

Template for Notetaking for the IMRF virtual side-events

Date and time: 19th May 2022, 8:30-10:00

Notetakers: WHO

The Side-Event *“Looking beyond 2022: what can we do better for the health of migrants and advance GCM commitments?”* took place at the margins of the International Migration Review Forum (IMRF) on May 19th in a virtual format.

The event was co-sponsored by WHO, the Governments of Portugal, the Kingdom of Thailand and the Kingdom of Morocco, IOM, UNFPA, UNICEF, IFRC and Maldivian Red Crescent, IFMSA and PICUM. It was moderated by Kate Dodson, UN Foundation.

The opening session included a video message by Dr Tedros Ghebreyesus, Director-General, WHO; an intervention by the keynote speaker H.E. Ms Marta Temido, Minister of Health of Portugal; and opening remarks by H.E. Dr Suriya Chindawongse, Ambassador and Permanent Representative of Thailand to the United Nations and Mr Ismail Chekkori, Director General, Head of Global Affairs Department, Ministry of Foreign Affairs, African Cooperation and Moroccan Expatriates.

The technical panel was composed by Dr Santino Severoni, Director, Health and Migration Programme, WHO; Ms Jacqueline Weekers, Director, Migration Health, IOM; Ms Monica Ferro, Director, Geneva Office, UNFPA; Dr Luwei Pearson, Associate Director Health, UNICEF; Ms Fathimath Himya, Secretary General of Maldivian Red Crescent; Mr Mahmood F. Al-Hamody, Liaison Officer for Human Rights and Peace Issues, IFMSA; and Ms Michele LeVoy, Director, PICUM.

Finally, the event counted with 180 participants and aimed at sharing promising practices and commitments at global and country levels in fostering cross-sector, complementary decision making that integrates health considerations across policies and services that determine the health of migrants; proposing recommendations beyond the IMRF; and galvanizing action to advance the Global Compact for Migration (GCM) health-related commitments and other relevant policy developments.

Opening session:

Dr Tedros Ghebreyesus, Director General, WHO, reiterated that regardless of their status, migrants have a right to the highest standard of physical and mental health. Dr Tedros urged participants to look beyond the pandemic and make permanent, holistic and sustainable the positive developments seen during the COVID-19 pandemic on access to health. WHO is committed to helping Member States achieving universal health coverage to build more resilient dynamic and successful societies.

Professor Marta Temido, Minister of Health of Portugal, noted that migration was often seen as a crisis for transit and host countries, but it had been and continues to be a fundamental and

enriching aspect of every society. Portugal mentioned measures taken at national and local level during the pandemic to ensure migrants and refugees access to health services. Portugal strives to see the most vulnerable, not as a burden, but as an opportunity to implement more resilient inclusive and effective policies to make sure that no one is left behind.

Dr Suriya Chindawongse, Permanent Representative of Thailand to the UN, focused on the importance of addressing migrants' health needs to achieve sustainable development. Thailand, a champion of universal health coverage (UHC), mentioned that it ensured universal access to health services for migrants through different schemes and programmes, irrespective of migration status, and concluded with a commitment on the promotion of migrant health and universal health coverage, including in the process towards the High-level Meeting on UHC in 2023.

Lastly, **Mr Ismail Chekkori**, Director General, Ministry of Foreign Affairs, African Cooperation and Moroccan Expatriates, reiterated that UHC will not be universal, nor Objective 3.8 and Goal 10.7 achieved unless health service coverage and financial protection measures include migrants and refugees. Morocco mentioned the role of the country as an African leader on migration, and reiterated its strong commitment to action-oriented plans, sharing of best practices, and supporting of physical and mental needs of migrants at national and regional levels.

Panel discussion:

Dr Santino Severoni, WHO, presented the overall features regarding the vulnerability, discrimination and lack of access to basic services that migrants face. The main recommendation from WHO related to reinforcing international commitments of the SDGs, the WHO Global Action Plan, the Political Declaration on UHC, the GCM and Member-States pledges; guaranteeing access to quality care service for migrants; scaling up investment in health systems that are capable to deliver migrant inclusive services.

Ms Jacqueline Weekers, IOM, recognized the need to promote policy coherence both vertically and horizontally to mainstream health into the implementation of the GCM Objectives. Beyond the IMRF, IOM proposed Member States to ensure the integration of migration issues in the negotiation of WHO pandemic preparedness new legal instrument; strengthening migration research and data analysis, cross border collection and sharing of data; recognizing the role of migrants and diaspora; and the development of financing solutions for promoting migrants' health.

