

# International Health Regulations and Health of Migrants in the Americas



**El Salvador**  
*November 2017*

# Migration – A Social Determinant of Health

- Migrants may travel in precarious conditions, work in higher-risk industries, live in insecure conditions and be stigmatized.
- A flow of incoming remittances to countries in Latin America and the Caribbean of US\$64 billion (for example, 23% of the GDP in Haiti, 17% of the GDP in Honduras, El Salvador and Jamaica).
- Formal and informal barriers hindering access to high-quality health care and other social protection services.



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

# The Right to Health of Migrants

## Universal Declaration of Human Rights

### Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

### Article 13

(1) Everyone has the right to freedom of movement and residence within the borders of each State.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

### Article 25

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...

## Constitution of the World Health Organization (WHO)

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

## Resolution CD50.R8 of the Pan-American Health Organization (PAHO)

Health and Human Rights

# 2030 Agenda for Sustainable Development

OBJETIVOS DE DESARROLLO DEL MILENIO

2000 - 2015

OBJETIVOS DE DESARROLLO SOSTENIBLE

2015 - 2030

PERSONAS



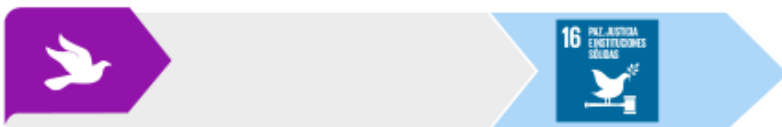
PLANETA



PROSPERIDAD



PAZ



ASOCIACIONES



TARGET 10.7

Facilitate orderly, safe, regular and responsible migration and mobility of people

# 70<sup>th</sup> World Health Assembly



Ensure that health is adequately integrated into the *Global Compact on Refugees* and the *Global Compact for Safe, Regular and Orderly Migration*;



Develop a framework of priorities and guiding principles to promote the health of refugees and migrants, in collaboration with IOM and UNHCR and in consultation with the Member States;



Analyse the situation of refugees and migrants in each region.

# Key Regional Guiding Frameworks



- Programme for the Promotion and Protection of the Human Rights of Migrants (OAS, 2001)
- Resolution CD50.R8 *Health and Human Rights* (PAHO, 2010)
- Resolution CD50.R16 *Health, Human Security and Well-being* (PAHO, 2010)
- Resolution CD53.R9 *Plan of Action for the Coordination of Humanitarian Assistance* (PAHO, 2014)
- Resolution CD53.R14 *Strategy for Universal Access to Health and Universal Health Coverage* (PAHO, 2014)
- Resolution CD55.R13 *Health of Migrants* (PAHO, 2016)



# Resolution CD55.R13: Health of Migrants

- Generate health policies and programmes to address health inequalities that affect migrants and strengthen health systems to enable them to meet the needs of migrant populations;
- Advance towards providing migrants with access to the same level of financial protection and of comprehensive, quality services that other people living in the same territory enjoy, regardless of their migratory status;
- Promote action at the bilateral, multilateral, national and local levels to generate proposals for the coordination and articulation of programmes and policies on health issues considered to be of common interest in the border areas involved.

# Results from the Ministerial Meeting of Mesoamerica on Migration and Health

## ➤ *Mesoamerica Declaration on Migration and Health*

- The Declaration establishes eight commitments:
- Exchanging experiences and best practices through a group of national experts;
  - Promoting the analysis of the social determinants of health and migration and generating evidence;
  - Promoting changes and improvements in relevant regulatory frameworks;
  - Establishing cooperation mechanisms to enable the transition from humanitarian and emergency aid to effective, stable and safe access to health care;
  - Exchanging experiences to strengthen the information systems and promote research;
  - Strengthening migration and health policies at the national and regional level;
  - Strengthening the public health surveillance system for populations in transit;
  - Sharing the experience of Mesoamerica in various forums that address the topic of migration and health.

