

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

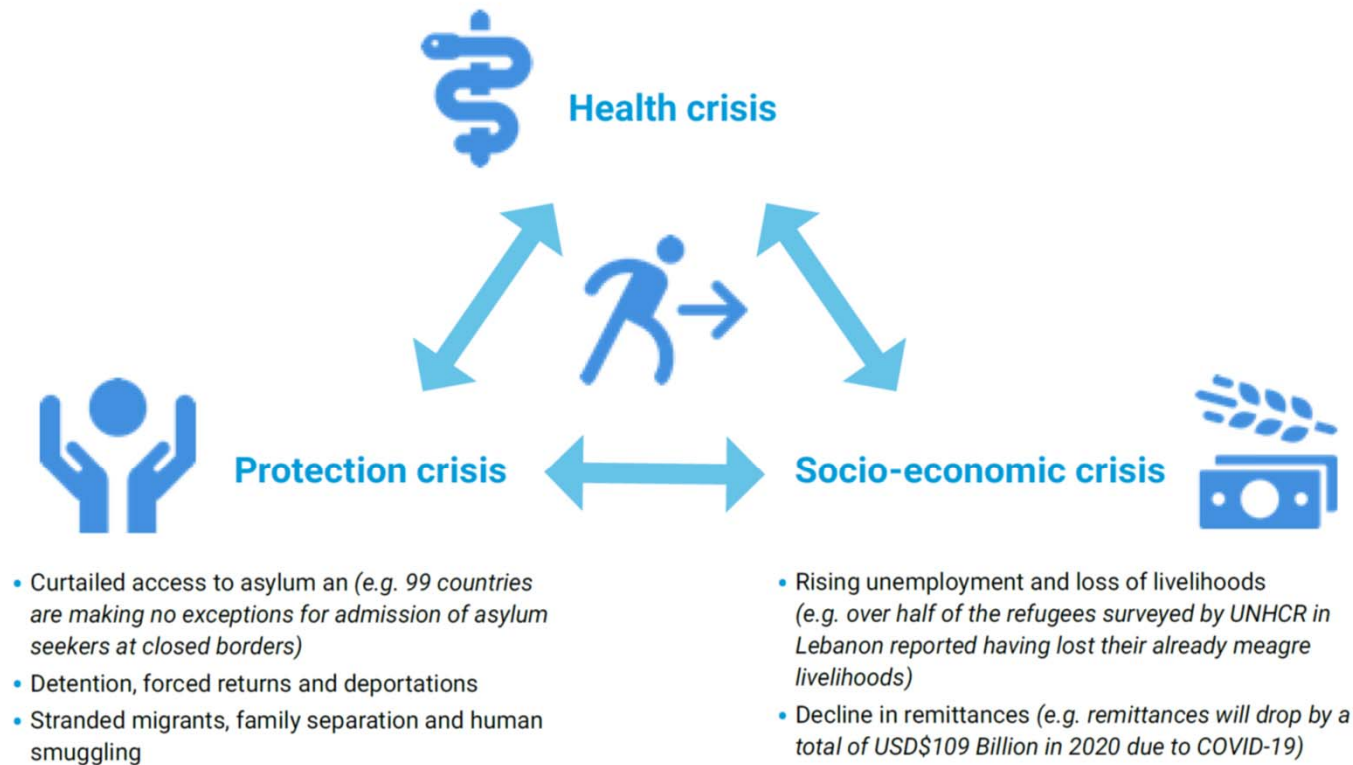
Dr Patrick Duigan

Regional Migration Health Advisor
IOM Office for Asia and the Pacific



THREE CRISES IMPACTING PEOPLE ON THE MOVE

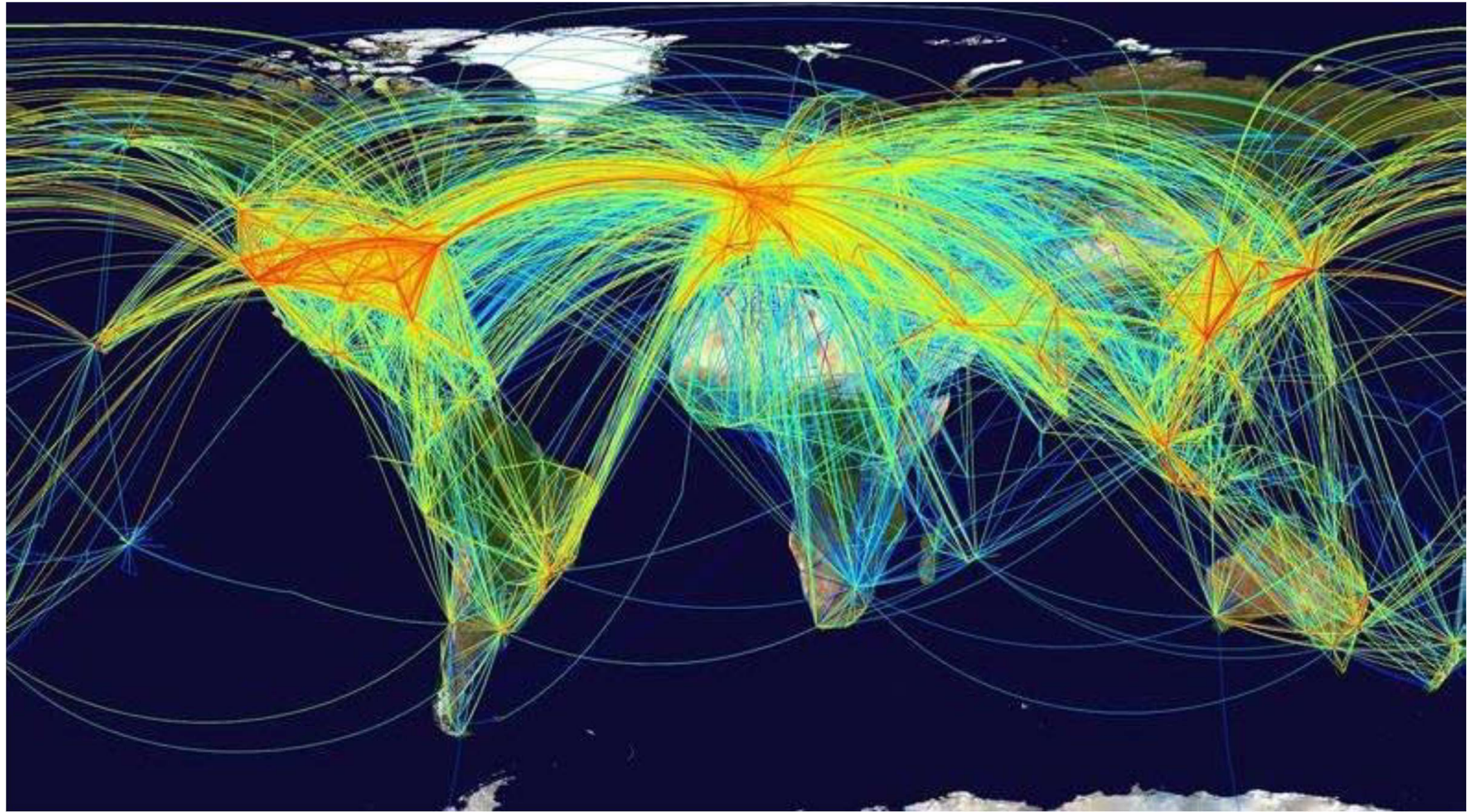
- Unsanitary and crowded living conditions (e.g. some refugee camps have a population density that is 1,000 times that of surrounding host communities.)
- Compromised access to health services
- Food insecurity (e.g. more than half of the world's refugees and IDPs live in countries and communities that feature high levels of food-insecurity.)

