“THE 2ND GLOBAL CONSULTATION ON MIGRANT HEALTH : RESETTING THE AGENDA ”

Dr. Davide T. Mosca, Director Migration Health

INTERNATIONAL ORGANIZATION FOR MIGRATION
OUTLINE

1. The recent history of Migration Health: .....advancing an unfinished agenda

2. Migration Crises

3. Recent developments, the 2GC and .....looking forward
2. Migration Crises
DADAAB – KENYA
refugee population
343,000

Where the world’s displaced people are being hosted

- 12% Americas
- 29% Africa
- 39% Middle East and North Africa
- 14% Asia and Pacific
- 6% Europe

53% of refugees worldwide came from three countries

- Somalia 1.1m
- Afghanistan 2.7m
- Syria 4.9m

Top hosting countries

- Jordan 664,000
- Ethiopia 736,100
- Islamic Republic of Iran 979,400
- Lebanon 11m
- Pakistan 1.6m
- Turkey 2.5m

33,972 people
a day forced to flee their homes because of conflict and persecution

10,800 staff
UNHCR employs 10,800 staff
(as of 31 December 2018)

128 countries
We work in 128 countries
(as of 31 December 2018)

We are funded almost entirely by voluntary contributions, with 86 per cent from governments and the European Union.

Source: UNHCR / 20 June 2016
CRISES INFLUENCING THE GLOBAL MIGRATION HEALTH AGENDA

Syria Crisis 2011

Cross-border arrivals by boat to Italy and Malta represented 3.9% of persons fleeing Libya

ITALY & MALTA
27,509 migrants crossing the border to flee violence
# 2015 – 2016 Comparison of Arrivals to Europe by Land and Sea

## Total Arrival

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1,046,599 individuals</td>
</tr>
<tr>
<td>2016</td>
<td>387,739 individuals</td>
</tr>
</tbody>
</table>

### Monthly Arrivals

<table>
<thead>
<tr>
<th>Month</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>5,033</td>
<td>73,731</td>
</tr>
<tr>
<td>Feb</td>
<td>6,917</td>
<td>63,269</td>
</tr>
<tr>
<td>Mar</td>
<td>9,068</td>
<td>38,028</td>
</tr>
<tr>
<td>Apr</td>
<td>15,261</td>
<td>28,092</td>
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<tr>
<td>May</td>
<td>23,083</td>
<td>39,278</td>
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<tr>
<td>Jun</td>
<td>26,525</td>
<td>54,408</td>
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<tr>
<td>Jul</td>
<td>28,780</td>
<td>78,289</td>
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<tr>
<td>Aug</td>
<td>29,090</td>
<td>131,242</td>
</tr>
<tr>
<td>Sep</td>
<td>24,156</td>
<td>163,837</td>
</tr>
<tr>
<td>Oct</td>
<td>32,974</td>
<td>221,084</td>
</tr>
<tr>
<td>Nov</td>
<td>20,026</td>
<td>154,934</td>
</tr>
<tr>
<td>Dec</td>
<td>12,357</td>
<td>119,023</td>
</tr>
</tbody>
</table>

18 Mar 2016: EU-Turkey agreement signed
Comparison of Figures: Syria

- 7.6 million internally displaced
- 4.8 million displaced to neighboring countries
- 1.54 million landed in Europe in 2015-17

The main burden of the crisis is at countries of origin…and in neighboring countries

- As of 3 March 2016, Turkey, with a population of 79 million, was hosting 2,715,789 Syrians – a ratio of 1 Syrian to every 29 Turks.
- In Jordan, the ratio of Syrians to Jordanians is approximately 1 to 10.
- In Lebanon, the ratio is a compelling 1 to 4.
- About 1 to 500 in the 28 States for the 28 EU
More than 40,000 deaths in the Mediterranean alone since 2000
...estimating the Missing

Recorded dead and missing migrants around the world, 2015

<table>
<thead>
<tr>
<th>Regions</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediterranean</td>
<td>3,772</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>789</td>
</tr>
<tr>
<td>United States—Mexico border</td>
<td>341</td>
</tr>
<tr>
<td>North (N) Africa and Sahara</td>
<td>323</td>
</tr>
<tr>
<td>Europe</td>
<td>132</td>
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<tr>
<td>Horn of Africa</td>
<td>108</td>
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<tr>
<td>Central America</td>
<td>91</td>
</tr>
<tr>
<td>Sub-Saharan (SS) Africa</td>
<td>51</td>
</tr>
<tr>
<td>South-East (SE) Africa</td>
<td>50</td>
</tr>
<tr>
<td>Middle East</td>
<td>32</td>
</tr>
<tr>
<td>East Asia</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,659</strong></td>
</tr>
</tbody>
</table>