### Declaración de Mesoamérica sobre salud y migración

Ciudad de México a 25 de abril de 2017

Los Estados participantes del Foro Ministerial sobre salud y migración, reunidos con el propósito del diálogo e intercambio de buenas prácticas entre los países de Mesoamérica, orientado a desarrollar estrategias e iniciativas conjuntas bajo el principio de responsabilidad compartida, que buscan mejorar la atención a la salud de las personas migrantes y reduce los riesgos a la salud pública regional y local.

Reconocen que existe un conjunto de compromisos hechos como Estados Miembros del Sistema de Naciones Unidas y del Sistema Interamericano para mejorar la salud de los migrantes y en particular:

- a) Reafirman los principios emanados de la Constitución de la Organización Mundial de la Salud, en particular el reconocimiento "al goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano sin distinción de raza, religión, ideología política o condición económica o social".
- b) Toman en consideración la resolución WHA61.17 "Salud de los migrantes" así como la decisión EB140(9) que actualiza los contenidos de la citada resolución, fortaleciendo los principios rectores para promover la mejor salud de los refugiados y migrantes.
- c) Recuerdan las resoluciones AG/Res. 2141(XXXV-0/05) de la Organización de Estados Americanos en la que se adopta el "Programa Interamericano para la Promoción y la Protección de los Derechos Humanos de los Migrantes, incluyendo los Trabajadores Migrantes y sus Familias"; las resoluciones AG/RES. 2738 (XLII-O/12) "Fortalecimiento del Tema Migratorio en la OEA" y AG/RES. 2790 (XLIII-O/13) "Los derechos humanos de las personas migrantes, incluidos los trabajadores migratorios y sus familias", y los compromisos emanados de la AG/Res. 2883 (XLVI-O/16) mediante el cual se aprueba el Programa Iberoamericano para la Promoción y Protección de los Derechos Humanos de los Migrantes, incluyendo los trabajadores Migratorios y sus familias.
- d) Consideran la resolución de la Asamblea General de las Naciones Unidas A/RES/71/1 "Declaración de Nueva York para los refugiados y los migrantes" de septiembre de 2016, que reconoce la importancia de practicar una migración segura, velando por la protección de la seguridad, la dignidad y, los derechos humanos y las libertades fundamentales de todos los migrantes y de nuestros pueblos.



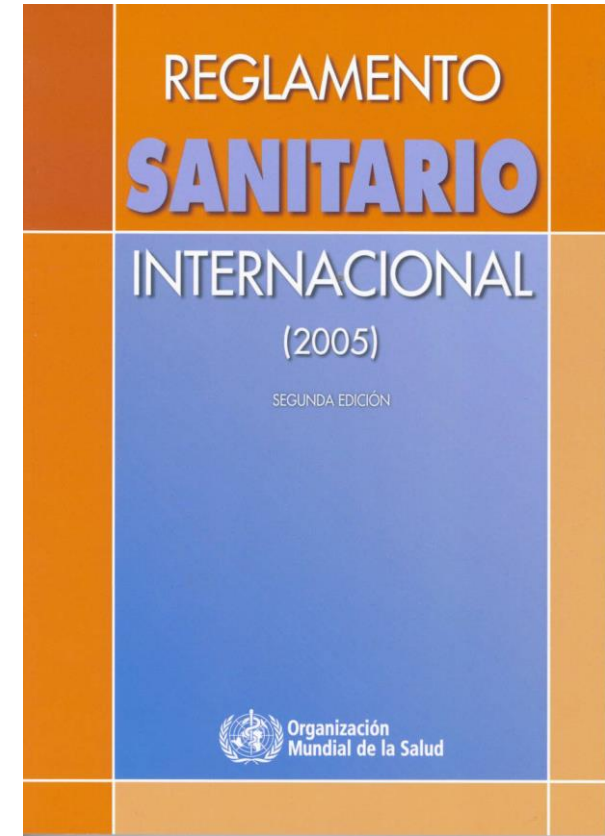
# Global Compact for Safe, Orderly and Regular Migration

