

Migration and Health: Implications of COVID-19 and achieving Universal Health Coverage

15 July 2020, 15:00-16:30 (Manila Time), via Microsoft Teams

I. Background and Context

1. Coronavirus disease (COVID-19) and the ensuing pandemic has created an unprecedented global health crisis.¹ As of 6 July 2020, the World Health Organization reported over 11 million confirmed cases and 532,340 deaths from COVID-19 across 216 countries.² Mobility is a defining feature of the COVID-19 pandemic, and a driver of the speed and scale of the disease's global spread. Without a vaccine, countries have moved to contain the virus by closing borders, restricting passenger transportation and labor mobility, reducing business operations, and initiating lock downs. The social and economic implications of these measures are significant.³ Global evidence illustrates that the burden from pandemics falls disproportionately on poor and marginalized populations, including migrants and their families.⁴

2. In 2019 there were approximately 272 million international migrants globally, equating to 3.5 percent of the world's population.⁵ The migrant workforce is particularly vulnerable to an economic slowdown resulting from the COVID-19 pandemic. The International Labor Organization estimates COVID-19 could lead to an increase in global unemployment of between 5.3 million and 24.7 million people.⁶ In 2020, remittance flows to low- and middle-income countries are expected to drop by around 20 percent to \$445 billion, from \$554 billion in 2019.⁷ Within the ASEAN region there are over 9.7 million international migrants, 6.9 million of which are intra-regional migrants moving between ASEAN member states.⁸ Migrant workers constitute a sizeable share of the labor force in destination countries. In countries of origin, remittances are an important source of household income. Migrants returning home bring back capital, knowledge, and skills.

¹ COVID-19 is the short term for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

² WHO. [Coronavirus disease \(COVID-19\) pandemic](#) (accessed 21 June 2020).

³ Asian Development Bank. May 2020. [ADB Briefs No. 133. An Updated Assessment of the Economic Impact of COVID-19.](#)

⁴ World Bank. 2019. [Pandemic Preparedness Financing: Status Update.](#)

⁵ International Migrant Stock 2019. UN DESA, Population Division, New York. Accessed on 4 July 2020 from <https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp>

⁶ International Labor Organization (ILO). 2020. ILO Monitor: Covid-19 and the World of Work. First Edition. 18 March 2020 ILO. 2020. ILO Monitor: Covid-19 and the World of Work. First Edition. 18 March 2020. Accessed on 4 July 2020 from https://www.ilo.org/wcmsp5/groups/public/---dqreports/---dcomm/documents/briefingnote/wcms_738753.pdf

⁷ Dilip Ratha, Supriyo De, Eung Ju Kim, Sonia Plaza, Ganesh Seshan, and Nadege Desiree Yameogo. 2020. Migration and Development Brief 32: COVID-19 Crisis through a Migration Lens. KNOMAD-World Bank, Washington, DC. Accessed on 4 July from https://www.knomad.org/sites/default/files/2020-06/R8_Migration%26Remittances_brief32.pdf

⁸ ILO. 2019. The Future of Work and Migration. Thematic background paper for the 12th ASEAN Forum on Migrant Labor held in Bangkok on 25-26 September 2019.

3. Migrants and people on the move face the same health threats from COVID-19 as host-country populations, with added vulnerabilities. A heightened risk of exposure stems from the circumstances of their journey and the poor conditions in which many migrants live and work. Migrants too often face needless obstacles in accessing healthcare services and public health information, a result of language and cultural barriers, cost, legal and regulatory restrictions, and stigma and discrimination.
4. As countries act to address the COVID-19 crisis, a strong case can be made for an inclusive public health and socio-economic response to control the virus, restart economies and remain on track to achieve the Sustainable Development Goals. Central to an inclusive-approach are efforts to accelerate progress towards universal health coverage through the progressive integration of migrants and their families into local and national health structures and risk pooling mechanisms.
5. Migrant-inclusive approaches with universal health coverage as a goal are not only crucial for overcoming the challenges and threats posed by COVID-19, but further serve to protect public health at a lower overall cost, leading to improved development outcomes. The inclusion of migrants in national health and socio-economic plans and strategies will contribute to diminishing the inequities not only in health, but in education, employment and other areas fundamental to achieving the Sustainable Development Goals.
6. The principles of universal health coverage require a whole-of-society and whole-of-government approach, working across sectors including immigration, finance, education, labor amongst others. The approach spans levels of government and includes civil society organizations, community leaders, private sector actors, employers and workers' organizations, as well as national human rights institutions. The engagement of migrants themselves, as key stakeholders in the community, will be a vital element for the sustainability of national plans.
7. In the context of the current crisis, understanding of population mobility and an increased focus on a migrant-inclusive response can help guide both country-specific and multi-country interventions that support the gradual and safe return to countries' economic and social functioning.