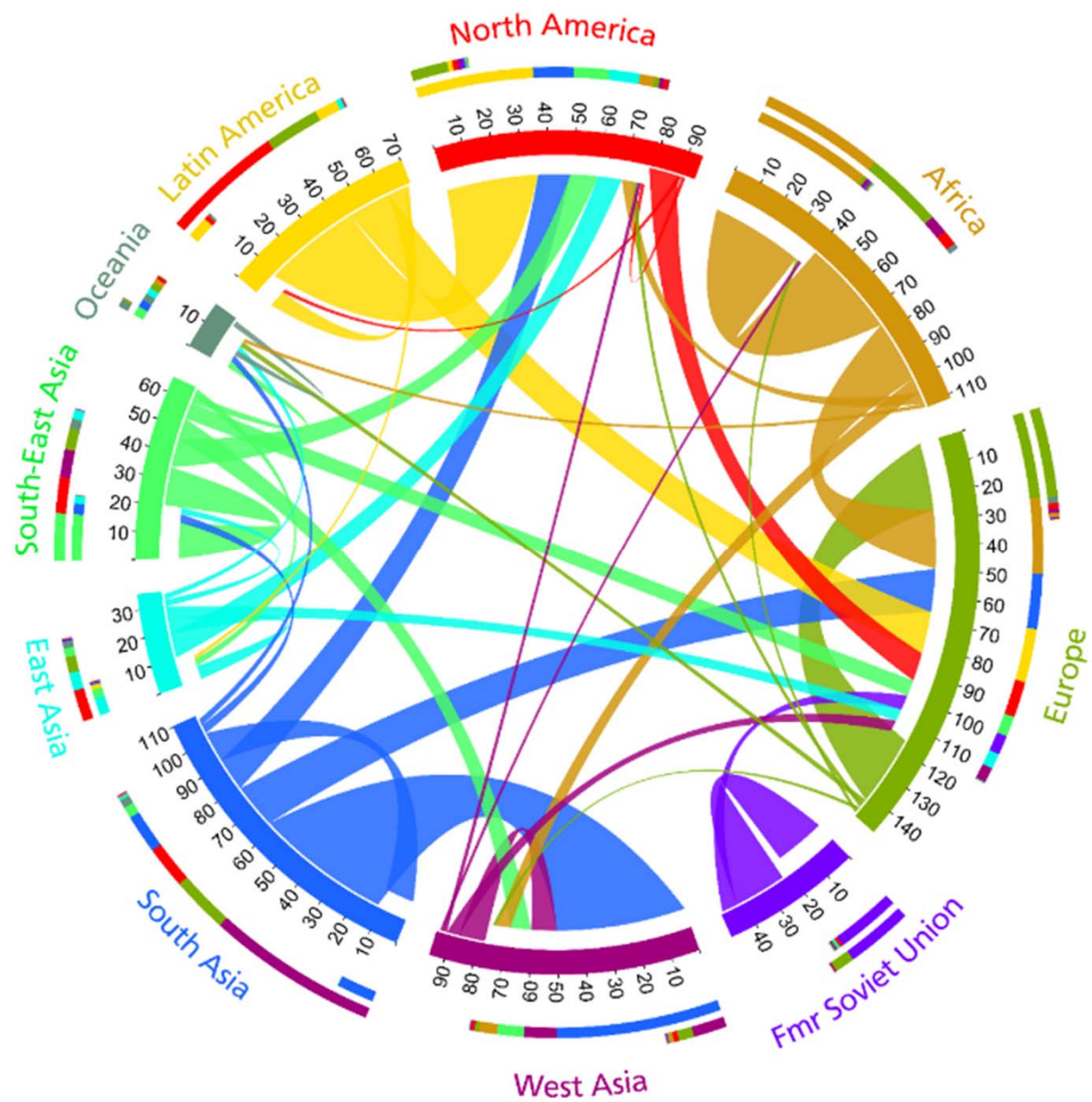


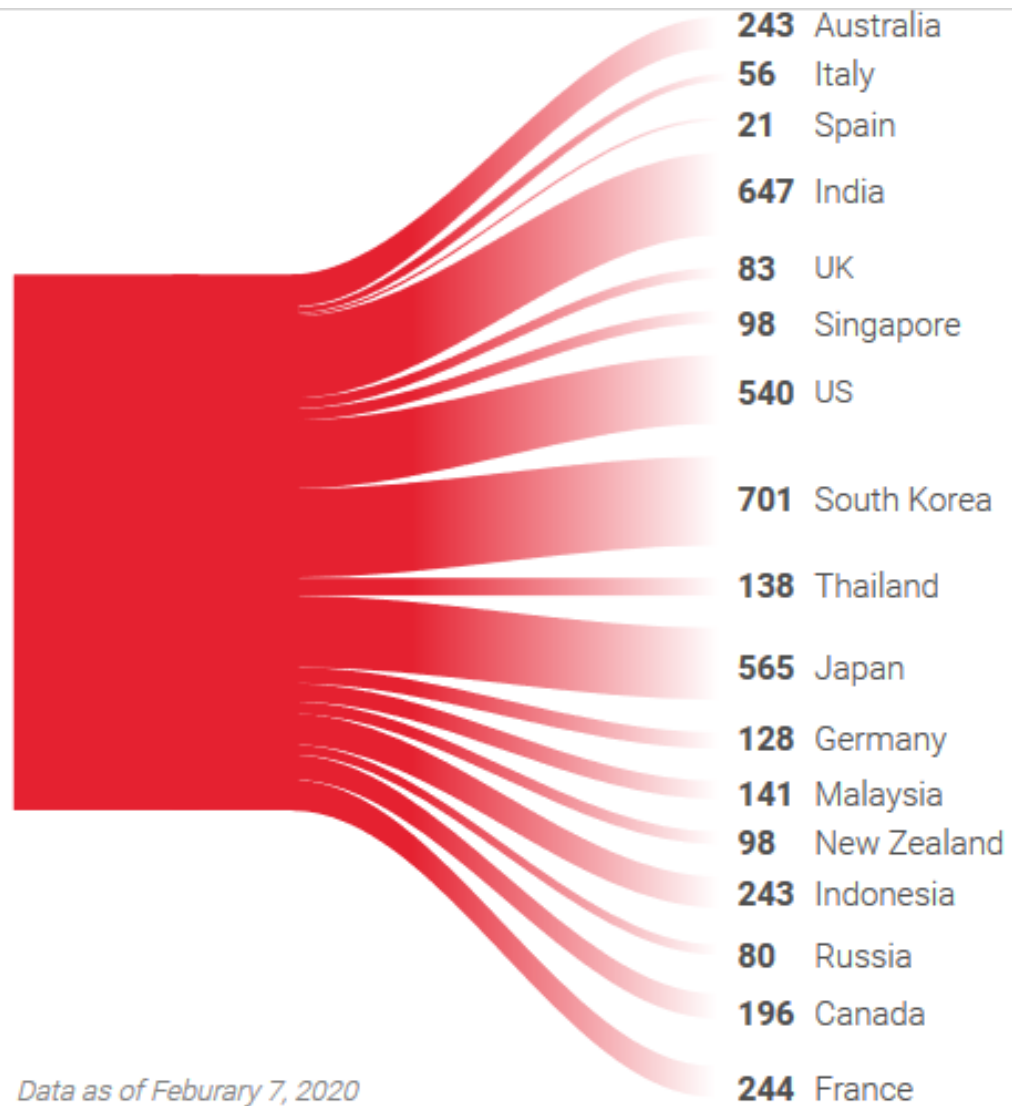
An interconnected world

- A health threat anywhere is a health threat everywhere
- Diseases do not recognize borders
- Border measures alone will not prevent disease spread









Data as of February 7, 2020





COVID-19 and Mobility Impacts

- COVID-19 cases causing migration → leaving hotspots
- COVID-19 response measures prompting movements → fleeing lockdown
- COVID-19 stopping migration → stranded migrants
- COVID-19 impacting migrants → repatriations









IOM staff assists in screening migrants coming back to Myanmar at the Tha Yat Pin border crossing point, 22 March 2020.

