



International Organization for Migration (IOM)  
Organisation internationale pour les migrations (OIM)  
Organización Internacional para las Migraciones (OIM)

**C/106/INF/15/Rev.1**

Original: English  
22 November 2015

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## **COUNCIL**

**106th Session**

**ADVANCING THE UNFINISHED AGENDA OF MIGRANT HEALTH**

**FOR THE BENEFIT OF ALL**



## **ADVANCING THE UNFINISHED AGENDA OF MIGRANT HEALTH FOR THE BENEFIT OF ALL**

### **Introduction**

1. With more than one billion migrants across the globe, in a world that is increasingly interconnected – yet still characterized by profound disparities – the link between migration, human mobility and health is an evolving domain of critical importance, bridging aspects of public health and health security, human rights and equity, and human and societal development.

2. Current health strategies and practices were designed to meet the needs of populations fundamentally perceived as static and homogenous. However, modern migration trends and globalization have brought new challenges to health systems and societies, including diversity, interconnectivity, and high levels of rapid population mobility both within and across national borders. The forces of globalization, despair, aspirations and other powerful drivers continue to act as push and pull factors that keep people on the move, even when individual vulnerability and the health costs of migration are shockingly high, and health and social systems remain unprepared to respond to emerging needs.

3. Today more than ever, migration is a social determinant of health. The global toll in human life paid by irregular migrants that cross seas, deserts and dangerous border areas to escape wars, poverty and land degradation is dire. Furthermore, these deaths represent only one aspect of a multifaceted problem that is not yet fully understood or addressed, and is compounded by a backdrop of increasingly restrictive migration policies; anti-migrant sentiments in societies sustained by the economic downturn and xenophobia; persistent denial of rights; discrimination and abuse against migrants; and the still insufficient offer of equitable and targeted health and social services for many categories of migrants. As a result, migrants and mobile populations, and consequently societies at large, are more vulnerable to disease. This illustrates the need to bring greater attention to migrants' health and well-being and, in general, human mobility in current debates on global health, human security and development.

4. From a global health security perspective, the lack of targeted outreach health services and surveillance along mobility pathways undermines the effectiveness of disease control measures, rendering internal and cross-border human mobility a risk factor in the spread of communicable diseases, both within and from countries or regions with weak health systems or a high burden of communicable diseases. The regional spread of Ebola during the 2014–2015 outbreak in West Africa, with its devastating effects, is a good example of the human mobility and disease paradigm in the era of global migration trends.

5. One of the most important and rapidly expanding areas of activity within the Organization is the successful participation in the response to major public health emergencies of international concern over the last decade, which have had human mobility and complex humanitarian aspects. The Ebola crisis highlighted the global community's limited understanding of the links between health and mobility and the inadequate portfolio of tested responses to address these types of crises. IOM's approach in the context of its health, border and mobility management activities – one of the Organization's humanitarian responses within the Migration Crisis Operational Framework – and its four-pillar strategy focusing on: monitoring migrant and mobile population health; migrant- and mobile population-sensitive health systems; policy and legal frameworks; and partnerships successfully contributed to efforts to tackle the epidemic in West Africa.

6. The link between health and migration, however, is not limited to the sphere of public health emergencies of international concern, such as Ebola or polio, but extends to other epidemics, including HIV/AIDS, and the Middle East respiratory syndrome-coronavirus (MERS-CoV), and the resurgence of tuberculosis in low-burden and developed countries, which is mainly prevalent among foreign-born populations. It is also related to pandemic influenza preparedness and the control and elimination of malaria and other diseases. The Ebola outbreak has highlighted the urgent need to capitalize on the knowledge and experience of IOM to better address health and migration/human mobility needs in their broader multisector scope, and the need for the Organization to enhance ways to mobilize its network of partnerships for technical expertise and surge capacity when responses are needed.

7. The field of migration and health has also become increasingly important from a sustainable development perspective. It is now widely acknowledged that migration carries development potential, owing to migrants' intellectual, cultural, social and financial capital and their active participation in societies of origin and destination. Being and staying healthy is a fundamental precondition for migrants to work, be productive and contribute to the social and economic development of their communities of origin and destination. Nevertheless, discussions of the health and well-being of migrants between countries of origin and destination, and of ways to promote this idea as part of a "shared prosperity and shared responsibility" approach with regard to migration and development, have not yet gained much momentum in relevant global debates, such as the 2006 and 2013 United Nations High-level Dialogue on International Migration and Development and the Global Forum on Migration and Development. Nor has the concept gained much traction in the discussion and definition of the Sustainable Development Goals.

