

Assisting a World on the Move for 60 Years

Migration for the Benefit of All

Migrant Health in a Globalized World

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Korea, 11 November 2011

Objectives

- Introduction in migration and health
- Models to enhance health of migrants: social protection in health

Migration dynamics

Migrant stock as percentage of total population, 2010

UN: http://www.un.org/esa/population/publications/2009Migration_Chart/itmig_wallchart09.pdf

UNDESA Global Migration Figures

International migrants by origin in 2010 (millions)

Origin	Born in developing countries (millions)	Born in developed countries (millions)
Developed	73	55
Developing	74	13

UNDESA 2011

S-S Migration > S-N Migration

South-South migration is larger than migration from developing countries to high-income OECD countries

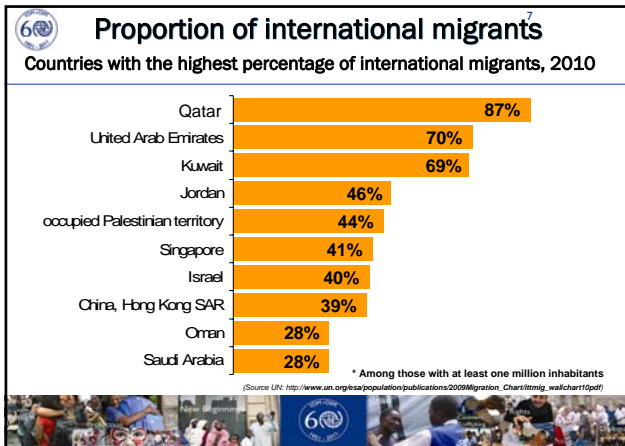
Destination of migrants from the South

WB, 2011
Source: Migration and Remittances Factbook 2011

Estimates of diverse migrant populations

Migrant Type	Population (Millions)
Internal migrants	740
Immigrants	214
Migrant workers	100
Internally displaced	51
Refugees	15
International students	2
Asylum seekers	1
Trafficked	1

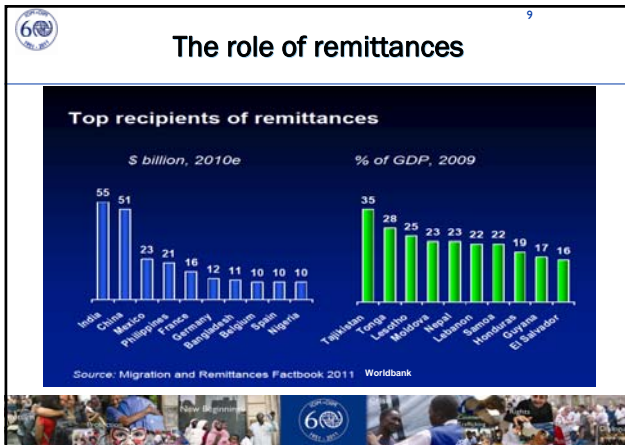
source: UNDP, ILO, UNHCR, UNDESA, British council, US State Dep



Reasons behind migration trends

- Globalization
- Crises
- Climate change
- Ageing population
- Skill shortage
- Poverty

WORK



Remittances are 'good for health'

"An additional peso in remittance transfer raises households' health care expenditure by between six and nine centavos.

Infant mortality falls and birth weight among Mexican children improves with remittances. A 1% rise in the portion of household receiving remittances reduces by 1.2 lives the number of children who die in their first year".

BUT

"Transnational" family life, how healthy is it?