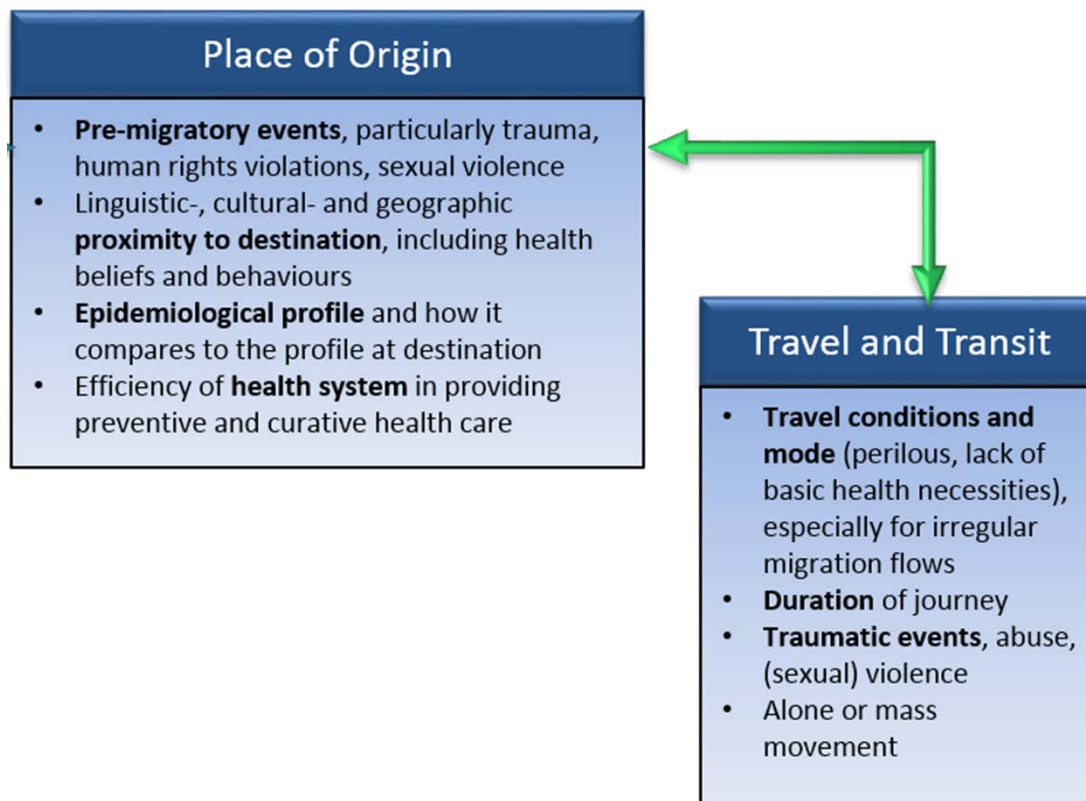
Conditions of migration

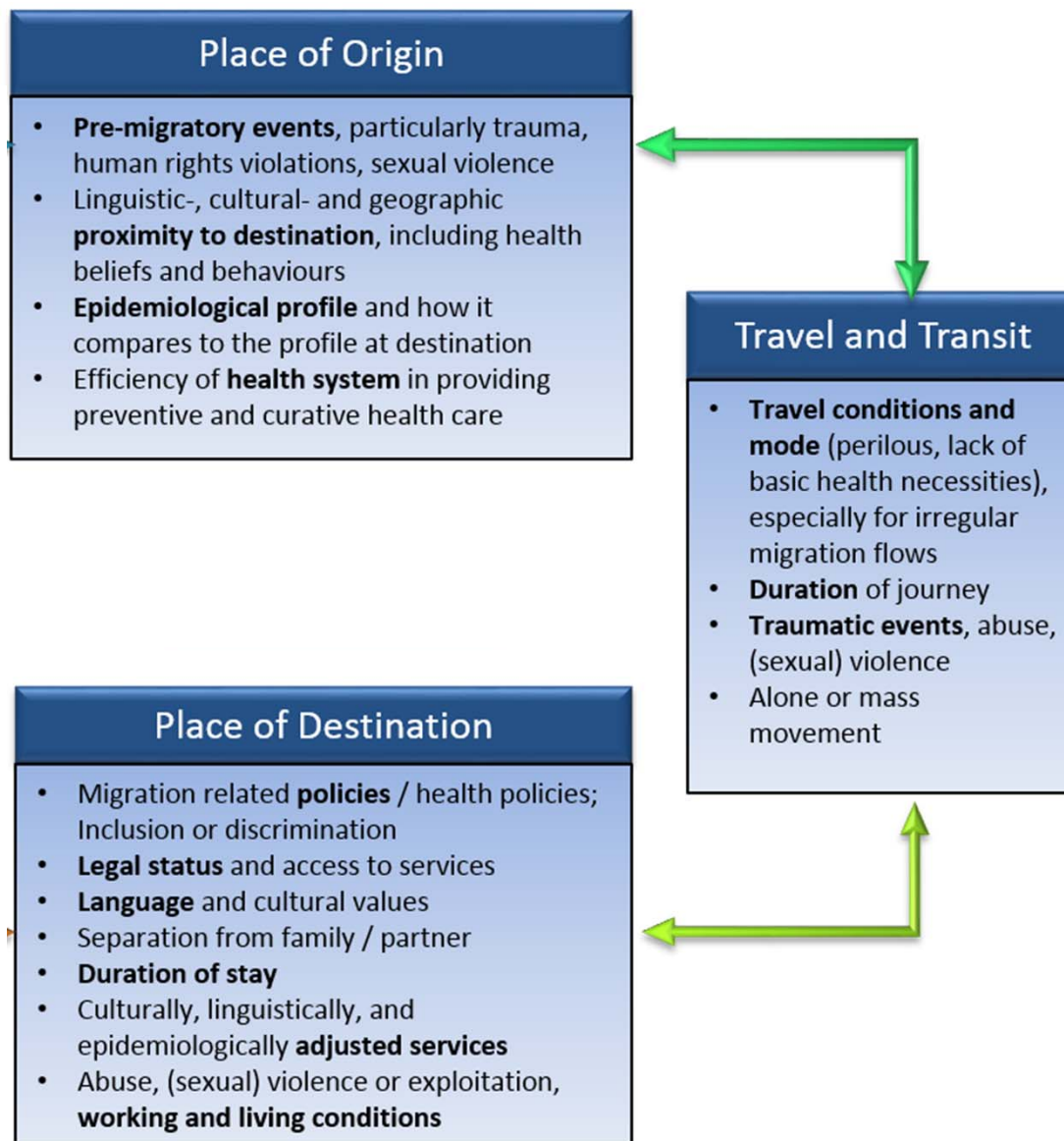


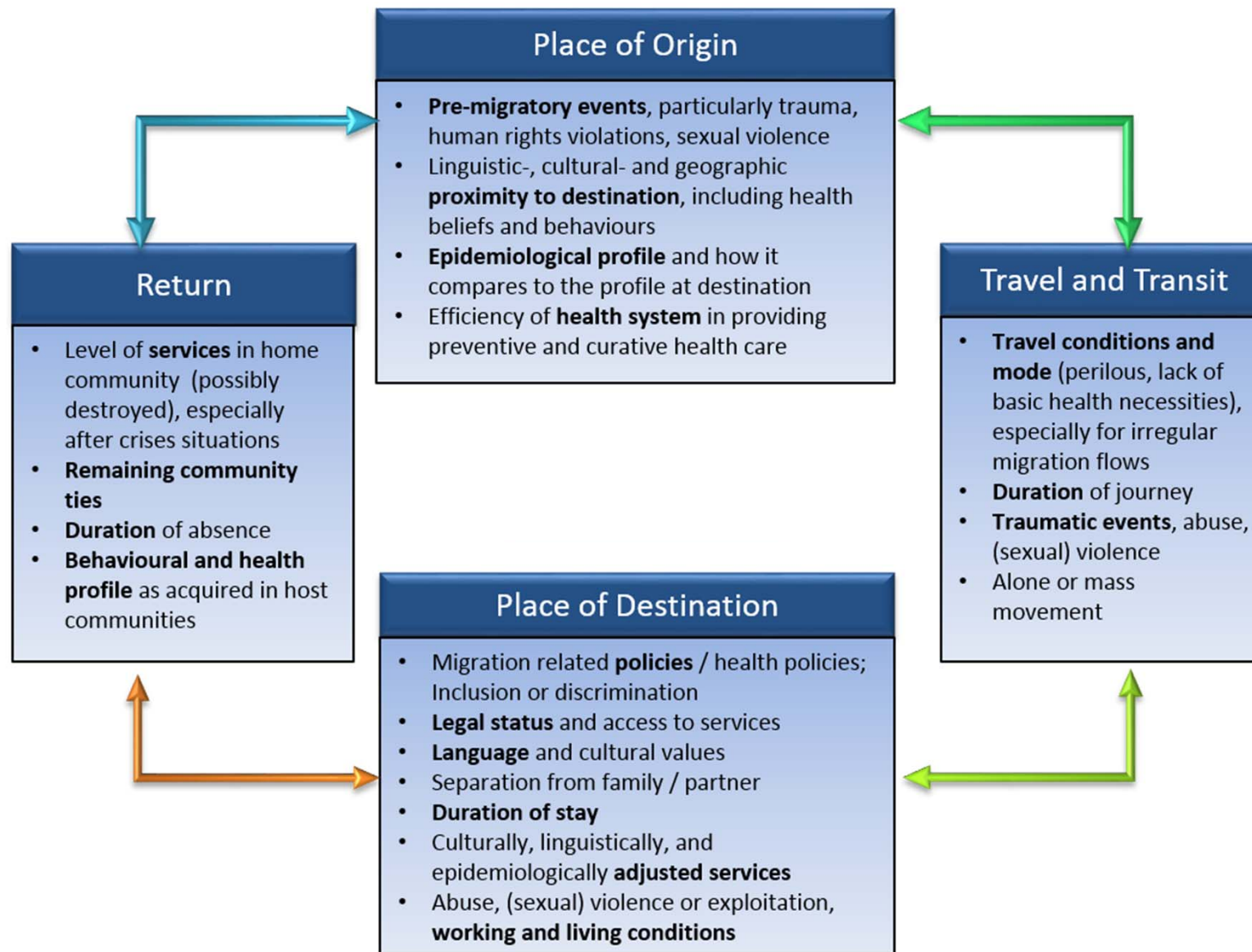
- Migration does not cause disease,
- It is the **conditions** under which people migrate that can make them more vulnerable to illness;
- Mobility does link communities with differing epidemiological profiles