- Accepted by the United Nations, a unique and unrepeatability opportunity;
- Towards adopting the Global Compact in September 2018;
- Opportunities to advocate for the inclusion of health into the Global Compact:
  - Regional Consultation in ECLAC in August 2017, one of five regional consultations;
  - Side event to the 72th Session of the United Nations General Assembly (2017) “Promoting migrant health – striving of peace and decent life for all” in September 2017;
  - Preparatory conference in Jalisco, Mexico in December 2017 to retrieve the results from the five regional inter-governmental consultations.
- **Health is not included in the thematic sessions established for the development of the Global Compact.**

# International Health Regulations (IHR)

(Art 2. Purpose and Scope)

... to prevent the international spread of diseases, to protect against that spread, control it and provide a public health response that is proportionate and restricted to public health risks while avoiding unnecessary interference with international trade and commerce.



# International Health Regulations (IHR)

(2005)

*Entered into force on June 15th, 2007 \**



**Compulsory compliance for  
194 Member States of WHO**

10 Titles

66 Articles

9 Annexes

# Three New Paradigms of IHR

- From border control → to outbreak containment

Core capacities for surveillance and response in outbreaks and points of entry

- From a list of diseases → to all public health risks

Decision-making tools for assessment and notification of events that could be considered as PHEIC

- From pre-defined measures → to adapted measures to all risks

List of experts on IHR, Emergency Committee and Assessment Committee

# Public Health Event of International Interest, Annex 2

*“An extraordinary event that constitutes a risk to the public health of another State, due to its international dissemination capacity and to which a coordinated international response may be needed”.*

Public Health Event of  
International Interest:  
Yes, to 2 of 4

I. Serious Public Health Impact

II. Unused or Unforeseen

III. Significant Risk of  
International Propagation

IV. Risk of international  
restrictions on travel or  
commerce

Source: IHR/WHO





# Implementation of the IHR in ports, airports and border crossings

## PREVENTION

**Contention of known public health risks**



Routine control of "sanitary conditions" at entry points and means of transportation

