HEALTH IN THE POST-2015 DEVELOPMENT AGENDA

The importance of migrants’ health for sustainable and equitable development

This position paper presents the contribution of the International Organization for Migration (IOM) to the thematic consultation on health in the post-2105 UN Development Agenda, emphasizing the importance of addressing migration-related health challenges. IOM supports a holistic approach based on the principles of health equity and the right to health for all – including migrants, irrespective of their status.

Introduction: migrants’ health in the global development framework on health

There are approximately 215 million international migrants today. If current rates of international migration continue, the number could reach 405 million by 2050. Adding the approximately 740 million internal migrants to the picture, all in all, there are about one billion people on the move today, a seventh of the currently seven billion people on the planet. The volume of modern migration is an important indicator of the global significance of the health of people moving across and within borders.

Migrant labour has become crucial to the economies of many countries worldwide, for instance in the mining sector, the construction industry, or in health care and domestic work. Facilitated by faster and more affordable transport and communication technologies, as well as transnational migrant networks, modern migration is increasingly global, multidirectional and dynamic, often involving temporary and circular movements.

As migration has become a megatrend in the 21st century, societies are more culturally and ethnically diverse than ever before, creating diverse health profiles and health needs which poses new challenges for health systems which have to adapt in order to remain responsive. The 2008 World Health Assembly (WHA) recognized this and adopted the Resolution on the Health of Migrants (61.17), calling on Member States “to promote migrant-sensitive health policies and equitable access to health promotion and care for migrants”.

IOM supports the approach spearheaded by the WHO that the new development agenda with regard to health should be based on the overarching goal of achieving Universal Health

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1 IOM estimate based on UN DESA (2009).
Coverage (UHC), i.e. access for everyone to “the promotive, preventive, curative and rehabilitative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship”. However, IOM supports a wider interpretation of ‘universal health coverage’ and suggests that the concept should include public health interventions and other multi-sectoral actions that address the underlying determinants of health, with specific reference to those related to mobility and migration.

While the concept of universal health coverage, by definition, incorporates migrants’ right to health, the persisting sensitivities around the topic of migration – aggravated in times of global economic downturns – leads to marginalization and exclusion of migrants. Therefore IOM supports the explicit inclusion of a “sub-goal” and/or a set of indicators, within the overall goal of UHC, that measure the achievement of universal health coverage for marginalized populations, such as migrants, regardless of their legal status.

It is apparent from evolving experiences and debates that the new development framework on health should include a stronger focus on equity and measure not only aggregate data, but also disaggregated data by gender, socio-economic status, geographic location, migration status and other relevant status in societies, such as belonging to an ethnic minority or indigenous population. More generally, indicators should monitor progress in improving the underlying social determinants of health.

Migration as a social determinant of health for migrants

The world has changed since the adoption of the Millennium Declaration in 2000 and the subsequent establishment of the MDGs. With increasing inequalities within and between countries in the developed and developing world, the concepts of human rights and equitable access to resources and equality have acquired new meaning and are now widely deemed crucial for sustainable development. In addition, the work of the Commission on Social Determinants of Health (SDH), and the subsequent WHA Resolution (62.14, 2009) Reducing health inequities through action on the social determinants of health and the Rio Political Declaration on SDH (2011) have identified the conditions in which people are born, grow, live, work and age as mostly responsible for avoidable differences in health status within and between countries.

As is the case for many marginalized populations, the health of migrants is to a large extent determined by factors outside the health sector. Because the conditions in which migrants travel,

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3 The inclusion of public health interventions and underlying determinants of health into the concept of universal health coverage is also supported by other organizations, such as the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI), see JALI 2012. Health Poverty Action also advocates for the inclusion of broader determinants of health in the post-2015 development agenda (Heineke and Edwards 2012).
live and work often carry exceptional risks for their physical, mental and social well-being, the migration process itself can be regarded as a social determinant of health for migrants. The WHA Resolution Health of Migrants recognizes “that health outcomes can be influenced by the multiple dimensions of migration”. Risks for migrants’ health vary according to their individual characteristics (gender, age, disability, etc.), their education level and, most notably, their legal status. Irregular migrants, in particular, often face higher risks of exploitation and marginalization, including a lack of access to health services. In addition, even if migrants have access to health services, they generally choose to avoid them due to fear of deportation, xenophobic and discriminatory attitudes of staff in healthcare settings, or linguistic, cultural and gender barriers.