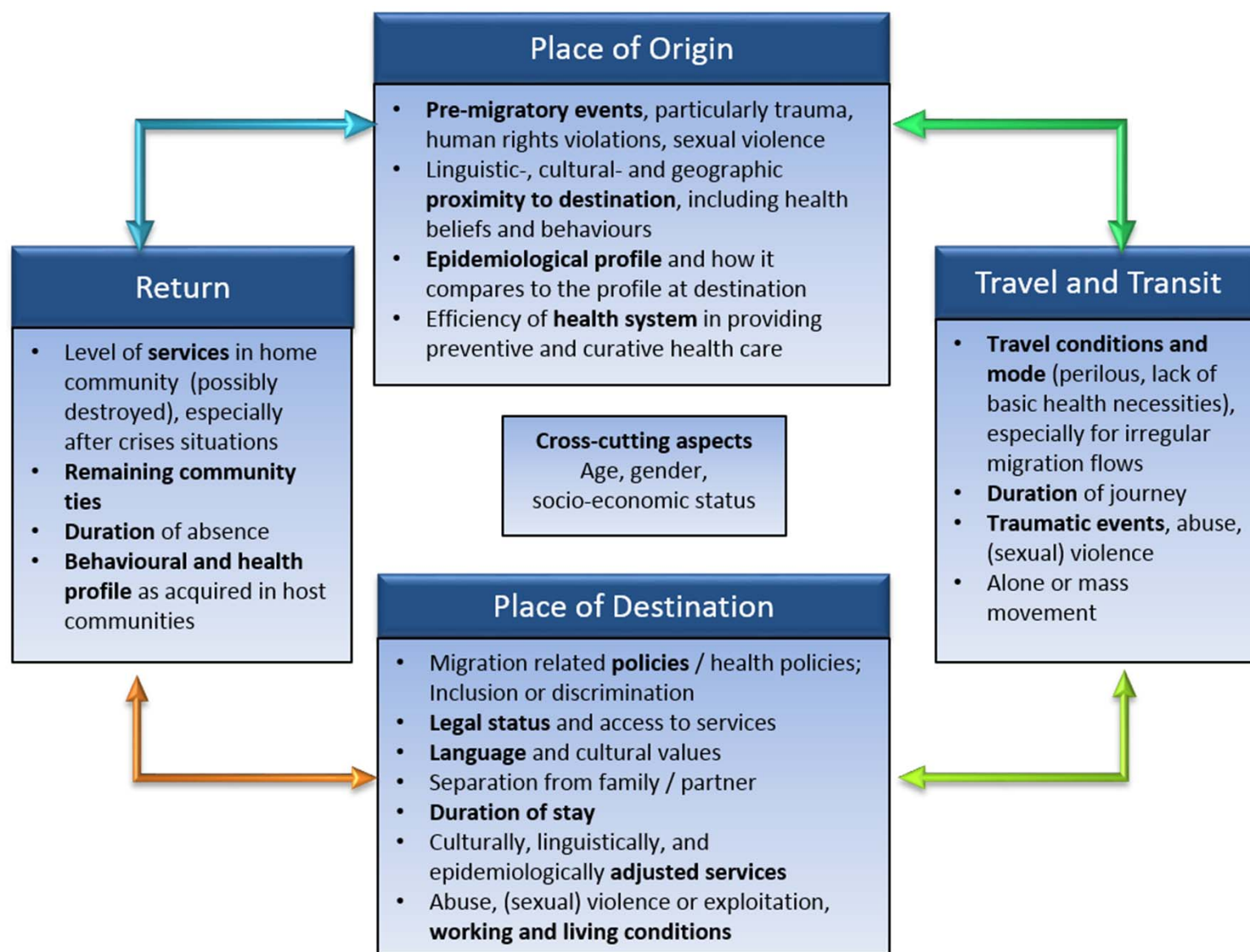
Place of Origin

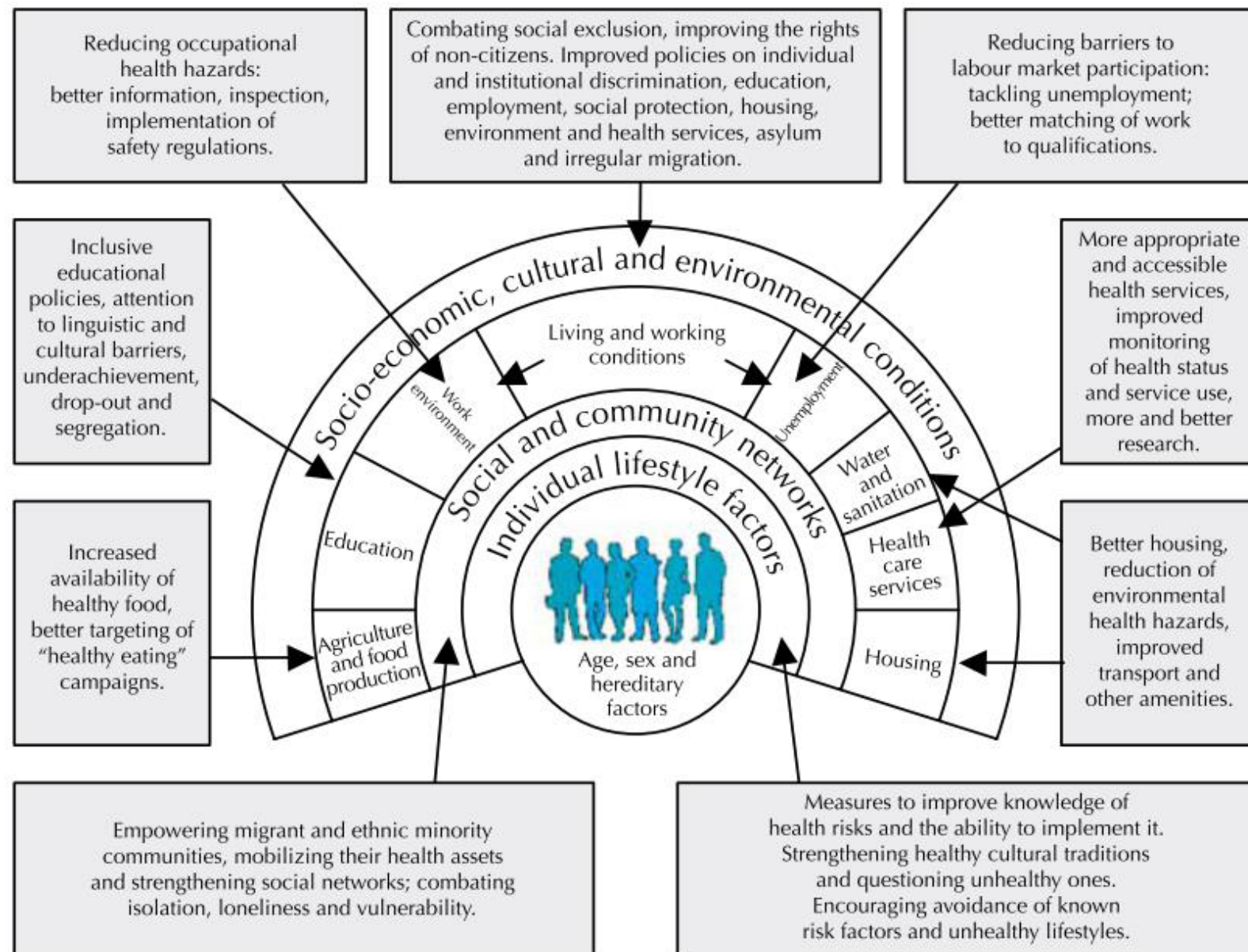
- **Pre-migratory events**, particularly trauma, human rights violations, sexual violence
- Linguistic-, cultural- and geographic **proximity to destination**, including health beliefs and behaviours
- **Epidemiological profile** and how it compares to the profile at destination
- Efficiency of **health system** in providing preventive and curative health care











COVID-19 Impacts on Migrants



Increased risk of transmission and reduced ability for prevention d/t living and working conditions



