Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

# 55th DIRECTING COUNCIL

## *68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS*

*Washington, D.C., USA, 26-30 September 2016*

*Provisional Agenda Item 4.7*

CD55/11
20 July 2016
Original: English

## HEALTH OF MIGRANTS

### Introduction

1. Human migration poses one of the greatest public health challenges worldwide. The Universal Declaration of Human Rights and other international human rights instruments recognize the right of all persons to leave any country, including their own, and to return to their own country. The Constitution of the World Health Organization (WHO) states that, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." The Strategy for Universal Access to Health and Universal Health Coverage establishes that: "This right should be promoted and protected without distinction of age, ethnicity, sex, gender, sexual orientation, language, national origin, place of birth, or any other condition. Promoting and protecting this right requires linkages with other related rights" *(7, 8)*. Health-related human rights, as established by the Universal Declaration of Human Rights, belong to all persons, including migrants, refugees and other non-nationals (*1-3).*

2. Migration is defined as the movement of a person or a group of persons either across an international border or within a State. As such, migration encompasses any peoples' movement, no matter its length, composition, or cause. It includes the flow of refugees, displaced persons, economic migrants (voluntary or forced), temporal workers, students, undocumented migrants, and persons moving for other purposes, including family reunification, with different health determinants, needs, resources, capabilities, and levels of vulnerability. Despite the wide array of categories encompassed under the term migrants, this document focuses primarily on the health of persons who, because of their situation as migrants, are placed in conditions of vulnerability *(4-6).*

3. Migration results from and can lead to human insecurity and restrictions of health-related human rights. Economic deprivation, food insecurity, environmental hazards, violence, political and religious persecution, and ethnic and gender-based discrimination all can give rise to massive migration flows. Fragmented families are a major

consequence of migration. More than one billion people live outside of their place of origin, either in other areas of the same country (internal migrants) or in other countries (international migrants). The sheer numbers of displaced populations in 2014 have led many experts to consider that the world is facing "unprecedented levels of displacement," with enormous implications for population health and health systems (*1-4).*

4. While all health-related human rights protected by the Universal Declaration of Human Rights apply equally to all persons, including migrants, migrants often lack access to adequate health services and financial protection for health. WHO estimates that, globally, the health needs of migrants and refugees are not consistently addressed, and that access to health services in recipient countries remains highly variable *(1).*

5. In that respect, PAHO's Strategy for Universal Access to Health and Universal Health Coverage *(7, 8)* establishes the framework whereby the Region's countries can design and implement collaborative strategies to address the health needs of migrant populations. A firm commitment to the right to health where nationally recognized or the enjoyment of the highest attainable standard of health, to equity, and solidarity—as embraced in the above-mentioned strategy—must remain at the center of efforts to respond to the health needs of migrant populations. Such commitment entails providing access to quality comprehensive health services for migrants in their territories of origin and destination, during transit, and upon their return to their country of origin. It requires addressing the social determinants of health and the elimination of barriers to access health services, including cost, language, cultural differences, discrimination, and lack of information.

**Background**

6. The plight of migrants has gained recognition in and prominence on international agendas. For example, the United Nations approved the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in 1990. Since then, many other global instruments have been adopted in the UN system to address issues pertaining to migrant populations.[1] In 2008, WHO adopted Resolution WHA61.17, "Health of Migrants".[2] In October 2013, the UN General Assembly adopted the Declaration of the High Level Dialogue on International Migration and Development (Resolution A/RES/68/4), which recognizes that human mobility is a key factor for sustainable development. Finally, the 2030 Agenda for Sustainable Development, adopted in 2015, recognizes "the positive contribution of migrants for inclusive growth

[1] Among these is the Global Forum on Migration and Development (GFMD). This intergovernmental framework that includes the participation of civil society representatives reflects a progressive acknowledgement of the limitations of relying on a strictly national approach to migration questions and the implications of dealing with the issue at the global level.