If the objective is to improve health equity, then policies outside the health system need to be adapted accordingly (i.e. immigration, labour, housing policies), and cross-sectoral action and coherence is crucial. The Rio Political Declaration on SDH (2011) promotes inter-sectoral cooperation and action as a promising approach towards health equity. IOM believes that the new development framework on health should reflect the global commitments on Social Determinants of Health. It is interesting to note, however, that to date, none of the global commitments on Social Determinants of Health have made any explicit reference to migration as a social determinant of health for migrants and their families or recognized migrants as a vulnerable, marginalized group despite increased evidence in that direction; this confirms the notion that migration remains a very sensitive topic.

Below are the three key arguments for why the post-2015 development framework and related development goals should include a reference to migration and migrant health: a) Migrants have a right to health; b) including migrants in health systems improves public health outcomes; and c) healthy migrants contribute to positive development outcomes.

a) Migrants have a right to health

The right to health is an all-inclusive right that encompasses equal opportunity for everyone to enjoy the “highest attainable standard of physical and mental health”. The human right to health is closely interrelated and interdependent with other basic rights, such as housing, education and employment. Yet, for migrants, the right to health is often not fully realized, and barriers to migrants’ health persist regardless of international and national legal commitments. The last few

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4 The right to health was first enunciated in the Constitution of the WHO (1946), and later reiterated in the Universal Declaration of Human Rights, Article 25 (1948), as well as in several other legally binding international human right treaties. The International Covenant on Economic, Social and Cultural Rights (ICESCR 1966, Art 12) delineates the steps to be taken by states to achieve the full realization of the right to health, including prevention and treatment of epidemic, endemic, occupational and other diseases; and the creation of conditions which would assure to all medical service and medical attention in the event of sickness. The Committee on Economic, Social and Cultural Rights explicitly states that “the Covenant rights apply to everyone including non-nationals, such as refugees, asylum-seekers, stateless persons, migrant workers” (General Comment No. 20, emphasis added).
years have seen setbacks rather than progress in migrants’ access to health, fueled principally by anti-migrant sentiments and austerity measures as a result of the economic crisis. For example, some countries have cut their subsidies for interpretation and translation services in healthcare settings and adopted legislation which limits undocumented migrants’ access to health care. In many countries around the world, hate crimes against migrants and refugees have increased and we have witnessed measures like automatic detention of migrants and asylum-seekers with an infectious disease, deportation and limitations to travel, work or reside abroad based on medical grounds of excludability. This not only violates international rights instruments, but it further aggravates social exclusion of migrants, discourages migrants from seeking care, delays or hampers early diagnosis, treatment and achievement of global health goals, hence exacerbating the risks of adverse health outcomes of migration.

b) Including migrants in health systems improves public health outcomes

The exclusion of migrants from public health systems is not just a violation of migrants’ rights; it is also counterproductive from a public health perspective. Migrants are an increasingly large part of today’s societies. Addressing their health needs should thus be a vital component of any effective public health policy promoting sustainable health outcomes.

From a public health perspective, guaranteeing migrants’ equitable access to health care and health promotion is both sound and practical – it is cost-effective and improves public health outcomes. Promoting migrants’ use of primary health care and early treatment, and including them into disease-control programmes, will reduce the need for costly emergency care and related high costs for the health system.

Such principles should also be extended in the context of humanitarian emergencies. Addressing the health needs of migrants caught in crisis and post-conflict situations (i.e. the Libya, Syria crises in 2011/2012) and ensuring continuity of care across borders for migrants and displaced persons is especially relevant to public health. Emergency preparedness plans and responses should ensure migrants’ and displaced persons’ access to health care and continuity of treatment, as well as access to psychosocial support.

c) Healthy migrants contribute to positive development outcomes

A third reason for including migrants’ health in the post-2015 framework is that health is a prerequisite for, as well as an outcome of, sustainable development (WHO 2012a). It is now widely acknowledged that migration carries a development potential, due to migrants’ intellectual, cultural, social and financial capital and their contributions to the social and economic development of their communities of origin and destination. Remittances sent home by migrants to developing countries are three times the size of official development assistance (World Bank 2012) and directly contribute towards poverty reduction and the health of migrants’ families left behind. Being and staying healthy is a prerequisite for migrants to work, be
productive and contribute to positive development outcomes, for example, through sending remittances, sharing knowledge or facilitating trade.

In addition to the health risks migrants face while working and living in hazardous environments, which are often characterized by discrimination and insecurity, direct health costs for migrants remain high. In particular, migrants without a legal status often pay for health care out of their own frayed pockets at a higher price than that paid by nationals. Universal health coverage can help to leverage the positive development impacts of migration and ensure that migrants’ use of health services do not expose them and their families to financial hardship. Out-of-pocket payment for health services, short-sighted policies that limit the access of migrants to emergency care, unaffordable health insurance and lack of social protection schemes exacerbate costs for both migrants and societies. In addition, these prevent the full development potential of migration and go against the sound principle of investment in health for social and economic development upon which the health-related MDGs were based (Commission on Macroeconomics and Health, 2001).