Contemporary labour migration flows and long term separation affect family life:

- Family members living apart
- Psychological impact on left behind children and heavy burden on elderly grandparents and older siblings
- Gender roles, identities & inter generational relations change
- 'Global Care Chain'
- Family disintegration, high divorce rates

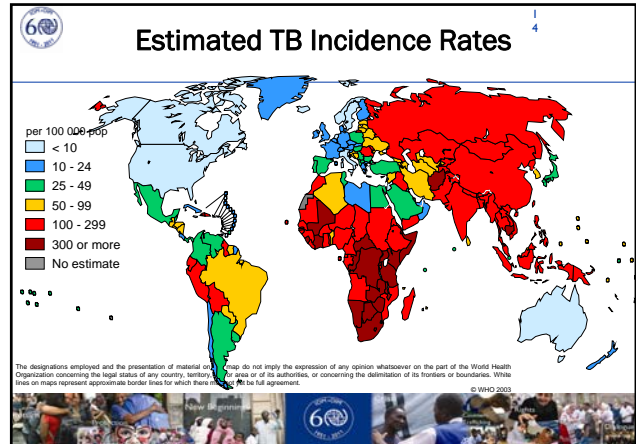
Migration & health

- Many of the same conditions that drive the spread of disease, also drive migration (e.g. poverty)
- Old issue: 14 th century plague epidemic Europe
- Quarantine systems to stem spread of infectious diseases predate immigration laws
- 1951 WHO international health regulations to manage travel and health

Migration & health link

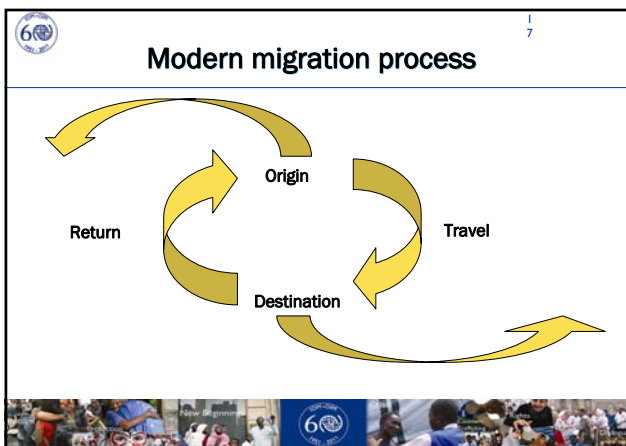
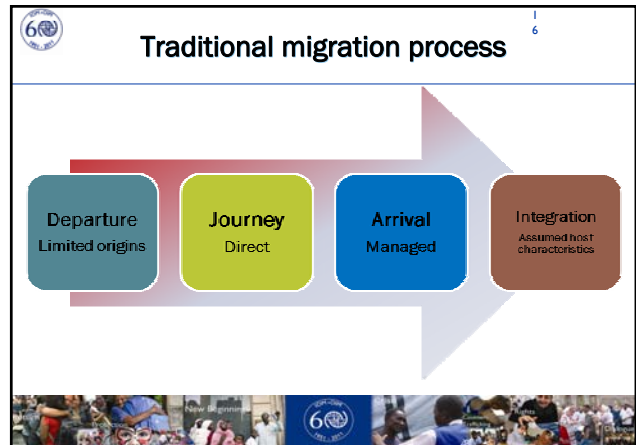
- Migrants connect individual and environmental health factors between communities
- Migrants bring their health profiles, beliefs, prevalences, socio-economic and cultural background
- Migrants acquire the health profiles and behaviours of the host community over time.






Some myths and facts

- Migrants are disease carriers
- Most migrants are young and healthy ('healthy migrant effect')
- Migrants are a burden to health systems
- Migrants under utilize health services
- Migrants contribute to economies and development



Circular population mobility

- Visiting Friends and Relatives-VFR
- VFR travellers are more exposed to risk factors in their country of origin, and at higher risk for infection as compared to tourists and other travellers
- Consequent introduction of conditions in host community
- Examples: childhood vaccine preventable illness, Hep A and B, TB, Malaria, typhoid fever, intestinal parasitic infections, STIs, Chagas
- Need for awareness raising, health promotion, prevention





Special case of migrants "in an irregular situation"

- Some 15% (?) of migrants are in an irregular situation
- Fewest entitlements to health and social services
- Exposed to many health risks, exploitation, discrimination

Challenges for health systems: paradigm shift

<p>Traditional approach of exclusion:</p> <p>Security</p> <p>Disease control, quarantine, IHR '51</p> <p>National focus</p>		<p>Multi-dimensional approach of inclusion:</p> <p>Reduction of inequities</p> <p>Social protection in health, health determinants, NCDs</p> <p>Multi country & inter-sectoral</p>
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WHA Resolution on Migrant Health & Global Consultation

2008 :61st WHA Resolution on "the health of migrants"

Migrant-sensitive health policies and equitable access to services;
Capacity building of health service providers and professionals;
Bi- and multi-lateral cooperation, intersectoral action [...]