Exclusion or lack of access to health systems



Limited social protection during shutdowns or upon return home



Potential transmission during migration and in areas of return

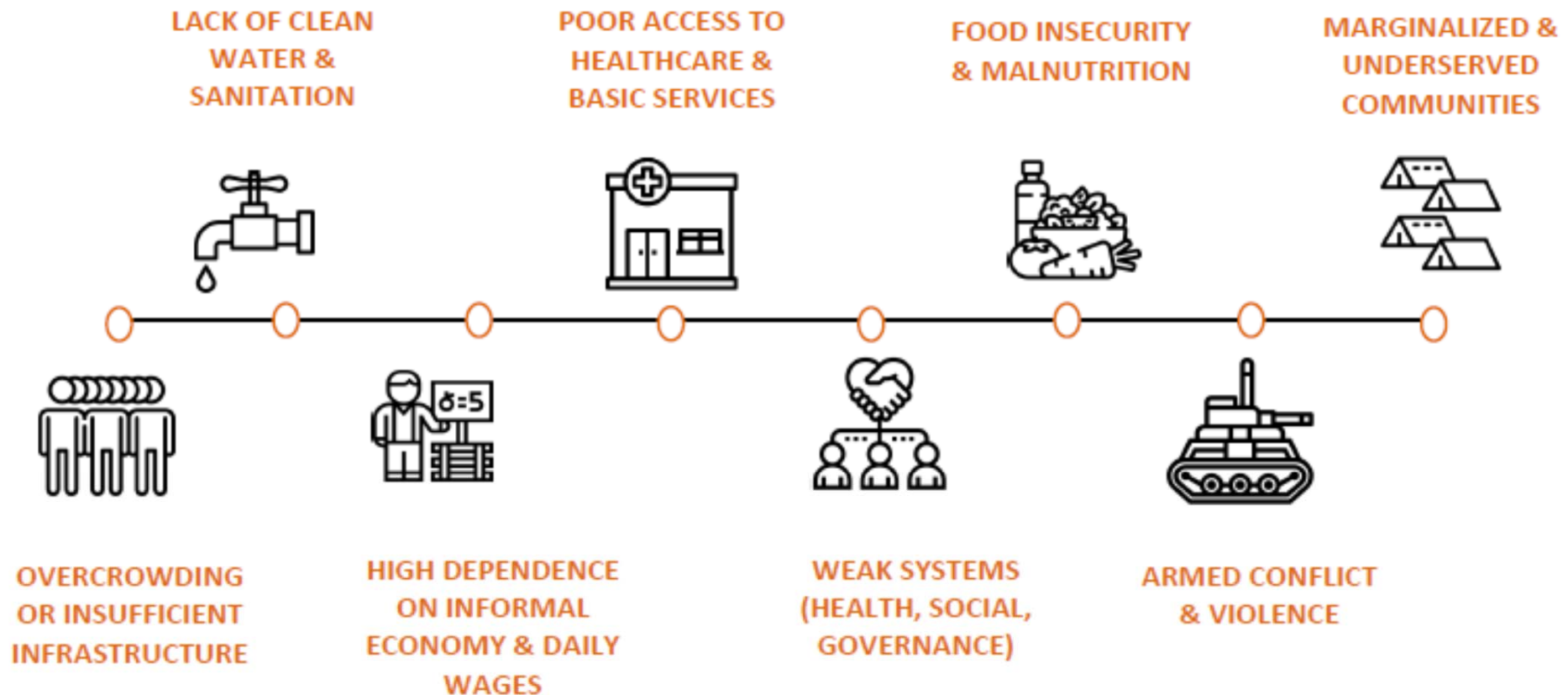


Stigma and discrimination at source, transit, destination



Impacts on families d/t reduced remittances

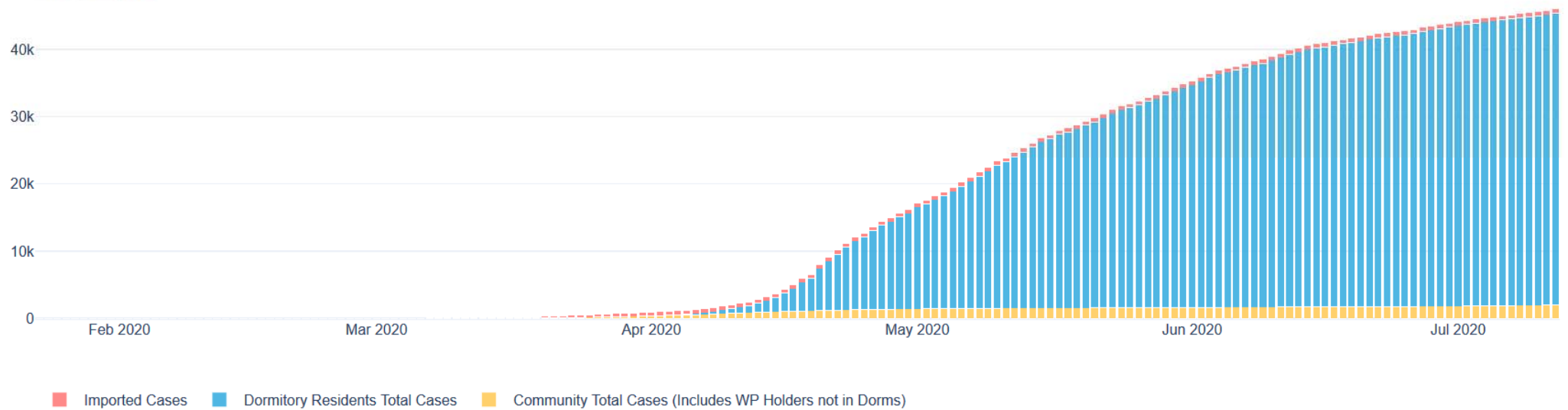
Factors leading to increased vulnerability



Total Cases

Sum of Community, Dormitory, Imported Cases

1M 3M ALL



Exclusion costs, Inclusion protects

- Migrants are not a health threat;
- It is our systems' (health, immigration systems, social services etc) inability to provide accessible services along the migration cycle that is a threat to both migrants and communities' health
- Exclusion ultimately costs; inclusion protects migrants and communities



Impacts on Communities

No one is safe, until everyone is safe

Mobility will continue to link areas of high and low transmission well into the future

If migrants are not included in response, then national and regional efforts will fail

Socio-economic impacts from loss of livelihood, reduced remittances, increased cost of migration, economic recovery hampered

