people who may and may not enjoy access to health services. Other barriers to accessing health services include migrants' fear of detection, detention and deportation, high costs, language and cultural differences, discrimination, administrative hurdles, the inability to affiliate with local health financing schemes, adverse living conditions that make seeking care difficult, and lack of information about health entitlements as well as lack of firewall for health workers to report to immigration. Studies in Europe based on economic modelling have shown that enabling undocumented migrants broader

[1] EB Decision 140(9) on promoting the health of refugees and migrants
[2] WHA70.15 on promoting the health of refugees and migrants
[3] Framework of priorities and guiding principles to promote the health of refugees and migrants
[4] In 2015, 72 per cent of all international migrants were aged 20 to 64 years, compared to 58% of the total population – International migration report 2015.
[5] The health sector is a leading source of employment and skilled migrant workforce and the international migration of health workers is increasing. Over the past decade, the number of migrant doctors and nurses working in OECD countries increased by 60%.

[6] International Migration Report 2015
[7] For examples: The International Covenant on Economic, Social and Cultural Rights (1966).; as declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status ; resolutions WHA61.17 (2008) and WHA70.15 on promoting the health of refugees and migrants. Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143) provide that migrant workers should enjoy equal Occupational Safety and Health rights as any other worker.

access to health care, other than emergency level health care, may be cost-saving for health care systems. In a report based on economic modelling of several health conditions, the EU Fundamental Rights Agency found that enabling pregnant migrant women in an irregular legal situation to access prenatal care could generate savings of up to 48% in Germany and Greece, and up to 69% in Sweden over a two-year period[8].

Migrant workers and their families, including those family members left behind, often face hazardous working and living conditions and consequently worse work-related health outcomes. This is especially the case for female migrants in irregular situations and precarious employment in the informal economy[9]. Many migrant workers and their families are not covered and cannot benefit from equal labour and health rights; occupational safety and health services; and the social protection system, including health insurance and employment injury compensation schemes. The few rights, services and benefits they do receive are rarely portable across countries.

Migration can also expose migrants to health risks such as sexual violence, mental health conditions, communicable diseases, in particular for women, children, unaccompanied minors, people with disabilities and victims of torture and trafficking. Access to immunization and continuity of care is more difficult to ensure when people are on the move. Migrant populations are disproportionately affected and particularly vulnerable, during and post-migration, to HIV infection, tuberculosis, malaria and hepatitis, since they lack of access to prevention services, early diagnosis and, especially for migrants with an irregular status, access to treatment. Many migrants with existing chronic conditions experience interruptions in their care when they move without medicines or health records. Some transit and destination countries perform migration health assessments, which may at times lead to the detection of a health condition which the receiving country may deem to represent grounds for rejection of a visa or for immediate deportation, without providing referral services for treatment.

At the global and national levels, health policies and strategies to manage the health consequences of migration have not kept up with the speed and diversity of modern migration. Few country health information systems disaggregate data in a way that permits analysis of the main health issues, either found among migrants or resulting directly from migration and displacement. Lack of records and disaggregated data hampers efforts to fully understand the extent of the health challenges and to develop evidence-informed health policies and public health interventions.

Opportunities

Recent developments such as EB Decision 140(9), World Health Assembly resolution 70.15 on Promoting the health of refugees and migrants, the Sustainable Development Goals, the UN Human Rights Council Resolution 35/L.18/Rev.1 that includes migrants, the Strategy and action plan for refugee and migrant health in the WHO European Region[10], and resolution CD55.R13 on the health of migrants adopted by Member States at the sessions of the WHO Regional Committee for the Americas/Directing Council, in September 2016[11], and the Colombo Statement[12] all provide opportunities to enhance the health of migrants and their potential contribution to society. In particular, the 'guiding principles', as part the abovementioned Framework of priorities and guiding principles, provide the basis for the formulation of actionable commitments. These include:

- the right to the enjoyment of the highest attainable standard of physical and mental health for all[13];

[8] http://fra.europa.eu/en/publication/2015/cost-exclusion-healthcare-case-migrants-irregular-situation

[9] Eg: When the safety of Nepali migrant workers fails: A review of data on the numbers and causes of the death of Nepali migrant workers: ILO, http://www.ilo.org/kathmandu/whatwedo/publications/WCMS_493777/lang--en/index.htm

[10] (http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf,

[11] http://www.who.int/migrants/publications/CD55-R13-e.pdf

[12] https://refugeesmigrants.un.org/sites/default/files/colombo_statement-ts1.pdf

