Policy and technical issues:

Migration and Health

One in every seven people living in the world today is either an international or an internal migrant during the time of both war and peace. Over the past years, Governing Bodies of WHO and several global consultations had addressed the issues related to migration and health at various forums. The recent refugee crises on an unprecedented scale globally have posed serious questions on the limitations of the global and national health frameworks to address the issue and re-energized discussions on this topic.

The attached Working Paper highlights the background and chronologies of global and regional meetings, problem statement and key challenges, scope, guiding principles, the South-East Asia regional perspective and the way forward.

This Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The recommendations made by the HLP meeting for consideration by the Sixty-ninth Session of the Regional Committee are:

**Actions by Member States**

1. Organize country-level preparatory workshops to have consolidated and firm practical actions ready for focused discussions at the Second Global Consultation on Migration and Health in Colombo on 25–27 October 2016.

2. Consider the six action points proposed as the way forward. These are:
   - (i) making health systems adoptive,
   - (ii) addressing threats of newly emerging communicable diseases,
   - (iii) maintaining targeted programmes for elimination of communicable disease with time-bound targets,
   - (iv) ensuring systematic data collection for evidence-based scenarios for planning and advocacy,
   - (v) maintaining robust partnerships between different UN agencies and other international organizations to ensure division of labour, and
   - (vi) sharing of good experiences and best practices from countries.
Actions by WHO

(1) Provide technical assistance and play a coordinating role in developing a comprehensive regional strategic framework on migration and health.

(2) Coordinate and ensure a working and robust partnership forum in the SEA Region and a roadmap for the division of labour among partners as well as WHO technical departments/units in SEARO and WHO headquarters.

(3) Support Member States to better prepare for the forthcoming global events (UN General Assembly on 19 September 2016 and the Second Global Consultation in Colombo on 25–27 October 2016).

This Working Paper and the HLP Meeting recommendations are submitted to the Sixty-ninth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Background

1. Globalization, climate change, global conflict, urbanization and economic necessity are factors driving the current highest levels of migration ever recorded in history. There are approximately 244 million international migrants and 740 million internal migrants in the world today, or one in every seven persons is a migrant. More people have been forced to migrate in recent years than at any other time since the Second World War. Currently, there are also 60 million people who are forcibly displaced against their will, of whom 20 million are refugees and 40 million internally displaced persons.

Chronology of WHO Governing Bodies and Global Consultations

At the global level:

2008:

- The Sixty-first World Health Assembly in May 2008 adopted resolution WHA 61.17 on the Health of Migrants (see Annexure 1). The resolution calls on, inter alia, Member States to develop policies and systems to address the health issues of migrants and promote greater multinational and intersectoral collaboration.

2010:

- A progress report on World Health Assembly resolution WHA61.17 was submitted to the Sixty-third World Health Assembly.
- In response to the World Health Assembly resolution WHA61.17, a Global Consultation on Migration and Health was conducted in Spain in 2010.

2016:

- The Sixty-ninth World Health Assembly deliberated on means to promote and protect the health of migrants. This Agenda item at the Health Assembly drew considerable attention and support from Member States, and was unanimously acknowledged as an issue of global concern. The scope, key typologies and socioeconomic dynamics related to the health and well-being of migrants are different across countries and regions (such as rural-urban, economic, etc.).
- A Technical Briefing on Migration and Health was also organized on the sidelines of the World Health Assembly on 27 May 2016. This was attended by over 200 participants from Member States, UN specialized agencies, civil societies, NGOs, partners and the media. Two Member States from the South-East Asia Region, Sri Lanka and Thailand, took part in the panel discussions. Sri Lanka presented its experience with multisectoral engagement in the policy process, both national and international, and Thailand showcased its achievements and presented the key challenges experienced with the formulation of policies for the health of migrants.
- Subsequent to the First Global Consultation on Migration and Health in Spain in 2010, the Second Global Consultation on Migration and Health will be held in Colombo in October 2016.

These developments and consultations emphasized the following:

- The need for better data on the health requirements of migrants.
- Policy and legal frameworks in recipient countries.
- Migrant-sensitive health systems.
- Collaborative networks and international dialogue.
**At the regional level (South-East Asia):**

**2007:**
- The Sixtieth session of the WHO Regional Committee for South-East Asia addressed one specific and unique dimension of migration while adopting the resolution SEA/RC60/R9 titled “International Migration of Health Personnel: A Challenge for Health Systems in Developing Countries”.

**Problem statement and key challenges**

2. The overriding problems related to protecting and promoting the health of migrants and the key challenges thereof include:

- Unprecedented and relentless human mobility, both internal and international, since the Second World War with continued upward trends.
- Absence of or inadequate access to quality health services making migration policies often inhumane.
- Irregular status of migrants that severely hinders their access to health care.
- Universal health coverage is high on the global health agenda, but it can only be successful if health systems are inclusive, and provide those services for migrants and refugees as and when necessary.
- Integrating refugees and migrants into national health-care and health insurance schemes.
- Lack of flexible multi-year funding for countries coping with the influx of refugees and migrants.
- The movement of populations at its current speed and volume has increased the pandemic potential of communicable diseases. It can also lead to billions of dollars’ worth of economic and financial losses for affected and vulnerable countries. The recent crises related to Ebola and SARS have been reminiscent of mass migration seen during the plague epidemic.
- WHO is now expected to more effectively implement the International Health Regulations (2005).

**Scope of Migration and Health**

**Direct health issues**

- **Communicable diseases:** This is both an epidemiological as well as a public health concern, though a strong evidence base with excellent surveillance together with a systematic and collaborative approach to preparedness and response exists. Emphasis must be placed on the protection of the health of migrants as well as the resident population.

- **Universality of health provisions:** Provision of disease prevention measures and public health interventions should be made available to people irrespective of their ethnicity, origin and migration status. Pockets of unreached non-resident population groups have contributed to failures in elimination of vaccine-preventable and other communicable diseases.
- **Unmet health needs and increased disease burden:** Against the background of inequity and suboptimal measures, movement exposes mobile, migrant and refugee populations to risks that increase their vulnerability to mental health disorders, reproductive health related problems, rise in infant mortality, use of psychotropic drugs, nutrition disorders, alcoholism, injuries and violence, and uncontrolled and untreated noncommunicable conditions. Lack of targeted and user-friendly access to appropriate care during the transit and early arrival phases of migration increases this burden.

**Associated determinants**

- **Preparing health systems to cope with population movements ON an unprecedented scale:** Current health strategies and practices were mostly designed to meet the needs of populations fundamentally perceived as static and homogenous. However, modern migration trends and globalization call for health systems and societies to address the myriad challenges of migration including diversity, interconnectivity, and high levels of rapid population mobility both within and across national borders.

- **Translating potential migrant earnings to health financing:** Targeted health services designed for migrants and innovative financing out of revenues generated by migrants have not been meaningfully deployed with flexible regulations. As a result, productive migrant populations have been perceived as a burden rather than an asset to the prevailing health services to the country.

- **Addressing vulnerabilities of migrants as a social determinant of health:** This relates to factors such as the migration process, reasons for migrating, mode of travel, length of stay, migrants’ language skills, and social and legal status of migrants in the destination countries. Migrants, and consequently societies at large, can be more vulnerable to ill health and disease.

**Guiding principles: International human rights instruments**

3. Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) provides the most authoritative articulation of the right of everyone to the enjoyment of the highest attainable standards of physical and mental health. This has long been established in international human rights law embedded in the principles of equality and non-discrimination. It is, therefore, critical for national health systems, policies and legal frameworks to address migrants’ health regardless of the legal status of the migrant.

4. The following four principles serve as the basis for a policy framework for defining the public health strategies for migrants:

   (i) To avoid disparities in health status and access to health services between migrants and the host population.

   (ii) To ensure migrants’ health rights.

   (iii) To put in place life-saving interventions so as to reduce excess mortality and morbidity during migrations resulting from disasters or conflicts.

   (iv) To minimize the negative impact of the migration process on migrants’ health outcomes.
Migration and Health: Perspective from the South-East Asia Region

5. In the South-East Asia Region, the key typologies of migrants are:
   - **Migrant workers or economic migrants**: Migration of workers seeking employment has been a common phenomenon in the South-East Asia Region for decades with Member States being both exporters and users of foreign labour.
   - **Urban migrants**: By 2020, 13 of the world’s 25 megacities, most of them situated in coastal areas, will be found in Asia and the Pacific. Rural populations have always tended to migrate to urban areas seeking work and economic opportunity.
   - **Displaced populations**: These occur in large numbers not only because of the population density of the Region but also because of the frequency of emergencies (around 44% of all natural and humanitarian disasters from various causes have occurred in the 11 countries of the South-East Asia Region in the decade 2001–2010).

Cross-border communicable disease control

6. With regard to the control of communicable diseases among migrant populations in cross-border areas, the Greater Mekong Subregion (which covers parts of Member States of both the South-East Asia and the Western Pacific Regions) has plans for a “healthy border programme” with a focus on the prevention and control of TB, HIV and other prevalent communicable diseases in that region. As part of this programme, a review of the access to health and related services by migrants in the Subregion is also forthcoming.

7. Some migrant and mobile populations (MMPs) are highly vulnerable to malaria due to a number of factors and yet may not have adequate protection through established malaria interventions. In addition, population mobility is widely recognized as a key factor leading to the importation of parasites, which could jeopardize national and regional elimination efforts by possibly leading to the generation of secondary cases.

8. In 2016, WHO published “Approaches for mobile and migrant populations in the context of malaria multidrug resistance and malaria elimination in the Greater Mekong Subregion” plus a toolkit consisting of three publications with guidance on how to practically implement different aspects of malaria control among those populations. This report provides a practical tool to stop the development of drug-resistant malaria and eliminating malaria from the Greater Mekong Subregion.