Inclusion must be multisectorial



COORDINATION AND PARTNERSHIPS

| | |
|----------|--|
| Include | Migrants and mobility must be included in national response plans |
| Promote | Specifically promote migrant outreach and inclusion in prevention, testing, treatment, surveillance and mitigation |
| Monitor | Consider impacts of public health measures on mobility, and potential mitigation strategies |
| Address | Address stigma and discrimination |
| Mitigate | Include migrants in analysis and socio-economic response and mitigation initiatives |
| Build | Build capacity for better managed migration in a COVID-19 world |

Policy Considerations

1) Health, Border and Mobility
Management (HBMM)



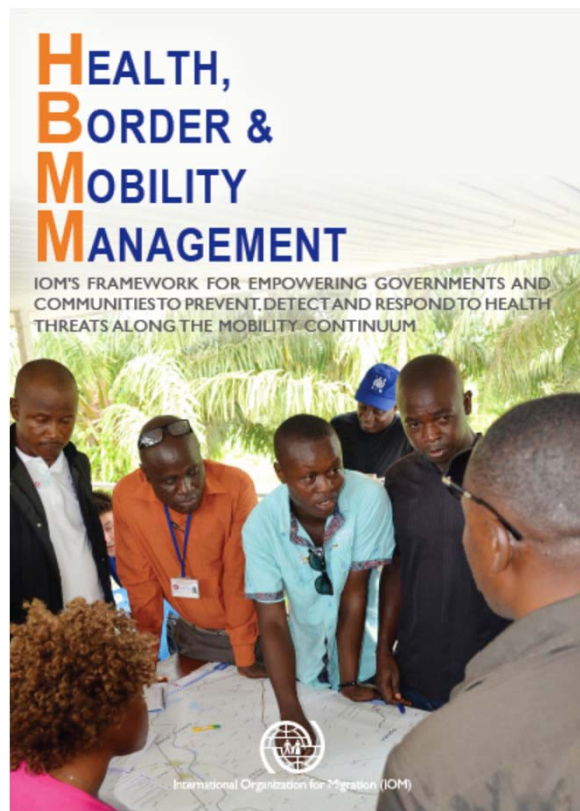
2) Multisectoral Collaboration



3) [Migrant] Health in All Policies



4) Opportunity for Universal Health
Coverage



Health, Border and Mobility Management (HBMM)

- <https://www.iom.int/health-border-mobility-management>
- <https://migrationhealthresearch.iom.int/health-border-and-mobility-management-hbmm>
- <https://migrationhealthresearch.iom.int/health-border-mobility-management-ioms-framework-empowering-governments-and-communities-prevent>

