

Leave no one behind: addressing the needs of migrants towards Universal Health Coverage

16 May 2023

Summary Report

Background

The pandemic has had a severe and disproportionate impact on migrants, including through increased COVID-19 exposure, discrimination, violence, job losses, wage theft, protracted family separation, and restricted or lack of access to health and other basic services. This has facilitated unveiling the central part health takes in the migration governance debates and the importance of dealing with the public health aspects of the migratory phenomenon. Since the beginning of the pandemic, States have focused on keeping all people safe in their response and recovery efforts, including migrants. Whilst the pandemic stimulated almost 40% of MS to implement a universalistic approach – in line with GCM principles and objectives – to ensure the right to health for migrants, commitments to make those approaches permanent are still needed.

The UHC political declaration in 2019 saw countries ensuring that the particular needs and vulnerabilities of migrants, refugees, and internally displaced persons were met regarding to health and psychological care. In the 2022 IMRF, States committed to ensuring migrants are granted and enabled to gain access to health services and continuity of care, regardless of migration status, and in line with the principles of Universal Health Coverage (UHC). There is also a commitment to promoting the meaningful participation of migrants in policy discussions on issues affecting them, such as the upcoming high-level meeting on UHC.

The UN Network workstream “Preparing for future health emergencies by mainstreaming public health considerations into migration policies and services, at national and local levels”, which was established to support the realization of the International Migration review Forum Progress Declaration commitments on health, organised the GCM Talk. Its main purpose was to convene a specific dialogue with relevant stakeholders to inform the negotiations of the political declaration of the UHC on the issues that concern the health of migrants, building on the outcomes of the multistakeholder hearing.

Organization

The 90 minutes GCM Talk for the workstream “Preparing for future health emergencies by mainstreaming public health considerations into migration policies and services, at national

and local levels” was held online with simultaneous interpretation provided in English, French, and Spanish.

This GCM Talk was organized by the co-chairs of the workstream, the World Health Organization (WHO), the United Cities and Local Government (UCLG), and the UN Major Group on Children and Youth (MGCY), with the support of the Network secretariat.

Objective

The objectives of this GCM Talk were:

1. Discuss how better protect the health of migrants and showcase the significant contribution that investing in UHC, with a primary healthcare approach, makes in reducing poverty and promoting equity and social cohesion;
2. Debate on recent examples of action taken by States, regional and local governments to break down the institutional, administrative, and financial barriers that limit access to or entirely exclude migrants from accessing health services;
3. Share ways to strengthen a UN system-wide and multi-stakeholder approach to fulfilling GCM’s objectives and the 2030 Agenda for sustainable development.

Participants

- Registered participants: 658
- Participants: 435
- Speakers/Panellists: Jonathan Prentice, Head of the secretariat of the UN Network on Migration; Derek Sutdan, Director, Division of Health Economics and Health Security, Office of the Permanent Secretary, Ministry of Public Health, Thailand; Mauro Sanchez, Deputy Secretary of Health and Environmental Surveillance, Ministry of Health, Brazil; Emilia Saiz, Secretary General, United Cities and Local Government; Mahmood Al-Hamody, Vice-President, International Federation of Medical Students Association; Mayada Adil, Medical doctor, fashion designer & co/founder of La Loupe Creative; and Rita Sá Machado, Health Policy Advisor, Health and Migration Programme, WHO. The moderator was done by Poonam Dhavan, Director (a.i.), Migration Health Division, IOM.

Recommendations and key takeaways

Panelists and participants highlighted that is vital to advance universal health coverage targets, which include migrants. Despite the lack of supportive and integrative policies and the few resources, accelerating progress toward UHC and delivering on political commitments made in 2019 has never been more urgent.

Interventions highlighted specific good practices and recommendations:

Good practices:

- In Thailand, the establishment of a dedicated migrant health insurance, that includes antenatal care, immunisation and treatment for infectious diseases, was paramount to increase the healthcare coverage in the country
- Brazil has a law on migration that ensures access to public health, public services without discrimination on grounds of nationality and immigration status.
- In Ghana the progress they made is associated with the fact that migrants were included in the national health insurance scheme
- Investing in better health information for health education and health promotion is being used with positive results in several countries, and as a way to fight against stigmatization and stigma against migrants, so they're not considered as any risk to public health in the host countries
- Ministerial working groups on migration within the Ministry of Health have allowed the alignment of policy for migration and health issues
- Working to guarantee that migrants are part of the health information systems can allow them not to become "invisible" and tackle their specific needs
- Local-level initiatives, such as the development of booklets in different languages, vaccination campaigns, and the creation of committees have contributed to improving access to healthcare services for migrants.

Recommendations:

- The UHC political declaration 2023 should emphasize the importance of including migrants in national health systems and refer to why they are an asset to quality healthcare services. It should mention that there is a need for equitable access to essential healthcare, irrespective of migration status. It must support a radical reorientation of health systems towards primary health care as the foundation of UHC and a shift towards health promotion and disease prevention by addressing health determinants and risks, strengthening systems and tools for epidemic and pandemic preparedness supported by governance, and financing reforms and harnessing the power of science, research innovation, data, and digital technologies.
- Investing in the health workforce with the training skills tool, working environments and fair play to deliver safe, will guarantee effective and high-quality care that is migrant-sensitive.
- Local and regional governments can and must play a role in acknowledging rights independently of migratory status, addressing stigma and discrimination, and improving access to information. Their role needs to grow, also, in decision-making process that can affect the right to health for migrant populations. This will also impact the delivery of healthcare, as well as the training in migration issues of local service providers.
- Migrants need to be involved in shaping the health services they receive and in designing health interventions that will benefit them or serve them in other words.

Investment in skills will facilitate the participation of migrants as policymakers will be able to understand how to collect input, and how to deal with that input, how to design policies.

- Political commitment, at the national and local level, from parliamentarians, decision and policy-makers will facilitate the advancements towards UHC, with the full participation of migrants. This is something to be taken to the UNGA High-level meeting on UHC, to the SDG Summit and the Summit of the future and many others.
- As ensuring healthcare access to migrant workers is also fundamental for UHC, trade unions should be involved.
- The upcoming intergovernmental processes can take a far more ambitious achievement, especially in enabling countries who are struggling with their social protection policies to take transformative actions to enable them to provide healthcare for all migrants, including the ones in irregular situations.