[13] As declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. The Committee on Economic, Social and Cultural Rights has made it clear that "protection from discrimination cannot be made conditional upon an individual having a regular status in the host country" (Committee on Economic, Social and Cultural Rights, Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights, E/C.12/2017/1, para. 6). See also: Universal Declaration of Human Rights, article 25; Convention on the Rights of Persons with Disabilities, article 25; Secretary-General in his report (A/68/190) on international migration and development recommends that States need to **tackle the challenge faced by migrants to access health care and to improve data on health conditions of migrants** to inform effective policy-making; International Convention on the Elimination of All Forms of Racial Discrimination, article 5(e)(iv); Convention on the Rights of the Child Article 3(3); International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, article 28; Convention on the Elimination of All Forms of Discrimination Against Women, article 12(1); Convention on the Rights of Persons with Disabilities, article 25

- equality and non-discrimination through comprehensive laws, and health policies and practices;
- equitable access to people-centred, migrant- and gender-sensitive and age-responsive health services;
- non-restrictive health practices based on health conditions;
- whole-of-government and whole-of-society approaches;
- participation and social inclusion of migrants in the development of health policies, strategies, plans and interventions;
- Partnership and cooperation [14] with greater international cooperation among countries, regions, the United Nations system and other stakeholders.

GOALS

To address the health rights and needs of all migrants by promoting their right to health, in accordance with international human rights obligations, and relevant international and regional instruments[15]. It also aims to support actions to minimize vulnerability to ill-health and to address the social determinants of health by promoting and enhancing migrants' ability to access promotive, preventive, curative and palliative health services.

PROPOSED ACTIONABLE COMMITMETNS AND MEANS OF IMPLEMENATION

1. Enhance global, interregional and country commitments, and multi- and intersectoral cooperation to promote and protect the health of migrants: Advocate for, and promote migrants' rights to health in global, regional and national processes across relevant sectors, including in the Global Compact for safe, orderly and regular migration (GCM); and implement the World Health Assembly resolution 70.15 (2017) and the Framework of Priorities and Guiding Principles to promote the health of refugees and migrants, in alignment with a whole-of-government approach [16], the SDGs and other global and regional policy frameworks.

Means of implementation and follow-up: Member States, UN agencies and partners to ensure coherence among policies that affect migrant health and that the health aspects of migrants are adequately addressed; and mobilize resources accordingly; develop, adopt and implement a global action plan to promote the health of refugees and migrants as stipulated in WHA 70.15 (2017) including the means of implementation, progress reporting, monitoring and evaluation; and establish and maintain a global Migrant Health Working Group to enhance collaboration. Act on the SDG target indicators, including but not limited to 3.8, 10.7, and 17.16.

2. Adopt migrant-sensitive, non-discriminatory and inclusive health policies, legal frameworks and programme interventions that provide equitable, affordable and acceptable access to essential health promotion, disease prevention, safe, effective and quality care and affordable essential medicines and vaccines for all populations, including migrants regardless of status; modify or improve regulatory and legal frameworks to remove legal and practical barriers to migrant access to health services, minimize health vulnerabilities and address the health needs of migrants, in accordance with international law. Develop procedures and standards on the establishment of binding and effective firewalls between public health service providers and immigration enforcement authorities or private actors, and ensure their implementation in practice.

Means of implementation and follow-up: Implement relevant conventions[17], covenants, strategies and agreements, national laws, particularly in the context of labour, occupational health, migration management, education, vulnerable groups, and social protection for health; enhance dialogue and evidence to remove discriminatory practices based on health conditions; act on SDG target indicators, including but not limited to 3.8 and 8.8.

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[14] WHA 70.15 on promoting the health of refugees and migrants

[15] The International Covenant on Economic, Social and Cultural Rights (1966).

[16] Sri Lanka has an inter-ministerial and inter-agency coordination framework for migration health and development in place. This comprises of a National Steering Committee on Migration Health (inter-ministerial), a National Migration Health Task Force (inter-agency and inter-ministerial) and a Migration Health Secretariat which work in coordination. The latter is the dedicated hub that coordinates the national migration health agenda for the Government of Sri Lanka, and is housed within the Ministry of Health and supported by IOM.

[17] See footnote 11

3. **Address the social determinants of migrant health**[18] to ensure effective health responses and health protection in countries of origin, transit, destination and return. This includes improving basic services such as water, sanitation, housing and education through the implementation of a Health in All Policy; and removing migration-related obstacles and discriminatory practices within the scope of evidence-based conducive policies and strategies at (the) multi-sector level, and through the implementation of relevant SDG targets.

Means of implementation and follow-up: develop and implement coherent public policy responses involving multisector collaboration across the health, labour, foreign affairs, welfare and finance, but also education, interior and development sectors; elaboration of sub-targets and relevant indicators within relevant SDGs, such as 1.3; 1.5; 3.8, 5.2; 5.6; 8.7; 8.8, 11.1; 11.5; 16.2; 17.18.