8. Based on the Organization's unique understanding of and exposure to the determinants and patterns of migration, its multidisciplinary nature and its solution-oriented approach, IOM's core health activities have, for decades, included advocacy for migration-sensitive health policies, as well as monitoring, supporting and improving the health and well-being of migrants through services and programmes. With migration and human mobility becoming a growing global trend, and an increased focus on ensuring healthy lives and well-being for all in the post-2015 development agenda, IOM finds itself well placed to assume – under the leadership of the World Health Organization (WHO) – an important and increasingly multifaceted role in the field of migration health by enhancing partnerships and further building momentum in this area.

9. The objective of the present paper – 11 years after the IOM document entitled Migrant health for the benefit of all (MC/INF/275) was submitted to the 88th Session of the Council in 2004 – is to review the current status of the migration and health agenda; the nature and scope of IOM's engagement in health in the recent past; and IOM's expertise and role in national, regional, global and multisectoral response activities concerning health, mobility and public health emergencies. The paper also aims to initiate a discourse towards further mobilizing the IOM membership and partners to build a more effective and structured means of leadership and partnership to advance the unfinished agenda of migrant health for the benefit of all.

### **The evolution of migration health activities**

10. The recognition of migration health as an area of global health coincided with the evolving scope of the work performed by IOM in the area of health. IOM has provided quality health assistance to migrants since the Organization's creation in 1951. Over the decades, IOM's health activities have evolved and expanded in response to the changing needs of

migrants and governments, and the diverse contexts in which migration occurs. Beyond the traditional management of diseases among mobile populations, IOM looks at the broader social determinants of health and considers migration health as a multisectoral issue integrated into all aspects of modern migration management.<sup>1</sup> In adapting and responding to evolving needs, IOM has been informed by and has taken the lead in informing the changing context of migration health as a newly recognized domain of public health. Today, IOM's work in the area of migration health includes three principal programmatic areas, namely:

- (a) Migration Health Assessments and Travel Health Assistance;
- (b) Health Promotion and Assistance for Migrants;
- (c) Migration Health Assistance for Crisis-affected Populations.

11. Within these areas, several cross-cutting issues are also addressed by IOM in the context of migration, such as mental health and psychosocial responses, communicable and non-communicable diseases, pandemic responses, maternal and child health, environmental health, equity and integration, health education and community mobilization.

12. The initial scope and concept of migration health was limited – globally and within IOM – to the statutory provision of migration health assessment<sup>2</sup> services in the application of national immigration laws of major destination countries. This limited scope later came to include travel health assistance services for refugees admitted to resettlement programmes. Monitoring, supporting and improving the health of migrants and mobile populations has been a long-standing interest of migrant-receiving nations. Many significant epidemics were mitigated through the use of comprehensive infectious disease control programmes that included medical examinations and surveillance and treatment of diseases in immigrant populations. Initially taking place at ports of arrival, these health assessment and screening programmes began to be expanded to migrant origin locations in the 1920s, and continue to take place on behalf of several migrant-receiving nations.

13. IOM has been a key player in these processes for many of its Member States and through its work in health assessment services in both origin and destination countries. With close to 300,000 migration health assessments provided in more than 60 countries every year, IOM is the largest global provider of migration-related health assessment services. Delivering and managing such programmes, practices and systems focused on the health aspects of migration increasingly requires an organized and integrated response comprising scientific, technical, regulatory, operational and social elements. IOM's experience and capacity in this regard is unmatched internationally. IOM is currently operating through 55 Migration Health Assessment Centres in Africa, Asia, Europe and the Middle East, equipped with digital radiology and informatics support technology including telemedicine and tele-radiology; mobile teams for refugee processing in remote areas; 15 laboratories, most of them equipped with state-of-the-art biosafety level 3<sup>3</sup> tuberculosis diagnostics; and a large network of service providers and cooperating centres. The IOM health workforce across its programmes for 2015 includes 165 medical doctors, more than 600 nurses, laboratory and radiology technicians and other health professionals, and some 400 operations and administrative staff also involved in health programmes.

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<sup>1</sup> Migration and health: IOM's programmes and perspectives – "Towards a multi-sectoral approach" (SCPF/12 of 15 April 2008), submitted to the Second Session of the Standing Committee on Programmes and Finance.

<sup>2</sup> These assessments are also defined as immigration medical examinations.

<sup>3</sup> Biosafety levels range from 1 to 4 (the highest); Level 3 implies containment measures enabling work with potentially lethal pathogens.