II. Sixth PACER Dialogue

8. Countries in Southeast Asia and the People's Republic of China have been affected differently by COVID-19 and are in various phases of managing the crisis. Countries can learn how others are mitigating the negative effects of COVID-19 by addressing multifaceted issues related to migration and mobility. For its part, the International Organization for Migration (IOM) advised that while migration and mobility are increasingly recognized as determinants of health and risk exposure, the volume, rapidity, and ease of today's travel pose new challenges to cross-border disease control and called for the need to adopt innovative, systemic and multi-sectoral response.
9. Several policy options drawn from good practice examples, IOM's policy framework (anchored on health, border and mobility management), and country experiences (such as Thailand's Universal Coverage Scheme for migrant workers) are available for governments to consider and adapt to their own phased COVID-19 recovery efforts.

10. In this context the ADB will convene the sixth **Policy Actions for COVID-19 Economic Recovery (PACER) Dialogue** in virtual format on 15 July 2020 (Wednesday) from 15:00–16:30 (Manila time) using Microsoft Teams. The title of the sixth PACER Dialogue is **Migration and Health: Implications of COVID-19 and achieving Universal Health Coverage**. PACER Dialogues are organized under the ADB-supported BIMP-EAGA, IMT-GT, and GMS (B-I-G) Capacity Building Program, and will explore measures that can help “B-I-G” member countries, Singapore, and Timor-Leste “bounce back better” from the COVID-19 pandemic.

III. Objectives

11. The sixth PACER Dialogue will feature global good practice examples and policy options in responding to COVID-19 along the mobility continuum and promoting migrant-inclusive approaches. The objectives are to:

- promote a better understanding of policy options in health, border and mobility management available for governments to mitigate COVID-19 impacts and recover in the aftermath of the crisis;
- disseminate global best practices and lessons on how to promote migrant-inclusive approaches including universal health coverage so countries could “bounce back better” from the COVID-19 pandemic; and
- provide a platform for policy makers, development planners, and health practitioners to share knowledge and experience and collaboratively learn from each other.

12. At the end of the dialogue, a Policy Brief will be produced to summarize the policy options and recommendations discussed.

IV. PACER Dialogue Background Paper, Structure and Timing

13. The PACER Dialogues are envisaged to help decision makers broaden their perspectives, appreciate the wider implications of critical policy choices, and identify concrete policy actions. During the open discussions, participants are requested to provide inputs, share analysis, country experiences and lessons on health, border and mobility management policies and measures taken to mitigate the negative effects of the COVID-19 pandemic and accelerate recovery.

14. A background paper will be circulated to all participants as advance reading. The indicative structure of the 1.5-hour (90 minute) PACER Dialogue is summarized in the attached program.

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TIME	DETAILS
15:00-15:05	<p>Sixth PACER Dialogue – Overview and Objectives <i>Moderator: Mr. Ramesh Subramaniam, Director General, Southeast Asia Department (SERD), Asian Development Bank (ADB)</i></p> <p>Moderator to deliver introductory remarks on the sixth PACER Dialogue context, objectives, and structure.</p>
15:05-15:25	<p>Migration and Health: Implications of COVID-19 and achieving Universal Health Coverage <i>Dr. Patrick Duigan, Regional Health Migration Advisor for Asia and the Pacific International Organization for Migration-United Nations Migration</i></p> <p>Presentation on global good practice examples and policy options in responding to COVID-19 along the mobility continuum and promoting migrant-inclusive approaches. The IOM's policy framework anchored on health, border and mobility management will be highlighted.</p>
15:25-15:45	<p>Panel of Experts Inputs/Reactions National Health Security Office: Adapting to the New Normal <i>Dr. Jadej Thammacharee, Deputy Secretary General, National Health Security Office, Thailand</i> Engaging Private Sector in COVID-19 response <i>Ms. Heather Canon, Vice President, Capacity Building, ELEVATE</i></p> <p>Panelists to provide inputs (10 minutes each) on: (i) how the National Health Security Office in Thailand is adapting to health care's new normal amid COVID-19; and (ii) engaging private sector in the COVID-19 response.</p>
15:45-16:25	<p>Open Discussion and Fielding of Questions <i>Moderator: Mr. Ramesh Subramaniam</i></p> <p>PACER Dialogue participants exchange information on health, border and mobility management policies and measures in an open discussion format.</p> <p>To enrich the PACER dialogue discussions, the moderator will request country delegations to provide inputs and share analysis, country experiences, and lessons on health, border and mobility management policies and measures aimed at mitigating the negative effects of the COVID-19 pandemic and achieving medium- and long-term recovery.</p>
16:25-16:30	<p>Synthesis and Summary Closing Remarks <i>Mr. Ramesh Subramaniam, Director General, SERD, ADB</i></p> <p>Moderator summarizes the policy discussions, key recommendations, and closes the Dialogue.</p>