Ms Monica Ferro, UNFPA, recommended, as a baseline, listening to women and migrant women to address their needs and collaborating with them in the creation of programmes. UNFPA concluded reiterated the importance of continuum care for migrants, in all stages of migration, and of migrant women, emphasizing that service should encompass access to quality family planning, prenatal and postnatal care, clinical management of foster care and education and information on sexual reproductive health.

Dr Luwei Pearson, UNICEF, underlined the need for cross-border approaches to ensure children on the move can access a continuum of health care services. UNICEF further highlighted the importance of birth registration to facilitate access to health services, along with the adoption of electronic medical records to allow more coordinated and efficient health care



provision. UNICEF also stressed the need to work ‘bottom up’ by partnering with and learning from local communities when it comes to understanding their health care needs and gaps in service provision, as well as opportunities to build on existing community structures to deliver health services. UNICEF concluded with examples of their work in this regard, such as polio eradication campaigns.

Mr Mahmood F. Al-Hamody, IFMSA, reiterated that migrants have specific vulnerabilities and sensibilities, and that decision-makers needed to understand mobility routes to better address their health needs during the stages of migration. IFMSA recommended that young service providers commit to a human rights-based approach to their health services providing dignified non-discriminatory and culturally sensitive healthcare to all migrants.

Ms Fathimath Himya, Maldivian Red Crescent mentioned the work done at the local level in the Maldives, namely the registration of migrants for COVID-19 vaccines, and recommended that Member-States ensure all migrants access to health in all stages of journey, while addressing formal and informal barriers. She urged Member States to draw on the support of local organizations, including national Red Cross and Red Crescent Societies as government auxiliaries, to build trust and facilitate the inclusion of migrants.

Lastly, Ms Michele LeVoy, PICUM drew attention to international and national recognition of migrants’ equal access to health services, and to good practices on access to access to health services, regardless of migration status. PICUM recommended that to ensure GCM Objective 15 Member-States must build strong body of laws and practices, ensuring that undocumented migrants’ data will not be shared with immigration authorities.

Interactive discussion:

- A question was posed on how countries with limited resources could maintain the sustainability of services to migrants. **WHO** concluded that we should focus on the principle of shared responsibility, strengthening collaboration among countries, which was also the spirit of the Network and of the GCM. **Maldivian Red Crescent** agreed that no country had sufficient resources to provide health services to the population itself, and that it would be important to not exclude the migrant population from the available resources.
- Regarding a question on how to reduce barriers for refugees or migrants who are trained as health care practitioners and services providers to enable them to practice, **IOM** suggested ensuring healthcare workers’ (HCW) participation in societies, and mentioned an example from the current crisis in Ukraine. **IFMSA** considered the mobility of HCW a great asset, mentioning the barriers for their integration and provision of services. **WHO** gave practical examples of efforts for the employment of HCW who were forced to leave their country of residence, as the establishment of more than 250 primary health care posts and launching of a programme for fast retraining of Syrian HCW in Turkey; and similarly in Germany; and a platform to support Syrian students to continue their medical studies.
- On access to mental health services, **UNFPA** considered that mental health and psychological support were issues under the radar, urging for common ground on raising public awareness on the needs of migrants in transit and destination.



- Finally, on what we could expect from the IMRF that will help advance this agenda, **PICUM** hoped we would not backtrack, namely on important references in the progress declaration. Irregular status creates mental health issues and studies show that it is cheaper to provide preventive care than emergency care. **Maldivian Red Crescent** reiterated the need to work with partners and to allow humanitarian organizations the space to provide services to migrants. **IOM** defended a strong declaration, clear commitments, clear reporting mechanism for accountability, political will to change toxic narrative around migration, promotion of the contribution of migrants to development, diversity and solidarity in our societies. **IFMSA** considered that progress needs to be strengthened and that we must learn from gaps in the response of the pandemic. **WHO** concluded with an optimistic note, mentioning the importance of political atmosphere, with renewed and reinforced commitments, and the examples from Member-States moving forward in implementing the GCM. **UNFPA** concluded that there were many reasons for hope and many reasons for fear, and highlighted the work of grass root organizations, and women led projects.