

**NINTH COORDINATION MEETING ON
INTERNATIONAL MIGRATION**

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**INPUT TO THE NINTH COORDINATION MEETING ON
INTERNATIONAL MIGRATION¹**

World Health Organization (WHO)

¹ The views expressed in the paper do not imply the expression of any opinion on the part of the United Nations Secretariat.

A. INTRODUCTION

Migration affects many aspects of life and sectors in society including the health sector. The collective health needs and health implications of today's sizable migration flows have become of paramount importance to health systems and to concerted efforts aimed at reducing health inequities and protecting public health. The health of many migrants is at risk due to abuse, violence, exploitation, discrimination and barriers to access health and social services. Barriers include high costs, language- and cultural differences, administrative hurdles, inability to affiliate with health insurance schemes, lack of information about entitlements or legal status. Those at greatest disadvantage are migrants in an irregular situation and those who are forced to migrate.

Building on the longstanding commitment of the World Health Organization (WHO) to tackle inequity in health and the determinants of health, the Sixty-first World Health Assembly (WHA) adopted resolution WHA61.17 on the Health of Migrants in 2008. Resolution WHA61.17 urges Member States and WHO to, *inter alia*, promote the inclusion of migrant health into health strategies; to develop and support studies and share best practices; to strengthen service providers' and health professionals' capacity to respond to migrant needs; and to engage in bilateral and multilateral cooperation (WHO, 2008). To enhance their capacity in the migration and health domain and improve joint programmes, the International Organization for Migration (IOM) and WHO entered into a cooperation agreement, which included the secondment of an IOM staff member to WHO as Senior Migrant Health Officer in 2009.

In March 2010, WHO organized the Global Consultation on Migrant Health in Madrid, in collaboration with IOM and the Ministry of Health and Social Policy of the Government of Spain. This multi stakeholder event took stock of recent actions taken and reached consensus on an Operational Framework which guides the work of the WHO in the migrant health domain (WHO, 2010a). During the Sixty-third WHA, in 2010, outcomes of the Global Consultation were reported at a side event organized by the Governments of Portugal and Spain. In addition, a Progress Report was submitted on the actions taken by WHO to implement resolution WHA61.17 on the Health of Migrants.

Resolution WHA61.17 recalls the relevance of other resolutions on the migration of health professionals and the importance of strengthening health systems in low- and medium-income countries. While migration of health personnel can bring mutual benefits to both source and destination countries, migration from those countries that are already experiencing a crisis in their health workforce, is further weakening already fragile health systems. In order to provide a global response, the WHA adopted resolution WHA57.19 in 2004 which requested the Director-General to develop a code of practice on the international recruitment of health personnel, in consultation with Member States and all relevant partners (WHO, 2004). The WHO Secretariat subsequently developed a comprehensive programme on the issue of health worker migration. In May 2010, the Sixty-third WHA adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel, WHA63.16 (WHO, 2010b).

In addition, the Sixty-fourth session of the United Nations General Assembly examined the important linkages between global health and foreign policy, in particular with respect to the control of emerging infectious diseases, the determinants of migrant health, and human resources for health (United Nations, 2009).

B. DEVELOPMENT OF INDICATORS MEASURING THE IMPACT OF INTERNATIONAL MIGRATION IN COUNTRIES OF ORIGIN AND DESTINATION

1. Monitoring Migrant Health

Health and migration has received a considerable amount of interest and investigation. However, much of the traditional research on migrant health occurs at national level, focussing mainly on the health of newly arrived immigrants, and tends to be disease based, frequently emphasizing communicable conditions and the spread thereof. Considering the size and demography of modern migration, including the great diversity in vulnerability levels among the different migrant groups, and the recognition of the role of socioeconomic determinants and inequities in health outcomes and healthcare resource needs, the study on migrant health should be expanded. Moreover, research and study of migrant health is hampered by a lack of agreed definitions and consistency in use of terminology and denominators. As a consequence, data comparison and analyses are limited, in particular with respect to determinants of migrant health.

In collaboration with experts and partners, in particular IOM, WHO is pursuing ways to identify the essential data gaps and needs to analyse trends in migrant health; take stock of indicators and models that have been used effectively; and formulate key indicators that are acceptable and useable across countries. In addition, mechanisms to harmonize migrant health indicators with existing data collection and dissemination methods, for instance the Migration Profiles, are being explored. The development and wider application of key health indicators that are directly related to or resulting from migration will contribute to: standardization and comparability of migrant health data; increased understanding of health and disease trends among migrant groups, of migrant health seeking behaviours and utilization of health services; and moreover, evidence to better support programme and health policy development. Furthermore, the work will build the capacity of WHO, IOM and others to provide technical support to Member States on migrant health monitoring.

2. Monitoring International Recruitment of Health Personnel

In light of the growing magnitude of health worker migration, improving the availability and international comparability of statistics on the migration of health personnel is crucial if countries are to develop evidence based policies (Organization for Economic Co operation and Development, 2010). Ideally, international migration of health personnel should be monitored by tracking the number of individuals with the education and training to practice a health profession, moving from one country to another on an annual basis. In reality, few countries are currently in a position to provide such data. Improving data collection in this area should therefore be a high priority and requires consensus on key indicators to collect, to strengthen health workforce information systems in countries, to develop innovative approaches to evaluate and analyse international health worker migration, and to facilitate the dissemination and sharing of information.