[2] This resolution and its follow-up global consultation (WHO, 2010) identified priorities for a strategic approach to the health of migrant populations, including: monitoring migrant's health, policy and legal frameworks, migrant-sensitive health systems and partnerships, networks, and multi-country frameworks.

and sustainable development." Goal 10 includes a specific target on facilitating orderly, safe, regular and responsible migration and mobility of people. *(2, 4-6, 9-11).*

7. At the Third Summit of the Americas, held in April 2011 in Quebec City, Canada, the heads of state and government of the Americas agreed to establish an inter-American program, within the Organization of American States (OAS), for the promotion and protection of the human rights of migrants, including that of migrant workers and their families. The OAS recognizes that, given the scope, prevalence, and significance of the current migratory phenomenon, virtually every state in the Americas has become a country of origin, transit, destination, or return for migrants and, as a direct result of this, migration has become a priority in the Region's political and diplomatic agenda *(12).*

8. For decades, PAHO Member States have prioritized the health of migrant and displaced populations, entering into arrangements for collaborative responses. During the armed conflicts in Central America in the 1980s, for example, PAHO Member States, under the banner of "Health: A bridge for peace" emphasized, among other strategies, the need to protect displaced populations while providing quality health services to improve their health and living conditions. More recently, PAHO has approved several resolutions that promote the incorporation of the human rights and human security approaches in country health policies, plans, programs, and health-related laws to strengthen the resilience of migrant populations in the highest conditions of vulnerability. These include the following resolutions and initiatives: Health and Human Rights (2010); Health, Human Security, and Well-Being (2010); Plan of Action on Health in All Policies (2014); Plan of Action for the Coordination of Humanitarian Assistance (2014); PAHO Gender Equality Policy (2005); and the Strategy for Universal Access to Health and Universal Health Coverage (2014) *(13-17, 8).*

**Situation Analysis**

9. The volume of voluntary or forced population movements is on the rise worldwide, although each region shows different patterns. The current global migrant population is estimated at one billion persons, composed of 232 million international migrants and 740 million internal migrants. In the Americas, international migrants total approximately 61.4 million persons—more than 85% of them (53.09 million) live in northern America, with the remaining 15% residing in Latin America and the Caribbean.[3] Moreover, the level of intra-regional migration has increased within the countries of Latin America and the Caribbean, a trend associated with greater economic integration in this region. In addition, large numbers of people are considered to be internally displaced within their own countries *(18-20).*

[3] Migratory flows also imply important financial flows with relevant economic implications for many of the region's countries. The World Bank estimates that in 2014 remittances to Latin America and the Caribbean represented US$ 64 billion, representing a 5.3% growth rate increase compared to the previous year.

10. The association between migration and adverse health outcomes varies by migrant subgroup and by vulnerable conditions, ethnicity, gender, and region of origin and destination. Many people die each year attempting to migrate. In addition, epidemiological studies have shown an association of deteriorating health in migrants in conditions of vulnerability that increases with the length of residence in the new country, and has been attributed to negative acculturation and adoption of unhealthy behaviors more prevalent in the receiving society, such as smoking, alcohol consumption, and physical inactivity with associated weight gain. Psychosocial factors may also play a role in the deterioration of health after migration. The mismatch between immigrants' educational credentials and their occupational achievements in the host country may constitute a source of stress, as well as the creation of a new social support network *(10, 21-23).*

11. These factors place migrants at a higher risk for occupational injury, sexual abuse, violence, drug abuse, psychological disorders, and contracting infectious diseases such as sexual transmitted diseases, HIV/AIDS, tuberculosis, and hepatitis. These risks are exacerbated by limited access to social benefits and health services within territories of origin or return, transit, and destination.[4] In addition, health emergencies and disaster events can exacerbate the health risks for these populations *(18, 19).*

12. A person's gender identity, gender expression, sexual orientation, or ethnicity, among other factors, can be associated with specific risks to health and differential vulnerability before, during, and after migration. Gender and ethnicity, among other factors, can affect the reasons for migrating, as well as the social networks migrants use to move in host communities, their experiences during transit, integration experiences at destination, and relations with the country of origin. For example, women are more often affected by violence, abuse, and rape. Moreover, there is substantial evidence of inequities in both the state of health of members of ethnic groups and the accessibility and quality of health services available to them due to social exclusion *(24, 25).*

13. In most countries of destination, immigrants become minorities, excluded from full participation and integration in society, and this may extend to their offspring. Differential exclusion conditions[5] are found in countries where belonging to the nation is strongly rooted in membership of a specific ethnic group, and ethnic and cultural diversity are seen as a threat to national culture. Integrative national policies promote the inclusion of immigrants into wider society with their full participation, as appropriate,

[4] A 2015 study conducted by the Ministry of Health of Mexico and PAHO shows that of migrants' visits to primary health care units in Chiapas, primarily by persons in transit from Guatemala and Honduras, 79% are for respiratory diseases, 75% for diseases of the digestive system, 48% for dermatitis, 42% for heat stroke, 64% for unintentional injuries, 42% for violence, and 33% for mental health conditions including addictions *(4)*. According to a similar study conducted by the International Organization for Migration (IOM) and the Latin American Faculty of Social Sciences (known for its Spanish acronym, FLACSO) in Guatemala *(4)*, sadness, lack of appetite, depression, and anxiety were among the main health complains of deported migrants**.**

[5] A set of policies characterized by the incorporation of immigrants into certain areas of society (e.g. labor market) but not in others (e.g. welfare systems, citizenship, and political participation) produce differential exclusion conditions.

across all domains of civil, economic, social, and cultural life. Strong integration policies have been linked with better health outcomes among immigrants *(19-21)*.