**Risk Management**

## EARLY WARNING

**Detection of relevant health events**



Inspection, screening, information and verification

**Risk Assessment**

## RESPONSE

**Public health emergency response**



Research support and contingency plans to adopt control measures

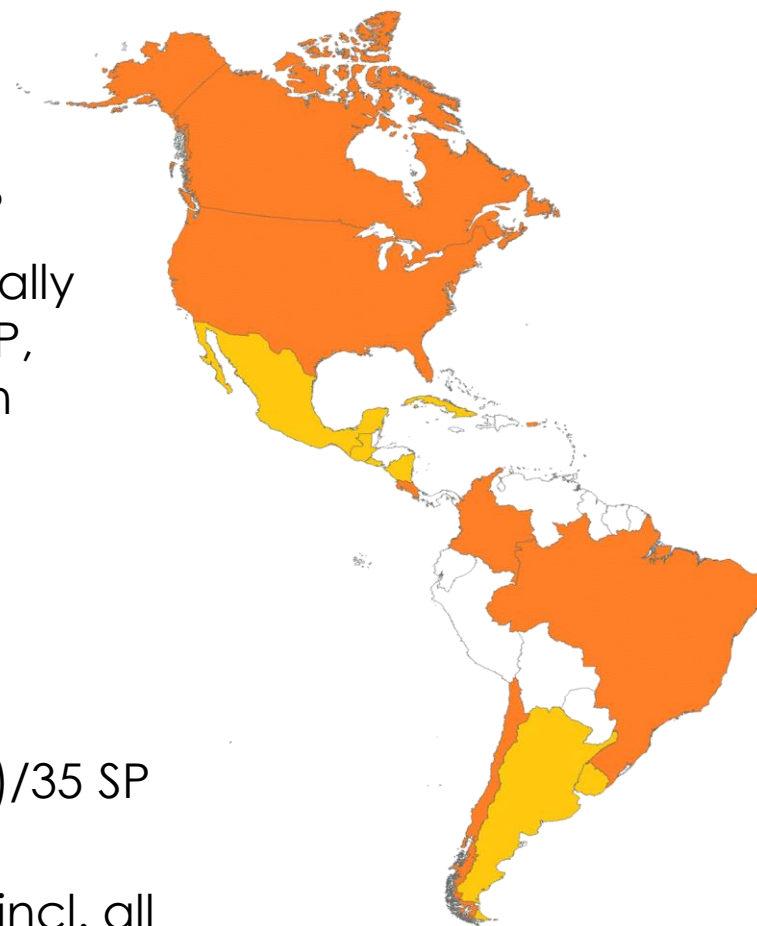
**Event Management**

**Transportation, inspection programs and control measures**

# National Core Capacities: 2012-2014 and 2014-2016 Extensions Americas

- **2012:** Core capacities attained and could be maintained
  - Self-determination core capacities present: 6/35 SP
  - Requested and automatically granted extension: 29/35 SP, incl. all SP in the Caribbean

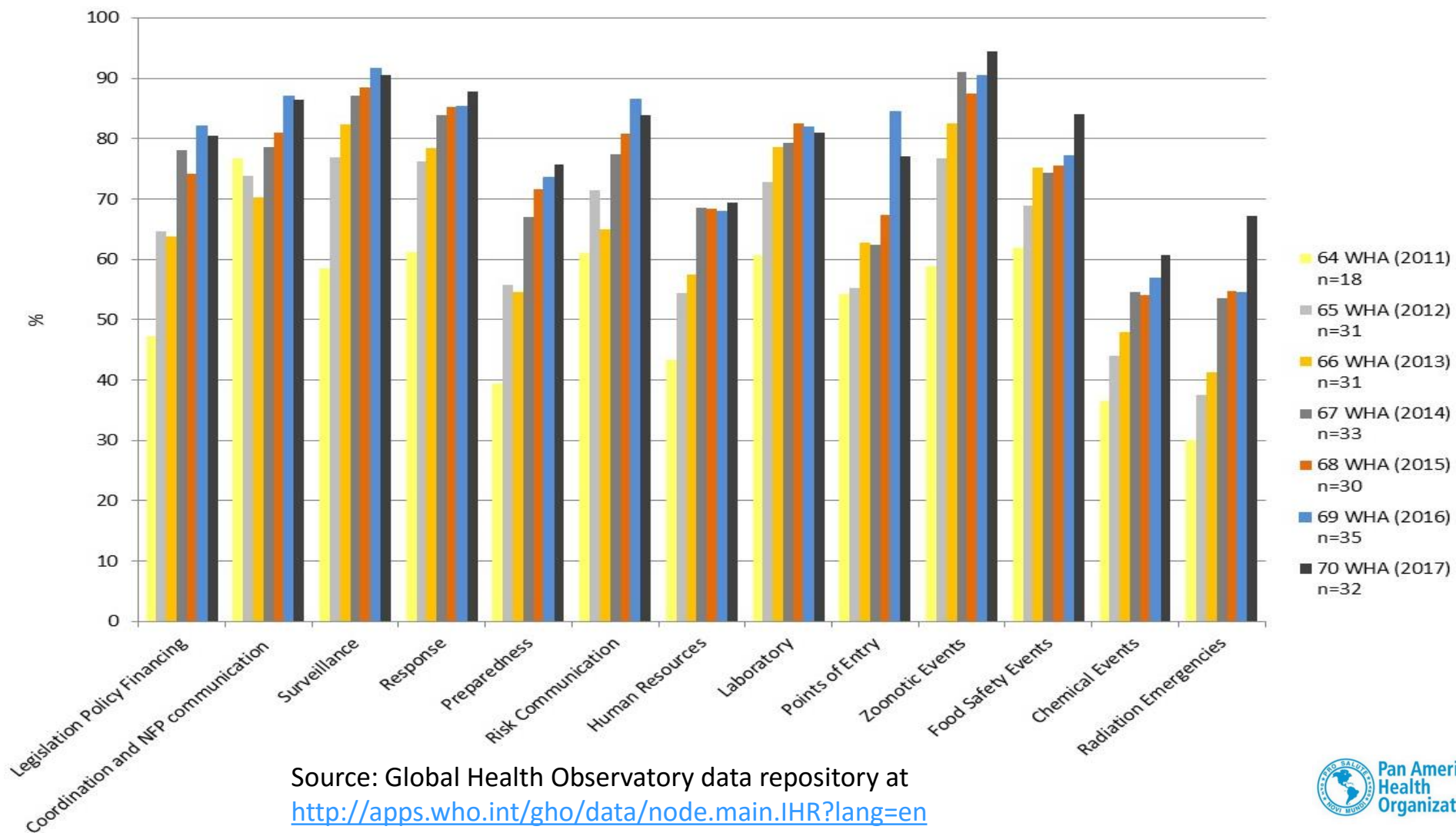
- **2014:** Core capacities attained and could be maintained
  - Self-determination core capacities present: 13 (6+7)/35 SP
  - Requested and granted extension by DG: 22/35 SP, incl. all SP in the Caribbean