Of particular importance is the development of guidelines for a Minimum Data Set to monitor international health worker migration, which is done in collaboration with the Organization for Economic Co operation and Development. The objective of the Minimum Data Set is to provide guidance for data collection, notably on the type of data to be collected by Member States, and to facilitate data collation and comparability of data among Member States.

C. RECENT CAPACITY BUILDING INITIATIVES ON INTERNATIONAL MIGRATION AND DEVELOPMENT

1. *Migrant sensitive workforce*

Societies have become increasingly multi cultural and multi ethnic. The consequent increased diversity in health determinants and health needs among society members is challenging the capacity of health systems to deliver affordable, accessible and migrant sensitive services. Health professionals increasingly find themselves treating patients with symptoms that are unfamiliar to them or not well understood. Delayed or deferred care and lack of appropriate preventive services are associated with the progression of diseases and the subsequent need for more extensive and costly treatment. Hence the need to redirect health care models to develop the capacity of the health and relevant non health workforce to understand and address the health and social issues associated with migration; to develop standards for health service delivery, organizational management and governance that address cultural and linguistic competence, epidemiological factors, as well as legal, administrative and financial challenges; and to include migrant health in graduate, post graduate and continuous professional education training of health personnel, including support and managerial staff.

In collaboration with academia and partner agencies, WHO has been pursuing the development of a migrant sensitive workforce through recommendations for action for Member States, universities, health providers and relevant institutions aiming to harmonize the inclusion of migrant health topics and intercultural competence in the training of all public health professionals, to research the effectiveness of training programmes and to involve migrants in the design, implementation and evaluation of training programmes (Gijón-Sánchez, 2010; IOM, 2009). Regional briefings on selected policy issues have been focusing on improving health intelligence, and building capacity and know-how for policy makers and practitioners on tackling socially determined health inequalities as part of health system performance (WHO, 2010c).

2. *WHO Global Code of Practice on the International Recruitment of Health Personnel*

The WHO Global Code of Practice on the International Recruitment of Health Personnel, as was adopted by the Sixty-third WHA in 2010, promotes voluntary principles and practices for the ethical international recruitment of health personnel as part of strengthening health systems, taking into account the rights, obligations and expectations of countries of origin and destination and migrant health personnel (WHO, 2010d), (WHO, 2010e). To facilitate the monitoring of the implementation of the Code, guidelines for Member States and non State Stakeholders are being developed. This process is done in consultation with Member States, international organizations, professional associations, civil society organizations and other interested stakeholders. This Code forms part of WHO's global approach to strengthen health systems. Alongside the Code, WHO is developing complementary strategies and activities to strengthen the health workforce in countries. These include: expansion of health workforce education; improvement of standards of accreditation; implementation of global policy recommendations to improve retention of health workers in remote and rural areas; and improvement of human resource information systems (WHO, 2010f).

D. OTHER INITIATIVES ON INTERNATIONAL MIGRATION AND DEVELOPMENT

1. *Extending social protection in health for migrants*

Despite existing and ratified international human rights standards and conventions that protect the rights of migrants, including their right to health, many migrants lack access to health services and

financial protection in health for themselves and their family members. Lack of coverage can lead to excessive costs for migrants, many of whom pay out of pocket for health services. This prevents many from accessing services, which exacerbates health conditions that could have been prevented, often at reduced costs, if services had been available. Neglecting access to primary health care and leaving migrant health to be managed at the level of emergency only, runs counter to economic and public health principles.

Current approaches to improve access to health services for migrants are often fragmented and costly, operate in parallel to national health systems and depend on external funding and lack sustainability. As part of WHO's efforts to promote universal coverage, and in the context of the launching of the 2010 World Health Report on Health Systems Financing, a technical brief was prepared entitled *Ensuring access to health services and financial protection for migrants*, which inter alia calls upon policy makers to mitigate the burden of out of pocket health spending, and move towards prepayment systems involving pooling of financial risks across populations groups (WHO, 2010g). The focus on social protection in health is closely related to the fourth Global Forum on Migration and Development (GFMD) outcome which calls for assessment of cost effective health care models for various types of migration scenarios.

At regional level, initiatives that reiterated the need to give priority to the existing gaps in access to affordable and appropriate health services for migrants and new approaches to social protection in health, included the Regional Dialogue on the Health Challenges for Asian Labour Migrants, in Bangkok, July 2010, organized by IOM and the United Nations Development Programme, in cooperation with the International Labour Organization, the Joint United Nations Initiative on Mobility and HIV/AIDS in South East Asia, the Joint United Nations Programme on HIV/AIDS and WHO; and the Second Ibero American Forum on Migration and Development, in El Salvador, July 2010, called by the Ibero American General Secretariat and co organized by the Government of El Salvador, the Economic Commission for Latin America and the Caribbean, and IOM. WHO is supporting initiatives to extend social protection in health for migrants in the Ibero American region as well as at global level, in close collaboration with partners.

2. Global Migration Group Membership

Staying abreast of the discussions and emerging international governance structures on migration has become essential to the work of WHO and its dedication towards the early achievement of internationally agreed development goals and objectives, including the Millennium Development Goals. WHO is therefore pleased to be a member of the Global Migration Group (GMG) since September 2010 and intends to work closely with GMG members as well as Member States, other organizations and civil society. After all, improving the health of migrants cannot be achieved by the health sector only. In addition, WHO is keen to take active part in and support the GFMD and, moreover, attempt to address the outcomes of this State-led platform.

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