2010 : Global Consultation on Migrant Health to:

Take stock of actions by MS & Stakeholders
Reach consensus on priority areas and strategies
Initiate an operational framework to assist MS and stakeholders




**Global Consultation on Migrant Health
Madrid, Spain 3-5 March 2010**




Operational Framework: Priorities

<p>Monitoring Migrant Health</p> <p>To identify key indicators useable across countries</p> <p>To ensure the standardization and comparability of data on migrant health</p> <p>To support the appropriate aggregation and assembling of migrant health information</p> <p>To map good practices in monitoring migrant health, policy models, health system models[...]</p>	<p>Policy- legal frameworks</p> <p>To implement international standards that protect migrants' right to health</p> <p>To develop and implement policies that promote equal access to health services for all migrants</p> <p>To promote coherence among policies of different sectors</p> <p>To extend social protection in health and improve social security for all migrants and family members[...]</p>
<p>Migrant sensitive health systems</p> <p>To ensure continuity and quality of care in all settings</p> <p>To enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration</p> <p>To ensure health services are culturally, linguistically and epidemiologically appropriate[...]</p>	<p>Partnerships, multi country framework</p> <p>To establish and support migration/ health dialogues and cooperation across sectors and countries of origin, transit and destination</p> <p>To address migrant health in global and regional processes (e.g. GMG, GFMD)</p> <p>To develop an information clearing house of good practices [...]</p>

Models to enhance migrant health

- Countries of origin
- Destination countries
- Multi lateral arrangements
- Role of remittances



Address social protection in health for migrants

Social protection in health: Guaranteed access to available health services, with adequate financial protection and dignity in care

- Migration is a form of social protection and creates needs for social protection
- Migrants lack financial protection: out of pocket payments, self-diagnosis and self-treatment
- Lack of portability of benefits creates vulnerabilities and labour market distortions
- The fear of governments that migrant health is costly

Countries of migrant-origin

Remittances-dependent countries: e.g. Philippines, Pakistan, SLanka, India, Mexico....

“Welfare fund model”; “Comprehensive health care strategy”: compulsory overseas workers’ or employers contributions

- Pre departure orientation and testing;
- Overseas insurance coverage;
- Reintegration assistance;
- Insurance for family back home;
- Many limitations: informal sector, lack of awareness, exploitation.

Destination countries

- Wide spectrum of models from barring access to universal access
- Portability is an issue.
- Legal status determines eligibility
- Inconsistencies: e.g. short term /seasonal workers contribute but are not eligible
- Lack of awareness and information

Access for migrants

Panel A: Foreign-born migrants and EIU accessibility score, 2008

2009 Human Development Report

Access to 'undocumented migrants' in Europe

Health Care for NOWHERELAND: Improving services for undocumented migrants in the EU

JUNE 2010


Multilateral arrangements

- Ibero American multi lateral agreement on social security (2007)
- Ensuring social protection for migrant workers and their families
- Enhancing social protection in health

 **Recommended approaches** 3
1
Ensuring access and social protection

- Mitigate the burden of out of pocket health spending
- Develop/strengthen bilateral and multilateral social protection agreements that include health and portability
- Explore the role of employers and private sector partners in health security schemes
- Raise awareness among migrants of their entitlements and obligations
- Research economic impact of current schemes



 **Observations** 3
2

- Have the economic perspectives and benefits of migration been greatly over emphasized? What about social remittances and psycho social cultural impact on individuals, families and communities?
- Will we ever be able to adapt to and better cope with transnational existence or should we rather find ways to avoid such transnational existence?
- In these times of financial crisis, how to avoid a negative impact on access to health services for migrants?