- Requests for extension is a sign of national responsibility
- IHR as a tool to support continuous preparedness process and institutional strengthening
- Concerns about sustainability due to disconnection of Action Plans submitted from institutional planning and financing mechanisms

**Core Capacities = Essential Public Health Functions**

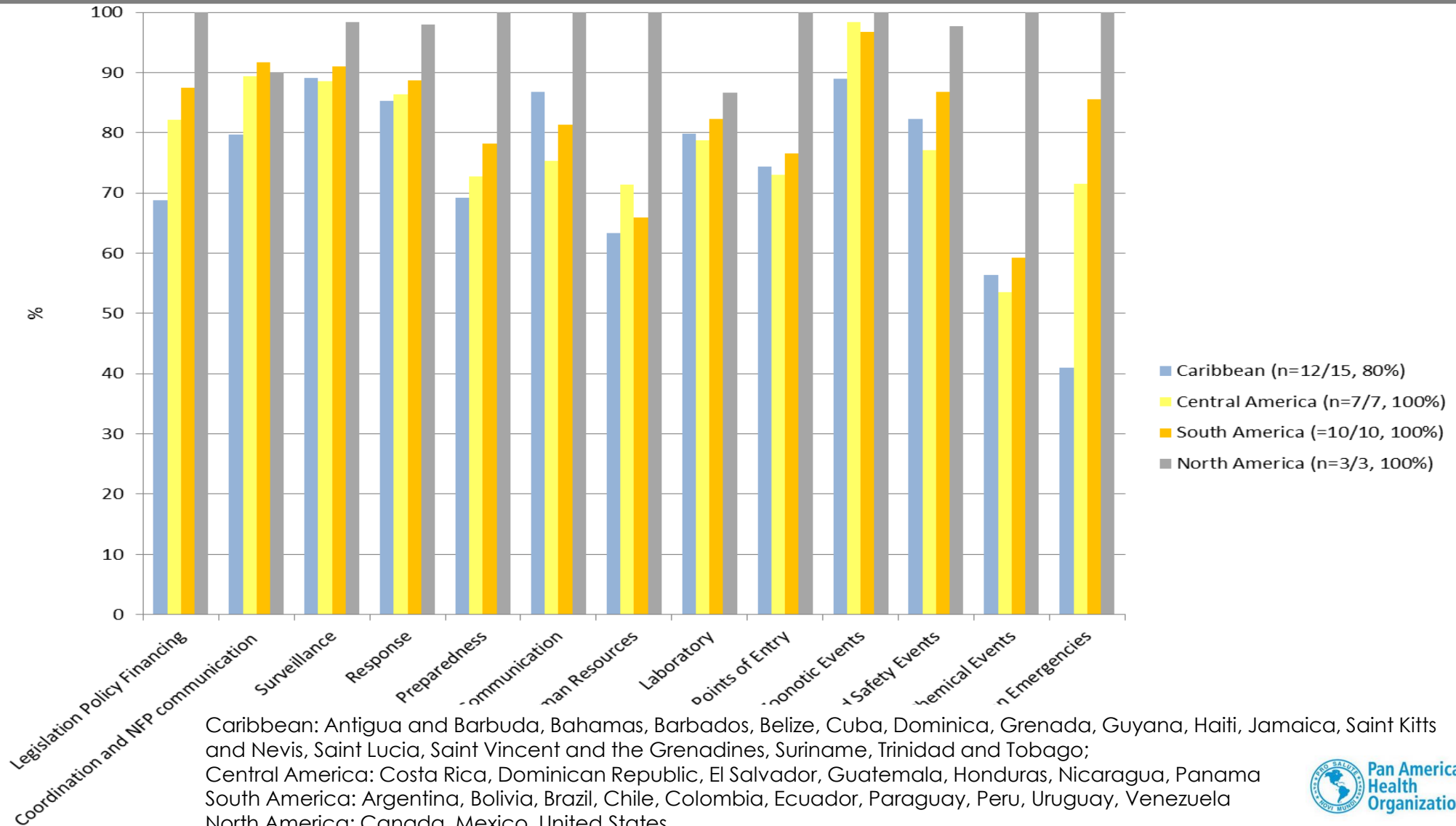
# State Parties Annual Reports to 64<sup>th</sup>-70<sup>th</sup> World Health Assembly Americas, 2011-2017 Status of Core Capacities (%)