Notes: (a) Numbers refer only to deaths about which IOM is aware – an unknown number of deaths are unrecorded. Thus, for most regions, the data represent a minimum of the actual number of migrant deaths. The comprehensiveness and quality of the data varies by region. Precise values presented reflect the data available to IOM at the time of publication and do not claim to represent the exact number of dead and missing migrants in each region; all figures are approximate. (b) Figures include both bodies found and migrants who are missing and presumed dead. (c) Figures correspond to deaths that occurred during the process of migration. They exclude deaths that occur once in a destination country that may be indirectly attributable to a migrant’s legal status or immigration policies, such as deaths occurring in detention facilities, due to lack of access to medical care, unsafe working conditions or xenophobic attacks, among others. (d) South-East (SE) Africa includes 30 deaths en route from Comoros to Mayotte. (e) North Africa and Sahara includes 82 deaths that occurred en route to the Canary Islands. (f) Names and boundaries indicated on the map do not imply official endorsement or acceptance by IOM.

Source: IOM Missing Migrants Project. Data obtained from local authorities (coast guards, sheriff’s offices, medical examiners), interviews with survivors provided by IOM field offices, United Nations High Commissioner for Refugees (UNHCR), nongovernmental organizations (NGOs) and media reports.
RESETTLEMENT OF REFUGEES

‘the family of Alan Kurdi resettled to Canada in 2016’
THE MIGRATION CRISIS IN EUROPE

REFUGEES WELCOME!

REFUGEES NOT WELCOME
A new landscape

- **Changing the migration narrative**
  - Desperation vs. Aspiration
  - Increasing exploitation and criminal networks
    (20M in situation of forced labour)

- **Rise of anti-migrant sentiments & restrictive policies**
  - Xenophobia,
  - Increased irregular migration, and conditions of vulnerability

- **Decline in public confidence in governments’ ability to manage migration**
  - Fear, distrust and populistic rhetoric
  - The impact of terrorism
A CHALLENGING Environment

A. Brexit
B. New US Administration
C. Ultra-nationalistic populism; anti-multilateralism & economic protectionism trends -- together threatening to abandon the liberal international order that emerged after the 2nd World War which has prevailed for the past 70 years
Desperate survival migration

Half a trillion USD sent home by migrants as remittances in 2016

Global Migration Dynamics

➔ Migration bridges disparities

....scaling up preparedness for the era of Global Human Mobility and Migration
3. Recent developments, the 2nd GC and.....looking forward
ADVANCING THE UNFINISHED AGENDA OF ‘MIGRANT HEALTH FOR THE BENEFIT OF ALL’

Dr. Davide T. Mosca
Migration Health Division (MHD)
International Organization for Migration
No longer is human mobility seen as just background context for development, or worse merely seen as a consequence of lack of development. Rather, with the SDGs, migration is an issue to act upon to enhance sustainable development and IOM is an important actor both for advising prioritization and implementation on the ground.

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2030 SUSTAINABLE DEVELOPMENT AGENDA, UNGA 2015
10.7 facilitate **orderly, safe, and responsible migration and mobility of people**, including through implementation of planned and **well-managed migration policies**

3.8 Achieve **universal health coverage**, including **financial risk protection**, **access to quality essential health-care services** and access to safe, effective, quality and **affordable essential medicines and vaccines** for all

….NOT EVEN MIGRANTS!
2030 Agenda «leaving no one behind»

Tracing migrant health within the SDGs

https://www.iom.int/sites/default/files/press_release/file/Migration%20in%20the%202030%20Agenda.pdf
69th WHO WHA May 2016: migrant health on the agenda;
Technical Briefing on migration and health:
Sustainable development and migration and, Large-scale displacement.
Sept. 19th, 2016
71st UN General Assembly
High-Level Meeting on
Large Movements of Refugees and Migrants

“We are gathered here today for an historic Summit – the first ever to assemble Heads of State from around the world to address the question of refugees and migrants,”

➢ IOM joins UN as lead migration agency and related organization

IOM’s DG W.L. Swing noted that the decision reflected a growing recognition of the importance of migration and the need to better link human mobility with related policy agendas, including in the humanitarian, development, (health?), human rights, climate change and peace and security domains.
Heads of State and Government committed to:

(a) protect safety, dignity, rights of all migrants, regardless of migratory status;

(b) support countries rescuing, receiving & hosting large numbers of refugees & migrants;

(c) integrate migrants – needs/capacities & those of receiving communities – in humanitarian & development planning;

(d) combat xenophobia, racism & discrimination;

(e) develop state-led process, non-binding principles & voluntary guidelines on treatment of vulnerable migrants; and refugees

(f) strengthen global governance of migration, including by bringing IOM into the UN & development of a Global Compact for Safe, Orderly and Regular Migration.
UNGA Sept. 2016
Side Event:
“Migration and Population Mobility and Health”
organized by IOM, WHO, UNHCR
,hosted by Sri Lanka and Italy
1. **Decides** that the **intergovernmental conference** to adopt a global compact for safe, orderly and regular migration:
   a) Will be held at the United Nations headquarters in New York immediately prior to the opening of the general debate of the 73rd session of the General Assembly, unless otherwise agreed.

2. **Underlines** further that the **outcome document** to be adopted by the intergovernmental conference **may include** the following main components: actionable commitments, means of implementation and a framework for follow up and review of implementations.


15. Requests the President of the General Assembly, with the support of the Secretary General and by drawing upon the expertise of the IOM in particular, other members of the Global Migration Group and other relevant entities, to organize a series of informal thematic sessions:
   a) Human rights of all migrants, social inclusion, cohesion and all forms of discrimination....
   b) Irregular Migration and regular pathways, including decent work, labor mobility, ....
   c) International cooperation and governance of migration in all its dimension....
   d) Contributions of migrants and diaspora to all dimension of sustainable development including remittances and portability of earned benefits
   e) Addressing drivers of migration including adverse effects of climate changes, natural disasters and human-made crises...
   f) Smuggling of migrants, trafficking in persons and contemporary forms of slavery......
Decision of the 140\textsuperscript{th} WHO Executive Board, 30\textsuperscript{th} January 2017

• 1. to prepare, in full consultation and cooperation with Members States, and in cooperation with IOM and UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the 70\textsuperscript{th} WHA (2017);

• 2. to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the Global Compact on refugees and the Global Compact for Safe, Orderly and Regular Migration, in close collaboration with relevant organizations; to report back to the 71\textsuperscript{st} WHA (2018);

• 3. to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the framework of priorities and guiding principles to promote the health of refugees and migrants, and to report back to the 71\textsuperscript{st} WHA (2018);

• 4. to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as IOM and UNHCR a draft global action plan on health of refugees and migrants, to be considered by the 72\textsuperscript{nd} WHA, through the Executive Board at its 144\textsuperscript{th} session (2019)
2nd Global Consultation on Migrant Health 2017: Resetting the Agenda

21-23 February 2017
Colombo, Sri Lanka
1ST AND 2ND GLOBAL CONSULTATIONS

• ACTIONABLE POLICY OBJECTIVES

• PROGRESS MONITORING FRAMEWORK

• RESEARCH AGENDA

HEALTH OF MIGRANTS - THE WAY FORWARD
Report of a global consultation
(Marrakech, Morocco, 12-15 March 2010)

MIGRANT HEALTH: RESETTING THE AGENDA
Report of the 2nd Global Consultation
Colombo, Sri Lanka, 21-23 February 2017

2010 2017
Migration Health Conceptual Framework

An integrated approach to addressing the Health of Migrants and Mobile Populations’ (MMPs)

**SCOPE FOR INTERVENTION**

- **Migrant Health for Sustainable Development**
  To ensure health of MMPs are made an integral part of human and sustainable economic development

- **Vulnerability and health protection**
  To reduce vulnerability and enhance resiliency of MMPs and systems in the context of crisis and social, political and individual determinants

- **Health Promotion, Disease Prevention and Control**
  To enable a preventative, health promotive, curative and rehabilitative approach to reducing disease burden in MMPs and communities

**OVERACHING AGENDAS & PARADIGMS**

- **Global Health, Human Development and Migration Agendas:**
  - Sustainable Development Goals (SDGs) with an emphasis on UHC
  - Global Health and Foreign Policy (GHFP) agenda
  - Migration & Development agenda (GFMD, GMG etc)
  - Peace Building, State Building Goals (PSGs), Sendai Framework
  - UN climate change framework
  - UN humanitarian framework (e.g. Global Humanitarian Platform)

- **Health Systems Strengthening (HSS)**

- **Global Health Security (GHS) and Health and Human Security Agenda**

- **International Health Regulations (IHR)**

**METHODODOLOGICAL ACTION FRAMEWORK AT ORIGIN, TRANSIT, DESTINATION AND RETURN**

- Monitoring Migrant Health, Evidence, Research and information dissemination
- Advocacy for conducive, cross-sector Policy and Legal Framework Development
- Direct Services & Capacity Development to create Migrant Sensitive Health Systems
- Strengthening multi-sector and inter-country coordination and partnerships
MIGRATION HEALTH: A UNIFYING AGENDA

HEALTH, HEALTH SYSTEMS & GLOBAL HEALTH
To promote preventive and curative health approaches to reduce disease burden for migrants and host communities
Calibrated along Universal Health Coverage (UHC), Primary Health Care (PHC), and Health System Strengthening (HSS) concepts and Global Health Security (GHS)

VULNERABILITY & RESILIENCY
To reduce vulnerability and enhance resilience of migrants, communities and systems
Calibrated along the Social Determinants of Health (SDH) and equity in migrant health

DEVELOPMENT
To ensure health of MMPs are made an integral part of human and sustainable economic development
Calibrated along the Sustainable Development Goals (SDGs)

1ST CONSULTATION ON GLOBAL HEALTH OF MIGRANTS
OPERATIONAL FRAMEWORK:
- Monitoring Migrant Health, Evidence, Research and Information Dissemination
- Advocacy for conducive, cross-sector Policy and Legal Framework Development
- Direct Services & Capacity Development to create Migrant Sensitive Health Systems
- Strengthening multi-sector and inter-country Coordination and Partnerships

Large, crisis-driven, acute influx of refugees and migrants
Structural, long term, economic and disparity-driven population flows
1. The traditional separation between migrants, refugees and asylum seekers is getting more and more blurred

- Voluntary migration and forced migration tend to overlap.
- Many forced migrants are becoming irregular (undocumented migrants)
- Many refugees are not any more living in camps but within communities
- Protracted displacement determines a shift towards the need for longer term interventions and health system strengthening
2. Migrant’s health pose a double challenge:
   - the need for a humanitarian health response in the **acute situation** of massive influxes of migrants
   - the need for an **inclusive development-oriented longer term response (humanitarian-development nexus)** for both forced or voluntary, whether documented or undocumented

3. The health response to refugees, asylum seekers and other migrants should be through the strengthening of national health systems
   - and not through ad-hoc, dedicated, parallel or second class services
   - It is necessary to have conducive health policies and relevant legislation in other sectors for mainstreaming migrants’ and refugees’ into the national health systems
   - It is importnat to ensure **continuity of care** so these populations groups receive the health care they need along mobility pathways
   - It is vital to strengthen the capacities of the health workforce and other staff involved to address the migrants and refugee’s health issues within the regular health systems
   - Greater investment in policies and programs to develop migrant sensitive health services are needed
4. It is crucial to take a human rights and a right to health approach to advance effectively in the pursuit of Universal Health Care for these populations

- When it comes to health care for migrants and refugees, access is of the essence.
- Access barriers, whether financial, cultural, linguistic, legal or administrative constitute a big hurdle and ought to be mitigated or removed for attaining the full realization of the SDGs for these populations.
- Strengthening cultural and linguistic mediation in the national health systems is of great importance.
- A crucial aspect is the definition of entitlements for these populations.

5. Need of improving social and financial health protection for refugees, asylum seekers, and migrants.

6. More than a health security issue we are dealing with a critical aspect of human security.

- It is critical to continue advancing a comprehensive and inclusive public health approach to the health of migrants, addressing the root causes of their health problems and of their health care delivery problems.
**AT NATIONAL LEVEL**

- Establish, reinforce and monitor **comprehensive national migrant health policies** that are **right-based, multi-sectorial and harmonized across sectors, participatory** for migrants, civil society, private sector, and other key actors in a **whole-of-society and all-of-Government approach**.

- Such policies should be based on **the extension of Universal Health Coverage (UHC)** and **Social Protection Floors to all migrants**, irrespective of their migratory status.

- Establish or assess existing **mechanisms for financial risk protection**; extend social protection in health and improve social security for all migrants and their families and find innovative solutions for portability of social security and continuity of care.

- Prioritize **capacity to provide live-saving rapid interventions to migrants in need**, as well as long term strategies to **mainstream migrant health within health and other sector strategies**.