South Asia cross-border malaria meeting in February 2016:

9. With most countries of the Region having committed to malaria elimination by 2030, cross-border collaboration has been revitalized. Organized back-to-back with the launch of the India Malaria Elimination Framework (2016–2030), the cross-border meeting defined objectives, mechanisms and processes of collaboration between five Member States of the SEA Region (Bangladesh, Bhutan, India, Myanmar and Nepal) in order to have joint border district workplans based on an assessment in each district as well as joint planning, while at the same time creating an enabling environment for such collaboration.
The way forward

10. In an adoptive health system, a framework for short-term, intermediate and long-term action on the health of migrants needs to be developed with inclusive programmes which should accommodate the following:
   - evidence-based inclusive migrant-sensitive health policies and legal options,
   - disaggregated health information with robust epidemiological data on migration,
   - transformation of health systems sensitive to the needs of migrants.

11. The threats of newly emerging communicable diseases or dangerous pathogens with epidemic and pandemic potential across borders must be addressed. Furthermore, outbreak surveillance measures and guidelines for early detection of emerging pandemic diseases such as avian influenza as well as monitoring antimicrobial resistance levels among migrants should be made available to countries sharing migrant populations.

12. The import or export of infections at last stages of elimination through migrant populations must be tackled through constructive policy and implementable measures. Targeted programmes for the elimination of communicable diseases such as malaria, TB and HIV-AIDS and specific cross-border management of infections towards facilitating their elimination, as well as robust surveillance of last-mile programmes and zero transmission cases, should be maintained.

13. There is a need for evidence-based scenarios for planning and advocacy that are backed up and supplemented by systematic data collection in support of securing the health of migrants. It is imperative to conduct periodic reviews of existing situations and future scenarios for better planning and preparedness based on modelling and forecasting of the impact of health and disease with or without effective interventions in place.

14. Partnerships between different UN agencies and division of labour among them, with clear articulation of the role of WHO as the Health Cluster Lead, is key. Such partnerships are necessary for coordination, information sharing and stewardship, based on the typology of migration and other thematic areas. Along with UN agencies, intergovernmental stakeholders must also be invited to play a role in migration and health.

15. Good experiences and best practices from countries having health policies for migrants in place must be documented and shared.
Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;\(^1\)

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

Recalling the first plenary session of the United Nations General Assembly on migration issues and the conclusions of the High-level Dialogue on Migration and Development (New York, 14–15 September 2006) with their focus on ways to maximize the development benefits of migration and to minimize its negative impacts;

Recognizing that the revised International Health Regulations (2005) include provisions relating to international passenger transport;

Recalling resolutions WHA57.19 and WHA58.17 on international migration of health personnel: a challenge for health systems in developing countries, calling for support to the strengthening of health systems, in particular human resources for health;

Recognizing the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development;

Recognizing that health outcomes can be influenced by the multiple dimensions of migration;

Noting that some groups of migrants experience increased health risks;

Recognizing the need for additional data on migrants’ health and their access to health care in order to substantiate evidence-based policies;

Taking into account the determinants of migrants’ health in developing intersectoral policies to protect their health;

Mindful of the role of health in promoting social inclusion;

\(^{1}\) Document A61/12.
Acknowledging that the health of migrants is an important public health matter for both Member States and the work of the Secretariat;

Noting that Member States have a need to formulate and implement strategies for improving the health of migrants;

Noting that policies addressing migrants’ health should be sensitive to the specific health needs of women, men and children;

Recognizing that health policies can contribute to development and to achievement of the Millennium Development Goals,

1. CALLS UPON Member States:

   (1) to promote migrant-sensitive health policies;

   (2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;

   (3) to establish health information systems in order to assess and analyse trends in migrants’ health, disaggregating health information by relevant categories;

   (4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;

   (5) to gather, document and share information and best practices for meeting migrants’ health needs in countries of origin or return, transit and destination;

   (6) to raise health service providers’ and professionals’ cultural and gender sensitivity to migrants’ health issues;

   (7) to train health professionals to deal with the health issues associated with population movements;

   (8) to promote bilateral and multilateral cooperation on migrants’ health among countries involved in the whole migratory process;

   (9) to contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals;

2. REQUESTS the Director-General:

   (1) to promote migrants’ health on the international health agenda in collaboration with other relevant international organizations;

   (2) to explore policy options and approaches for improving the health of migrants;

   (3) to analyse the major challenges to health associated with migration;
(4) to support the development of regional and national assessments of migrants’ health status and access to health care;

(5) to promote the inclusion of migrants’ health in the development of regional and national health strategies where appropriate;

(6) to help to collect and disseminate data and information on migrants’ health;

(7) to promote dialogue and cooperation on migrants’ health among all Member States involved in the migratory process, within the framework of the implementation of their health strategies, with particular attention to strengthening of health systems in developing countries;

(8) 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;

(9) to encourage the exchange of information through a technical network of collaborating centres, academic institutions, civil society and other key partners in order to further research into migrants’ health and to enhance capacity for technical cooperation;

(10) to promote exchange of information on migrants’ health, nationally, regionally, and internationally, making use of modern information technology;

(11) to submit to the Sixty-third World Health Assembly, through the Executive Board, a report on the implementation of this resolution.

Eighth plenary meeting, 24 May 2008
A61/VR/8

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