4. **Enhance global, regional, national and local health information and health monitoring systems** on migrant health, including systematic data collection, and analysis of migrant health, develop local capacity and key indicators to monitor migrant health and track progress, in accordance with data protection and confidentiality principles[19]; support measures to improve communication and counter xenophobia by making efforts to dispel fears and misperceptions among refugee, migrant and host populations and share accurate information on the impact of migration on the health of local communities and health systems and to acknowledge the contribution of migrants to society. Make accurate, timely and user-friendly information on the health services available and their health rights available to migrants, in a language and format that they can understand.

Means of implementation and follow-up: Develop a set of internationally agreed indicators to monitor migrant health and invest in the development of data systems that track human mobility and disease risk distribution and risk reduction; Strengthen health surveillance, prevention and response capacity along mobility pathways within the scope of IHR[20] and primary health care; develop communication strategies for the public and for migrants. Act on SDG target indicators, including but not only target 17.18.

5. **Provide universal health coverage (UHC), rights-based and inclusive health services,** ensuring that the necessary health services are delivered to migrants in line with human rights standards and in a people-centred, gender-responsive, culturally and linguistically appropriate way, without any kind of discrimination and stigmatization; providing access to quality health services to migrants, including migrants in detention, and by enforcing laws and regulations that prohibit discrimination; identifying and/or developing sustainable models of health care financing to cover migrant health. Promote and create platforms for the social integration and inclusion of migrants in decision-making on health policies, strategies, plans and interventions across the migration cycle and in countries of origin, transit, and destination.[21]

Means of implementation and follow-up: Identify and share models and best practices that provide equitable access to health services, develop/strengthen national policies and capacities to respond to migrant health needs within the context of UHC, and enhance country and international funding mechanisms; strengthen the implementation of the *WHO Global Code of Practice on the International Recruitment of Health Personnel*, and support establishment of the *International Platform on Health Worker Mobility* in order to maximize mutual benefit from health worker migration; extend to cross-

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[18] See resolution WHA62.14 (2009).

[19] the Migrant Integration Policy Index (MIPEX) (reference: www.mipex.eu) Health Strand, designed to supplement the existing seven strands of the MIPEX, which monitors policies affecting migrant integration in 38 countries. The Health Strand questionnaire measures the equitability of policies relating to four issues: migrants' entitlements to health services; the accessibility of health services for migrants; responsiveness to migrants' needs; and measures to achieve change. The MIPEX Health strand benchmark are the Recommendations on Mobility, migration and access to health care, the result of a consultation process involving researchers, intergovernmental organizations, non-governmental organizations and a wide range of specialists in health care for migrants, adopted by the Council of Europe in 2011.

[20] International Health Regulations (2005) http://www.who.int/ihr/publications/9789241596664/en/

[21] Thailand has worked towards ensuring health systems include migrants through the provision of universal health coverage (UHC). Thailand allows undocumented migrants to opt into its Compulsory Migrant Health Insurance (CMHI) scheme, which regular migrants obtain through their employers, often having to pay part of the premium. However, the scheme does not have the same benefits as those available for Thai citizens. In countries where insurance schemes are private for migrants, even when they are mandatory, workers may be dependent on employers for registration and maintenance. (references: Guinto, R et al. (2015). Universal health coverage in 'One ASEAN': are migrants included? Glob Health Action 2015, 8: 25749. http://dx.doi.org/10.3402/gha.v8.25749;

border health aspects to ensure continuum of care. Act on SDG target indicators, including but not only, targets 1.3, 3.8 and 3.c.

6. Reduce mortality and morbidity among migrants through short- and long-term public health interventions, aimed at saving lives and promoting the physical and mental health of migrants. Rapid and effective emergency and humanitarian responses are essential for saving lives and relieving suffering. Longer-term planning for more systematic development-oriented approaches to ensure the continuity and sustainability of the response should begin early. Recognizing that migrants may experience severe emotional distress and trauma, and may have particular mental health needs is vital.

Means of implementation and follow-up: Provide emergency and humanitarian responses based on humanitarian principles; enhance capacity to ensure effective health responses and health protection with particular attention to communicable and noncommunicable diseases, mental health disorders, sexual and reproductive health issues, gender-based violence, child health, and prevention efforts such as health promotion and vaccination; Provide care for victims of torture, violence, those with mental disorders, physical trauma, injury and disabilities. Establish mechanisms for referrals and ensure that health screenings are harmonized. Support health actors including the national Red Cross and Red Crescent Societies and civil society organizations to provide services, ensure confidentiality of data of those accessing services and that there is no criminalization of those who provide health services. Act on SDG target indicators, including but not only target 1.5, 3.c, 3.d, 11.5, and 16.1.