Source: Global Health Observatory data repository at  
<http://apps.who.int/gho/data/node.main.IHR?lang=en>

# Status (%) of Core Capacities

by sub-region in the Americas, States Parties Annual Reports to 70<sup>th</sup> World Health Assembly, 2017 (n=32)



# PROPOSED HEALTH ACTIONS FOR THE GLOBAL COMPACT

## Theme 1. Human rights of migrants

To effectively implement the existing instruments or develop harmonized instruments at the local, national, binational and regional level to facilitate the elimination of obstacles and generate evidence on the exercise of the right to health of migrants, regardless of their migration status; such as regulations, protocols, conventions and information systems.

## Theme 2. The effects of irregular and regular migration

To develop national intersectoral mechanisms to ensure health care and protection of the rights for migrants in vulnerable situations, regardless of their migration status, throughout every phase of the migration cycle, including the phases of return and social reintegration.

## Theme 3. International cooperation and governance of migration in all its dimensions

To develop an international agenda for technical and financial cooperation aimed at ensuring the health of migrants, prioritized and coordinated, addressing every phase of the migration cycle.

## Theme 4. Smuggling of migrants, trafficking in women, boys, girls and adolescents

To strengthen the capacities of the health sector to identify, refer and provide comprehensive assistance, including psychosocial assistance for victims of trafficking in persons, other forms of slavery and abduction, and addressing the physical and emotional consequences of migrant smuggling.

## Theme 5. Contributions of migrants and diasporas to sustainable development

To promote mechanisms to enable the diaspora to strengthen the health and social protection systems in their communities of origin through mechanisms that facilitate the mobilization of human, technical and financial resources.

## Theme 6. Migration caused by the effects of climate change or crisis contexts

To develop public policies to promote equal access to health in communities of origin, in response to the drivers of migration in vulnerable situations.



# Thank you



**El Salvador**

*November 2017*