14. Although at the outset health assessments focused on the identification of communicable diseases considered as grounds for immigrant exclusion in the interest of public health protection in receiving communities, nowadays migration medical examinations are increasingly migrant-centred and focused on facilitating the integration of refugees and migrants in their host communities, through the provision of pre-departure treatment, immunization, education and post-arrival follow-up. In countries of origin, the collection and analysis of data, the identification of determinants of health, the extension of health services to the resident population – particularly in the context of tuberculosis, HIV/AIDS, malaria and other diseases – and various capacity-building initiatives developed in partnership with local health authorities have given new scope to migration medical examinations becoming a tool for achieving global health goals.<sup>4</sup>

15. During the 1990s, a shift occurred, with IOM achieving multiple transformative milestones in an attempt to increase awareness and collaboration among global stakeholders and promote better understanding of and responses to the health needs of people on the move. In the wake of the end of the cold war and the fall of the Berlin Wall, ethnic conflicts erupted in the Balkans and elsewhere, while major peace processes were signed to end civil wars in Cambodia, Mozambique, Angola and Timor-Leste. IOM progressively became a major humanitarian actor in many sectors, including the health sector, providing assistance to refugees, displaced populations, demobilized former combatants and other vulnerable populations. Various innovative programmes and practices were developed by IOM in the context of crisis and post-crisis health-care assistance, building upon the Organization's expertise in health and human mobility, developed within resettlement and health assessment programmes, to ensure the health of migrants and mobile populations crossing national and epidemiological boundaries.

16. Over the years, health activities in the context of displacement and forced migration have expanded globally. As a result, one of the major programmatic areas of IOM's health services is now Migration Health Assistance for Crisis-affected Populations, with efforts also increasing in mental health and psychosocial support activities,<sup>5</sup> a field in which IOM is recognized today as a leading actor. This shift in focus was reinforced by the first memorandum of understanding signed in 1999 between IOM and WHO, which largely focused on displacement.<sup>6</sup>

17. In the 1980s and 1990s, the HIV/AIDS epidemic was sweeping the globe, and HIV testing became a requirement within migration health assessment programmes. The first-hand exposure to, and understanding of, the issues linking the HIV/AIDS epidemic and migration formed the basis for the Organization's future involvement in the sector. This also strengthened the Organization's collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), as the two agencies were at the forefront of advocacy efforts to protect the rights of migrants and mobile populations, and through specific programmes they played a key role in addressing emerging risk factors and the vulnerabilities of migrants and host communities to the disease. IOM signed its first global cooperation framework with UNAIDS in 1999. Expanding from the domain of HIV/AIDS to other diseases and health determinants, research, advocacy, assistance in policy development, technical cooperation and direct service provision to respond to the specific vulnerabilities of migrants to diseases and health issues,

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<sup>4</sup> K. Wickramage and D. Mosca, 2004, Can migration health assessments become a mechanism for global public health good? *International Journal of Environmental Research and Public Health*, 11:9954–9963.

<sup>5</sup> IOM position paper on psychosocial and mental well-being of migrants (MC/INF/271 of 10 November 2003), submitted to the Eighty-Sixth Session of the Council.

<sup>6</sup> A follow-up protocol was signed between IOM and WHO in 2005 to expand on emerging areas of common interest, such as migration of health workers, emergency situations, mental health, communicable diseases and gender issues.

progressively evolved into a major programmatic area of IOM's migration health work: Health Promotion and Assistance to Migrants, which now makes up 40 per cent of IOM's work in the area of health.

18. In the first decade of the twenty-first century, interest in migrants' health and its implications for integration, public health and equity gained momentum with the increase in the number of foreign-born populations within States and the health disparities this had brought to light. Some governments have embarked on the development and adoption of national migration and health agendas, and established regional intercountry cooperation frameworks. Furthermore, health and migration was a major theme of the Portuguese Presidency of the European Union in 2007, paving the way for the adoption in 2008 of the resolution on the health of migrants (WHA.61.17) by the Sixty-first World Health Assembly. Since then, that resolution has become a fundamental instrument of work for IOM and other actors in the sector. Two years later, in 2010, during the Spanish Presidency of the European Union and as part of activities to address health inequalities, WHO, IOM and the Government of Spain co-organized in Madrid the Global Consultation on Migrant Health,<sup>7</sup> which received vast support from Member States and development partners. It defined an implementation framework, which was presented to the Sixty-third World Health Assembly and has since been adopted by a number of governments, including the Governments of Thailand and Sri Lanka, both of which undertook exceptional policy reform to provide more equitable and accessible health services for migrants, regardless of their legal status in the country.