14. At the global and national levels health policies and strategies to manage the health consequences of migration have not kept pace with the growing challenges related to the speed and diversity of modern migration, and do not sufficiently address the existing health inequities and determining factors of migrant health, including barriers to access health services, employment, and living conditions *(15)*.

**Proposal**

15. PAHO Member States have demonstrated a heightened appreciation for the development of health policies and programs to address health inequities and improve access to health services. The four strategic lines of action defined within the regional Strategy for Universal Access to Health and Universal Health Coverage *(7)* constitute the overarching framework for the health system's actions to protect the health and well-being of migrants. They recognize the contributions of prior PAHO strategies or mandates that deal with this issue, and are aligned with other related strategies and commitments, including the 2030 Sustainable Development Goals. Acknowledging that migrants constitute a group in conditions of vulnerability in our Region, Member States, as appropriate to their contexts and priorities, can leverage the following policy elements to address the differentiated health needs of migrants.

16. ***Health services that are inclusive and responsive to the health needs of migrants.*** Health services should be inclusive and responsive to the needs of migrants, and should be readily accessible to migrants by eliminating geographical, economic, and cultural barriers. Addressing the specific and differential needs of migrants should be a key component within the context of a country's advancement toward comprehensive, quality, universal and progressively expanded health services. A comprehensive response to the needs of migrant persons entails the pursuit of targeted interventions to reduce migrants' health risks and the strengthening of programs and services that are sensitive to their conditions and needs. This effort should include the provision of care that takes into consideration cultural, religious, and gender issues, and that gives migrants access to health services in the often complex health system of the country of transit or destination. Undocumented migrants constitute a subgroup in particular conditions of vulnerability due to their limited access to health care or other public services available to documented migrants.

17. ***Institutional arrangements to provide access to comprehensive, quality, people-centered health services.*** In the context of each Member State's commitment to universal access to health and universal health coverage, national health authorities should lead the effort to modify or improve the regulatory and legal framework in order to address the specific health needs of migrant individuals, families, and groups consistent with international human rights law instruments related to health. It is of utmost importance to develop institutional arrangements to provide access to comprehensive, quality, and people- and community-centered services in accordance with applicable international law

and human rights law instruments related to health. Member States should make adequate institutional arrangements that ensure these mechanisms are put in place and for creating awareness in the population on the rights, needs, and conditions of vulnerability of migrants. In addition, countries should work closely together to improve health services along border areas to protect individuals, families, and migrant populations during transit across borders. Moreover, Member States should work collectively to monitor migrants' health situation.

18. ***Mechanisms to provide financial protection in health***. In the context of each Member State's commitment to increase and improve financing for health, with equity and efficiency, and to advance toward the elimination of direct payment that constitutes a barrier to access at the point of service, Member States should improve health financing systems so that migrants have the same level of financial protection in health that others living in their country have, regardless of their legal immigration status. Migrants, among other groups in vulnerable conditions, are the most affected by difficulties in access to health care for financial reasons, particularly unaccompanied minors. Member States should strengthen intersectoral coordination to promote that migrants in conditions of vulnerability should also have access to social protection programs under the same terms as the rest of the population.

19. ***Intersectoral action and development of partnerships, networks and multi-country frameworks***. Member States should advocate for and exercise leadership in ensuring that the specific conditions of vulnerability of migrants are addressed within processes for the formulation and implementation of policies to address the social determinants of health**.** Intersectoral action should aim at shaping individual and community resilience, advocating for migrant-sensitive social policies and programs, and developing partnerships, networks, and multi-country frameworks. This includes, in the context of the Sustainable Development Goals, advocacy for the development of migration policies to promote dignified, orderly, regular, and safe migration to the benefit of all. In particular, intersectoral action is required to promote the same degree of social protection for migrants as others have living in the same country, including access to adequate shelter, sanitation, food, and security in the country of origin, transit, destination, and return.

**Action by the Directing Council**

20. The Directing Council is requested to review the information provided in this document and to consider adopting the resolution presented in Annex A.

Annexes

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