7. **Protect and improve the health and well-being of migrant women, children and adolescents, the elderly, people with disabilities, victims of torture, and populations in vulnerable situations** through the provision of essential health services such as a minimum initial reproductive health service package, sexual and reproductive health information; maternal health and child health care, including emergency obstetric services, pre- and postnatal care, prevention, care and support for sexually transmitted infections such as HIV, and specialized care for the survivors of sexual violence. Provision of mental health care services and other relevant care as needed.

Means of implementation and follow-up: Monitor and implement the global plan of action on strengthening health systems response in addressing violence, particularly against women, girls and children, endorsed by the World Health Assembly in 2016 which provides a clear framework to guide countries to strengthen services for survivors of gender-based violence including in humanitarian contexts. Provide minimum initial reproductive health service packages and support for people with disabilities. Act on SDG target indicators, including but not only targets 5.2 and 5.6.

8. Develop, reinforce and implement occupational, primary health and safety services as well as health insurance social protection for migrant workers and their families (WHA resolutions WHA60.26[22] and WHA70.15); adopt and assess the administration, enactment and enforcement of international and national occupational health and safety regulations and legal frameworks. These include relevant ILO conventions and protocols, as well as bilateral agreements[23] that ensure decent working, employment and living conditions, including occupational and work-related health and safety and social protection for migrant workers and their families[24].

Means of implementation and follow-up: Integrate the health of migrant workers and their family members in multisectoral international meetings and fora on migration, health, labour, social protection, development and other relevant topics. The aim should be to improve the coverage with, access to, and quality of occupational and primary health services and social protection offered to migrant workers and their families, working across sectors and in both receiving and sending countries; Strengthen systems that monitor and report on implementation of WHO resolutions and ILO conventions and protocols and the coverage with occupational and primary health and safety rights, services and benefits for migrant workers and their families, using internationally agreed SDG indicators such as 3.8, 8.7, 8.8 and 10.7.

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[22] WHA 60.26. Worker's Health: global plan of action

[23] To enhance the health of emigrants and retirees, Morocco has bilateral social security agreements (BSSA) with France and Belgium, which grants migrants who are working and living in each country portable social benefits, allowing the emigrants of the respective country to export their social benefits to families left behind or for future social benefits, such as healthcare in old age. (reference: Holzman et al., Assessing Benefit Portability for International Migrant Workers: A Review of the Belgium-Morocco Bilateral Social Security Agreement. 2016. https://openknowledge.worldbank.org/bitstream/handle/10986/24732/Assessing0bene0l0security0agreement.pdf?sequence=1&isAllowed=y; Holzman et al., Assessing Benefit Portability for International Migrant Workers: A Review of the France-Morocco Bilateral Social Security Agreement. 2016.

[24] Kolitha Wickramage, Chesmal Siriwardhana and Sharika Peiris Promoting the Health of Left-Behind Children of Asian Labour Migrants: Evidence for Policy and Action. Migration Policy Institute, Issue in Brief, 2015: Vol 14. https://publications.iom.int/books/iom-mpi-issue-brief-no-14-promoting-health-left-behind-children-asian-labour-migrants-evidence

SEVENTIETH WORLD HEALTH ASSEMBLY **WHA70.15**

Agenda item 13.7 **31 May 2017**

Promoting the health of refugees and migrants

The Seventieth World Health Assembly,

Having considered the report on promoting the health of refugees and migrants,[1] and following decision EB140(9) (2017);

Recalling resolution WHA61.17 (2008) on the health of migrants and reaffirming the health-related commitments made within the New York Declaration for Refugees and Migrants;[2]

Recalling the need for international cooperation to support countries hosting refugees, and recognizing the efforts of the countries hosting and receiving large populations of refugees and migrants,

1. NOTES WITH APPRECIATION the framework of priorities and guiding principles to promote the health of refugees and migrants;

2. URGES Member States,[3] in accordance with their national context, priorities, and legal frameworks:

(1) to consider promoting the framework of priorities and guiding principles, as appropriate, at global, regional and country levels including using it to inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration;

(2) to identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants in order to contribute to the development of a draft global action plan on promoting the health of refugees and migrants;

(3) to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants;

(4) to consider providing necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants;

3. REQUESTS the Director-General:

(1) to use the framework of priorities and guiding principles to increase advocacy at all levels to promote the health of refugees and migrants, as appropriate;

(2) to develop, reinforce and maintain the necessary capacities to provide health leadership and to provide support to Member States and partners in promoting the health of refugees and migrants in close collaboration with the International Organization for Migration, UNHCR, other international organizations and relevant stakeholders, avoiding duplication;

(3) to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region, in order to contribute to the development of a draft global action plan on the health of refugees and migrants to be considered for adoption by the Seventy-second World Health Assembly, and to report thereon to the Health Assembly;

(4) to submit to the Seventy-first and Seventy-second World Health Assemblies a report on progress of the implementation of this resolution.

Tenth plenary meeting, 31 May 2017 A70/VR/10

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