19. While awareness and recognition of the changing paradigm of migration and health are in general on the rise, and despite the adoption of resolution WHA61.17 and its implementation framework to which IOM has significantly contributed, the adaptation and development of conducive technical and policy instruments remains slow. Millions of migrants are still denied access to health care and remain invisible to global health initiatives; a lack of specific policies prevents the achievement of their right to health; a lack of data impedes the monitoring of these health parameters; a lack of leadership makes their voices unheard; and internal and cross-border human mobility is insufficiently understood and addressed within surveillance and response mechanisms at the country and regional levels.

20. Furthermore, finding solutions to these challenges is even more difficult given that they are often found beyond the health sector alone and require multisectoral partnership-based and system-wide approaches, which are rarely adopted or systematically developed.<sup>8</sup> Additionally, effective multisectoral solutions along the continuum of human mobility – at the point of origin, in transit, at destination and upon return – require the support of intercountry diplomacy to enhance the adoption of pragmatic responses in the best interests of the public health of communities at large. In the absence of such solutions, the health needs of migrants, mobile populations and host communities are not well understood and are consequently unmet, with economic, social, health security and public health consequences at significant cost to both migrants and societies.

### **The way forward**

21. IOM has been pioneering for several decades the promotion of a global migration health agenda through services intended to meet the urgent health needs of migrants and mobile populations and those of governments in terms of policy support. This includes the

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<sup>7</sup> See World Health Organization, *Health of migrants – The way forward: Report of a global consultation* (Geneva, 2010).

<sup>8</sup> Migration and health: IOM's programmes and perspectives – "Towards a multi-sectoral approach" (SCPF/12 of 15 April 2008), submitted to the Second Session of the Standing Committee on Programmes and Finance.

provision of knowledge that sustains the adaptation and development of conducive, evidence-based policies, and the building of partnerships and networking with leading agencies, States, academia and societies. Through its privileged first-hand interaction with beneficiaries and its understanding of determinants and solutions, IOM is well placed to maintain dialogues and galvanize responses.

22. IOM's capacity to mainstream health into multisectoral migration management platforms and to link groundbreaking views and perspectives in health and human mobility with a direct service delivery have been identified as distinctive and increasingly recognized advantages. The natural propensity of IOM to work with a wide range of partners, such as countries of origin and destination, the health sector and other relevant sectors, development and humanitarian partners, and all segments of society, remains a key element for success.

23. The last decade has seen global trends of increased mobility, globalization, irregular migration and freedom of movement, creating an opportunity for a comprehensive humanitarian approach to health and migration management. While great strides have been made in terms of policy change in this area, and many actors have emerged who recognize the need to join forces for a more consistent engagement, a gap currently exists with regard to a coordinated and comprehensive multisectoral forum for exchange and response. A reference platform is needed to provide leadership and technical guidance and mobilize expertise as needed, across migration and health globally, and to document and share information and best practices. Given IOM's cross-cutting involvement across multiple sectors, including immigration, labour, foreign affairs and health, and its response-oriented approach, it is optimally situated to take the lead in this field. The IOM Migration Health Division aims to continually adopt a more holistic and synergistic approach and to build on the strength and experiences of the Organization to advance the migration health agenda.