The IOM/UNDESA think piece on migration and human mobility, prepared for the UN Task Team on the post-2015 UN development agenda, argues that “a substantial case can be made for the inclusion of migration as a cross-cutting issue” in the new framework, and calls for the promotion of methods to mainstream migration into development planning. The paper acknowledges that migration has a development potential, and that marginalization and exclusion of migrants can inhibit development: “The transfer of resources, skills, knowledge, ideas and networks through migration is difficult to quantify, yet significant. Many millions of migrants have also benefited from building a better future for themselves and their dependents. However, too many migrants continue to work and live in insecure, precarious and dangerous conditions, often marginalized and subject to discrimination and without access to social and health care services, while disruptions to family life can have significant social consequences, particularly in the country of origin” (UN Task Team Report 2012: 15).

**Conclusion and Recommendations**

Hence, for these three reasons, the health of migrants should be addressed in the post-2015 development agenda. Moreover, incorporating migrants’ health conveys a powerful message to states and the public about the economic and public health benefits, as well as the ethical imperative, of addressing migrant health in a systematic and coherent way. This is also relevant for other global health debates such as that on Global Health and Foreign Policy spearheaded by the Oslo Declaration (2007), or the Global Conference on Health Promotion to be held in Helsinki in 2013, with the theme of ‘Health in All Policies.’

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The importance of healthy migrants for positive migration outcomes should also be put on the agenda of migration forums such as the High Level Dialogue on Migration and Development that the United Nations General Assembly will hold during its sixty-eighth session in 2013 and the annual Global Forum on Migration and Development (GFMD).

Cooperation and integration at the regional level can also create important opportunities for collaboration, information sharing and harmonization of policies and practices among states, including social protection for people moving within the region. Intra-EU migrants, for instance, enjoy a high standard of portability of healthcare benefits and pensions; and similar multilateral schemes have been introduced for the Caribbean Community (CARICOM), the Southern Common Market (MERCOSUR), and recently for several Ibero-American countries (Avato et al. 2009).

The adoption of specific, measurable, achievable, relevant and time-bound indicators on migrant health will assist states and other actors to set targets and monitor progress on the health of migrants, and to improve social and economic determinants affecting their health. This would contribute to ensuring that universal health coverage, as a potential overarching health goal, addresses the specific needs of these vulnerable and marginalized populations, recognize the impact of migration-related social determinants of health and supports a human rights-based approach to health.

However, a major obstacle today to effectively measuring the health of migrants globally is the universal lack of standardized data on the issue. It is of utmost importance that the post-2015 UN development agenda encourages the collection and harmonization of data on health, disaggregated by gender, age, socio-economic status, as well as migrant type and legal status, amongst others (The Rockefeller Foundation Conference 2012).

With this in mind, IOM recommends that in the discussions leading up to an agreed health goal, there is an explicit recognition of the need for health coverage for marginalized individuals and populations, including migrants. IOM advocates that a combination of quantitative and qualitative indicators should be included under the overall goal of UHC that measure progress on the WHA Resolution on the Health of Migrants (2008). The four key priority areas and actions of this resolution are (Global Consultation on the Health of Migrants in Madrid 2010, WHO 2010b):

1. Monitoring migrant health: ensure the standardization and comparability of data on migrant health and support the appropriate aggregation and assembling of migrant health information.

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6 In 2007, 19 Latin American and Caribbean Countries, as well as Andorra, Portugal and Spain, signed the Ibero-American Social Security Convention, which entered into force in 2011 after being ratified by seven countries (see Government of Spain Webpage, available from: http://www.seg-social.es/Internet_6/Masinformacion/Internacional/ConvMultIber/VigorMultIber/index.htm.).
2. **Policy and legal frameworks**: adopt national laws and practices that respect migrants’ right to health based on international laws and standards; implement national health policies that promote equal access to health services for migrants; extend social protection in health and improve social security for all migrants.

3. **Migrant sensitive health systems**: ensure that health services are delivered to migrants in a culturally and linguistically appropriate way; enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration; deliver migrant inclusive services in a comprehensive, coordinated, and financially sustainable fashion.

4. **Partnerships, networks & multi country frameworks**: ensure cross border and inter-sectoral cooperation and collaboration on migrant health.

Finally, to ensure that the post-2015 development framework is relevant and effective, the voices of marginalized populations, such as migrants, should be heard in the country consultations and other relevant dialogues that will take place in the coming years. IOM supports the active participation of civil society organizations and emphasizes the need to include migrants’ associations and other relevant actors in country and thematic consultations.
References:


