



International Organization for Migration (IOM)
The UN Migration Agency

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POLICY BRIEF

Promoting migration health through city leadership in implementing health-related commitments of the GCM and GCR

Summary

This Policy Brief focuses on how urban policies, leadership actions and related partnerships can be a catalyst towards promoting the health of migrants in the implementation of the Global Compact for Migration (GCM) and Global Compact on Refugees (GCR). A brief overview of the context is provided, including challenges faced by local and regional authorities in addressing the health of migrants, as well as the opportunities that are brought by migrants' contributions to local communities. This is followed by a summary of main findings which links these opportunities with existing policy frameworks and platforms that can be mobilized to enhance synergies between partners. Finally, the Brief provides policy recommendations on how to move forward with promoting the health of migrants at city level towards implementing the GCM and GCR, and achieving the Sustainable Development Goals (SDGs), including Universal Health Coverage (UHC, SDG 3.8).

Context

The conditions and systems in which people live and work are indivisible from their health status. A healthy setting enables its inhabitants to thrive in community and mutual engagement to achieve their maximum potential in society.¹ These conditions, or determinants of health, may include social structures, economic policies, environmental factors, physical infrastructure, and indeed experiences of migration.

Rapid growth in cities and urbanization due to migration can put a strain on availability and accessibility of health services, particularly in places where health systems have been weakened by conflict, economic hardships, or environmental disasters. Unmanaged rapid urban growth may further exacerbate poverty and inequities in health access and health outcomes, especially for the poor and vulnerable populations, including migrants. In cases where migrants live in areas with limited infrastructure, access to essential services such as water, hygiene and sanitation may be limited. As noted in the 2017 Report published by the World Economic Forum², health is a key challenge cited by city leaders in addressing urban migration.

When considering the health conditions of migrants in cities, a report published by WHO and UN-Habitat³ lists the main health risks that urban residents may encounter in cities including infectious diseases; non-communicable diseases and conditions; and, injuries and violence. These health risks faced by migrants can pose major challenges to city and municipal authorities as well as communities. At the same time, migrants can be resilient agents of positive development outcomes for cities including contributions of health worker migrants

¹ Health Promotion Glossary, 1998. http://www.who.int/healthy_settings/types/cities/en/

² <https://www.weforum.org/agenda/2017/10/how-migration-is-changing-world-cities-charts/>

³ Hidden cities: Unmasking and overcoming health inequities in urban settings, 2010

in building local health systems, as well as enable partnerships across cities hosting migrants.⁴

Main Findings

The engagement of local and regional authorities through a multi-stakeholder, whole-of-government and whole-of-society approach that encourages international cooperation in promoting migration health is crucial to implement the health-related commitments and actions of GCM and GCR in local cities and municipalities.

I) On international cooperation and inter-sectoral engagement, the GCM Objective 15 commits to “ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services.⁵ A health-related action therein is to incorporate “the health needs of migrants in national and local health care policies and plans...including by taking into consideration relevant recommendations from the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants”.⁶ Of further relevance to health-related actions at city level, the GCM commits to upholding migrant workers’ rights to the highest attainable standard of physical and mental health.⁷ It also proposes the expansion of agreements on the portability of earned benefits for migrant workers, including entitlements such as healthcare⁸ and to development of national policies with the view to including migrants into societies, including health services, through collaborative partnerships.⁹ The inclusion of the WHO Framework in both the GCM and GCR provides a coherent and complementary policy tool for local governments to adapt to each context. IOM contributed to the development of this Framework, as requested by Member States through a World Health Assembly Resolution¹⁰, based on which, a further Global Action Plan¹¹ for health of migrants and refugees is being developed.

In addition to these global health and migration policy developments, the SDGs agenda provides an opportunity to address the health of migrants at local level with SDG 3.8 (Universal Health Coverage) and 10.7 (Orderly and safe migration through well-managed migration policies), illustrating a clear link between UHC and the inclusion of migrants in health services. Achieving UHC requires equitable service coverage and financial protection that is inclusive of migrants in cities.¹²

II) There are several existing platforms and networks that could support city leadership in addressing challenges and using opportunities to promote the health of migrants.

- Improved urban data on migration health, strengthened information systems to analyze health trends in migrants and increased exchange of experiences and lessons learned would contribute to evidence-based policies.¹³ In the efforts to increase the data on migration health, the IOM Migration Health Research Portal¹⁴ and WHO Knowledge Hub on health and migration¹⁵ provide practical platforms for connecting research

⁴ World Migration Report 2015 – Migrants and Cities: New Partnerships to Manage Mobility

⁵ Global Compact for Safe, Orderly and Regular Migration. Final Draft, 13 July 2018. Objective 15, paragraph 31.e. Source: https://refugeemigrants.un.org/sites/default/files/180713_agreed_outcome_global_compact_for_migration.pdf

⁶ Ibid.

⁷ GCM Objective 6, paragraph 22.i

⁸ GCM Objective 22, paragraph 28.b

⁹ GCM Objective 16, paragraph 32.c

¹⁰ World Health Assembly Resolution 70.15: http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R15-en.pdf

¹¹ As requested by Resolution WHA 70.15, and to be presented to the WHO Executive Board 144th Session in January 2019.

¹² For more information on migration health links to the 2030 Agenda: http://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_position_paper_sdgs_10.09.2018_en.pdf

¹³ GCM Objective 1

¹⁴ <https://migrationhealthresearch.iom.int/>

¹⁵ <http://www.euro.who.int/en/health-topics/health-determinants/knowledge-hub-on-health-and-migration>

experts/scholars and policy makers, learning about migration health research initiatives globally, and improving evidence-based policy and practice.

- The International Platform on Health Worker Mobility,¹⁶ a component of the ILO-OECD-WHO Working for Health Programme, aims to facilitate policy dialogue and action related to health worker mobility “through strengthened monitoring, country support, knowledge generation and sharing, and through strengthened support to the implementation of the WHO Global Code and relevant ILO Conventions and Recommendations”.¹⁷ Engagement of health professional diaspora could also be facilitated through this Platform to support migrant-sensitive urban health services.
- The WHO Healthy Cities Network, currently comprised of more than 1,000 engaged cities globally¹⁸, can support local governance efforts in connecting cities that are committed to ensuring healthy settings for their inhabitants. Ensuring migrants have access to quality health services will contribute to the sustainable growth of healthy communities and productive societies. The Shanghai consensus on healthy cities¹⁹ and the Belfast Charter for healthy cities²⁰ both explicitly mention migrants as a population to address in health-related actions by mayors to improve social protection and achieve healthy cities.

Recommendations

- Provide migrants and refugees access to equitable physical and mental health services that are linguistically and culturally competent and affordable. Inter-city dialogues and shared experiences, as well as engagement with migrant communities through networks such as the WHO Healthy Cities Network, can contribute to collaborative partnerships towards ensuring migrant-inclusive health systems with a view towards UHC.
- Promote the portability of health benefits for migrants, refugees and their families that provide equitable and affordable access to health services regardless of current place of residence, including for rural to urban migrants.
- Strengthen health monitoring and health information systems to better understand migration health trends and utilization of urban services to contribute to evidence-based policies on migration health at city level.
- Facilitate effective management of health worker migration and skills transfer through diaspora engagement to cities where there are health worker shortages. Initiatives such as the International Platform on Health Worker Mobility can facilitate engagement on such issues.
- Promote engagement with migrant communities to adapt policy and operational solutions to specific realities of the physical and mental health needs of both migrants and host communities.

¹⁶ <http://www.who.int/hrh/migration/int-platform-hw-mobility/en/>

¹⁷ Ibid.

¹⁸ http://www.who.int/healthy_settings/types/cities/en/

¹⁹ <http://www.who.int/healthpromotion/conferences/9gchp/healthy-city-pledge/en/>

²⁰ <http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2018/belfast-charter-for-healthy-cities-2018>