- Address and remove situations, conditions and elements of vulnerability of migrants including xenophobia, restrictive migration norms for migrants with health needs, and other policy gaps and inconsistencies; enhance elements of resiliency such as adequate information, education, and empowerment for self-help.

- **Strengthen local health systems** and enhance people-centred health services to deliver migrant inclusive services fostering social stability and integration.

- **Establish adequate indicators to monitor migrant health** as well as measures to monitor progress and good practices to be shared at regional and global level.

**RECOMMENDATIONS**

**AT REGIONAL LEVEL**

- **Enhance cross-border cooperation and partnerships** to harmonize policies and practices and ensure **continuity of care** and health responses to emerging needs linked to human mobility, including in health and border management.

- Ensure the **mainstreaming of migration health issues within regional and multi-regional dialogues on health, migration, development, foreign policy; enhance cooperation among countries of origin, transit and destination**.

- Develop **platforms for research, innovation and sharing of good practices**.

**AT GLOBAL LEVEL**

- Ensure a dedicated space for health and migration issues within the road-map leading to the **Global Compacts, and within the Compacts themselves**.

- **Promote the migration health agenda** cross-sectors and within the scope of **the implementation of SDGs**.

- **Enhance political leadership, partnership, and mobilization of resources** towards innovation, participation and action to respond to health needs and challenges brought by global migration.
We agree

To consider this Colombo Statement and take note of the other outcomes of the 2nd Global Consultation on Migrant Health, including the consolidated elements of a Progress Monitoring Framework, Research Agenda and Actionable Policy Objectives, in order to improve the health and well-being of migrants and their families throughout the migration cycle, as appropriate;

To continue the implementation of WHA 61.17 and other relevant WHA resolutions and initiatives.

To lead in mainstreaming the migration health agenda within key national, regional and international fora, in domains such as migration and development, disease control, global health, health security, occupational safety, disaster risk-reduction, climate and environmental change, and foreign policy as guided by the 2030 Agenda for Sustainable Development;

To promote the principles and agreements reached at the 2nd Global Consultation on Migrant Health as inputs to future global initiatives, intergovernmental consultations, and Governing Bodies processes contributing to the formulation of a meaningful Global Compact on Safe, Orderly and Regular Migration and where health responses share common elements to the Global Compact on Refugees in 2018 as appropriate.

Australia, Brazil, Costa Rica, East Timor, Ecuador, Egypt, Germany, Indonesia, Maldives, Mexico, Myanmar, Nepal, Pakistan, Philippines, South Africa, Sri Lanka, Switzerland, Thailand, Zimbabwe
Mainstreaming the health of migrants within the Global Compacts processes

HEALTH excluded from the 6 thematic sessions & 24 NYD elements

Migrant Health

Thematic Session 1
Human Rights, Social Inclusion

Thematic Session 3
Cooperation & Governance

Thematic Session 4
Contribution to Development

Thematic Session 6
Migration Pathways, Decent Work

Stocktaking Preparatory Conference in Mexico?
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>2008</td>
<td>61st WHA: Adoption of the Resolution on the Health of Migrants (WHA.61.17)</td>
</tr>
<tr>
<td>2010</td>
<td>1st Global Consultation on Migrant Health: Operational Framework based on Resolution WHA.61.17 identified</td>
</tr>
<tr>
<td>2015</td>
<td>106th IOM Council: 2nd Global Consultation on Migrant Health is announced during HL panel on migrant health</td>
</tr>
<tr>
<td>2016</td>
<td>69th WHA: Technical Briefing on Migration and Health and Agenda item on Promoting the health of migrants</td>
</tr>
<tr>
<td>2016</td>
<td>71st UNGA Summit on Refugees and Migrants: Side event on Health in the context of migration and forced displacement</td>
</tr>
<tr>
<td>2017</td>
<td>140th WHO EB Decision on promoting the health of refugees and migrants</td>
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<tr>
<td>2017</td>
<td>2nd Global Consultation on Migrant Health</td>
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<tr>
<td>2017</td>
<td>70th WHA Resolution on the health of migrants and refugees</td>
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<tr>
<td>2017</td>
<td>GCM Stocktaking meeting in Mexico</td>
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<tr>
<td>2018</td>
<td>Global Compacts on Migration and Refugees to be adopted</td>
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<tr>
<td>2019</td>
<td>WHO Draft global action plan on the health of refugees and migrants, to be considered for adoption by the 72nd WHA</td>
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<tr>
<td>2030</td>
<td>Working towards the SDGs, achieving Universal Health Coverage for all</td>
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THANK YOU