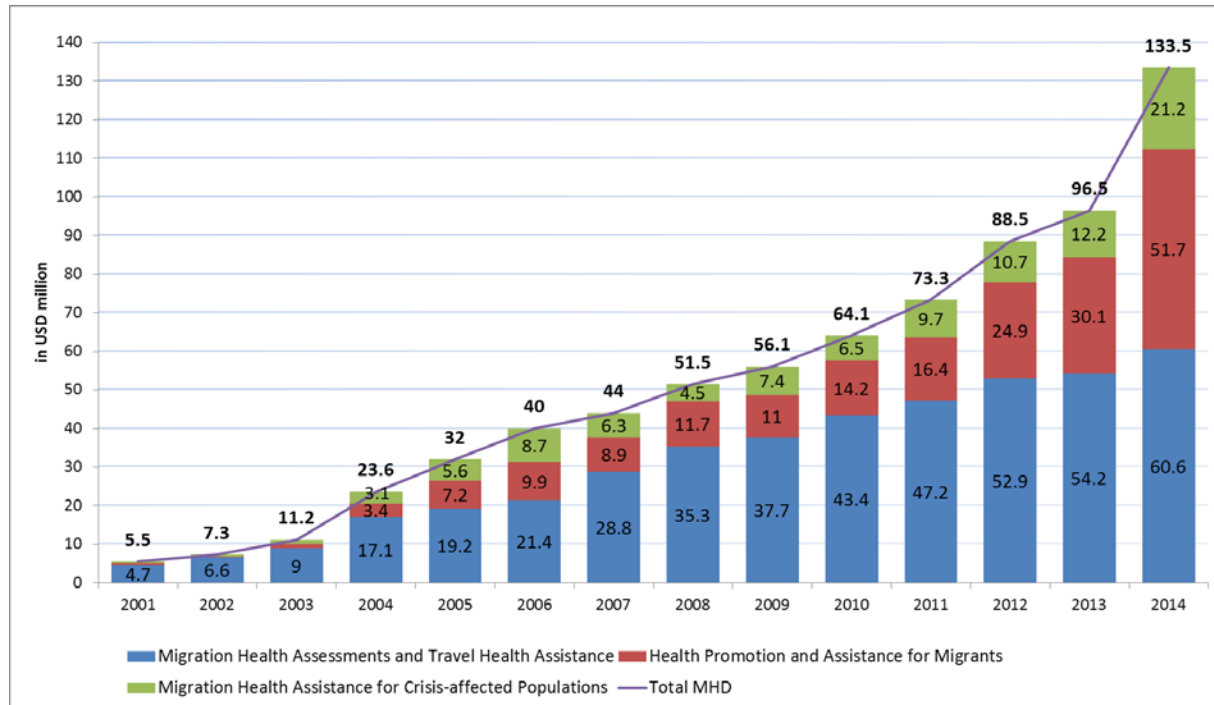
24. The Migration Health Division will work with interested parties, including Member States, partners and expert groups, on the establishment of a flexible, structured consultation and partnership mechanism that can enhance the mobilization of resources and experience in support of the migration health work of the Organization and its membership. This will include all areas of the current migration health agenda, including health security, global health, migrants' integration, equity, well-being and rights, labour and socioeconomic development, emergency and humanitarian work, communication and research. Action is needed to expand the scope of these activities, and build on models, capacities and assets to advance the migration and health agenda coherently.

25. Health is a basic human right and an essential component of sustainable development. Ensuring migrants' health is an essential factor in effective migration management for the benefit of all. A more comprehensive, concerted and collaborative effort is needed if the global community is to tackle the current challenges, and make progress towards ensuring the health of migrants and healthy communities. Ensuring more refined data gathering and dissemination; increases in migrant-sensitive policies, legal frameworks and health systems; reflection on lessons learned to date; and enhanced partnerships and networks at all levels will be necessary to turn existing challenges into opportunities for improving migrant health for the benefit of all.



## Annex

### Migration Health Division expenditure by programmatic area (USD million), 2001–2014



From 2001 to 2014, the operational expenditure of the Migration Health Division experienced exponential growth of 2,427 per cent, from USD 5.5 million to USD 133.5 million, with an overall annual average growth rate of 30 per cent. Expenditure in key programmatic areas as a proportion of the total Migration Health Division expenditure changed from 2001 to 2014, with migration health assessments and travel health assistance comprising 86 per cent in 2001 compared with 45 per cent in 2014. Health promotion and assistance for migrants comprised 5 per cent of expenditure in 2001 as opposed to 39 per cent in 2014, and migration health assistance for crisis-affected populations making up 9 per cent of expenditure in 2001 and rising to 16 per cent in 2014.

**Migration Health Assessments and Travel Health Assistance** is the principal programmatic area of activity, with an average annual growth rate of 23 per cent. From 2001 to 2014, the number of health assessments performed increased by 307 per cent, from 76,000 to 309,000. This was due to a significant increase in the number of health assessments for immigrants in addition to those for refugees.

**Health Promotion and Assistance for Migrants** is the second largest programmatic area of activity, with an annual growth rate 64 per cent. This was due to a significant increase in HIV/AIDS, tuberculosis and malaria projects worldwide from 2003 to 2006, as well as a number of activities from 2010 onwards in assisting governments to address migration- and mobility-related health challenges by strengthening national health systems to ensure that migrants have equitable access to health services.

**Migration Health Assistance for Crisis-affected Populations** is the third largest programmatic area of activity, with an average annual growth rate of 48 per cent. This was the result of increased activities focused on movement assistance and capacity-building in 2004,

emergency assistance and post-crisis health work in tsunami- and earthquake-affected countries in 2005 and 2006, as well as the strengthening of IOM's role in the Health Cluster and close interaction with the Inter-Agency Standing Committee (IASC) Taskforce on HIV in Humanitarian Situations and the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Furthermore, the substantial growth in 2014 was mainly due to health service delivery and management support for Ebola Treatment Units, health and humanitarian border management, and training and capacity-building projects in the affected countries of Guinea, Liberia and Sierra Leone and neighbouring countries, such as Côte d'Ivoire, Ghana, Mali and Senegal.