DESTINATION

ORIGIN

BORDER

COORDINATION & INFORMATION EXCHANGE

HEALTH EVENT DETECTED

PUBLIC HEALTH RESPONSE

REFERRAL HEALTH SERVICE

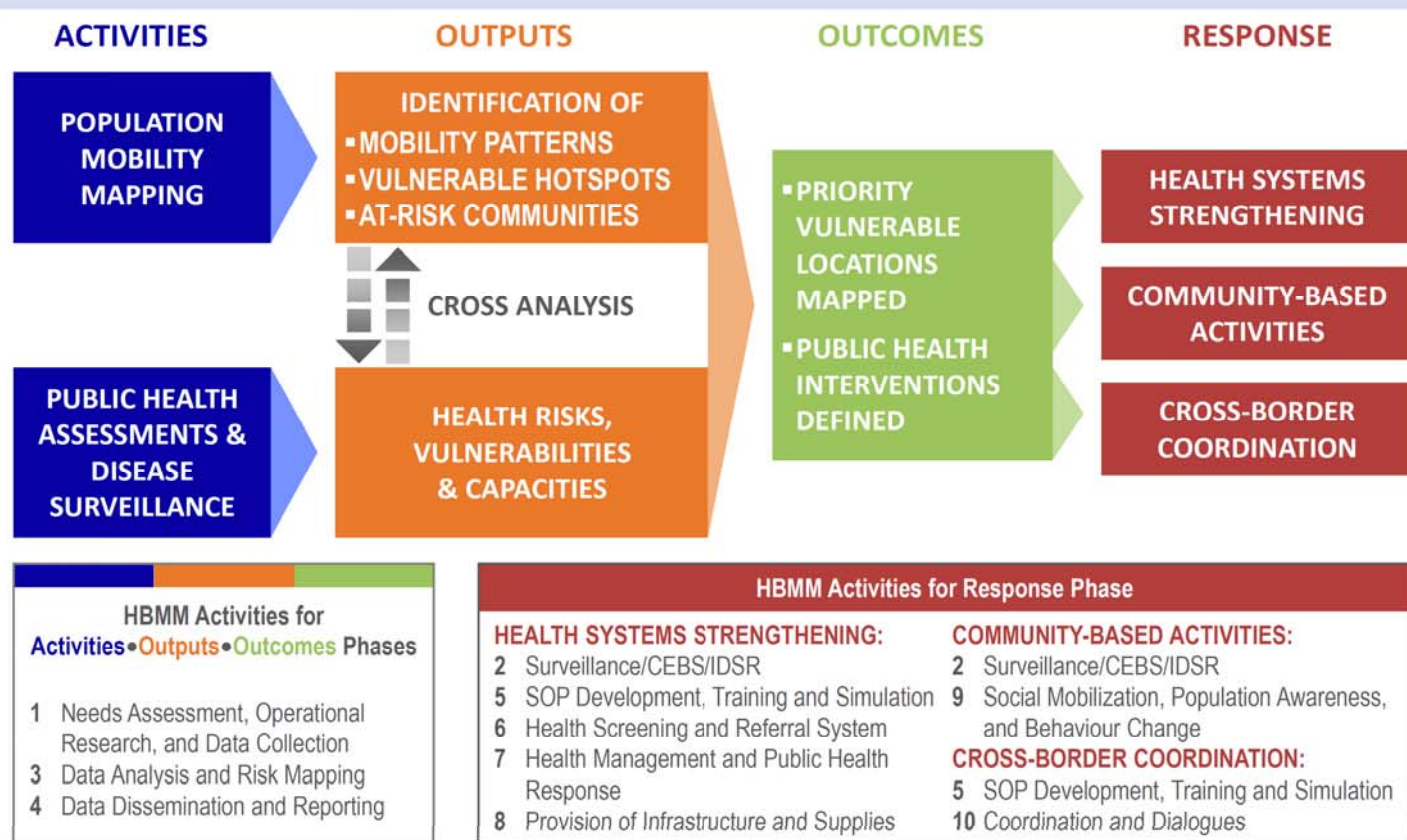
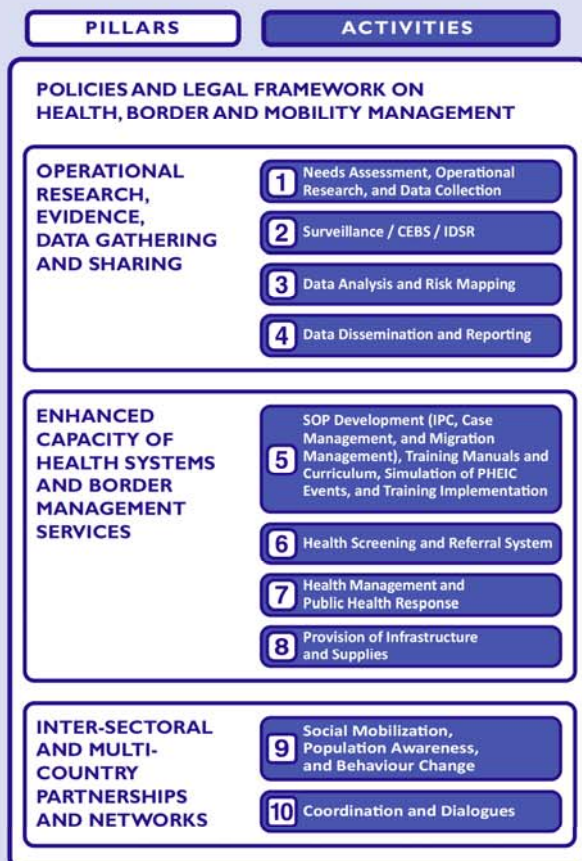
COORDINATION & INFORMATION EXCHANGE

BORDER COMMUNITY

NATIONAL GOVERNMENT

TARGET/LOCATION

- Migrants & Mobile Populations (MMP) at Origin (pre-departure) & Destination (post-arrival)
- Travel by Land Vehicle: train/bus/truck/car/motorcycle
- Footpath/Informal Ground Crossing
- Travel by Air
- Travel by Sea
- MMP Transit and Congregation Hubs
- Traditional Healers
- Health Facilities
- Marketplaces
- Transit Depots
- Temporary Residence
- Ferry/Fishing Wharfs
- Places of Worship
- Schools
- Workplaces (Mining/Timber/Agriculture/Fisheries)
- MMP at Transit and Congregation Hubs
- Point of Entry (Ground,Airport & Seaport)
- MMP at Point of Entry
- Health Screening
- Immigration, Law Enforcement, Customs & Quarantine
- Ground Crossing
- Airport
- Seaport/Wharf
- Health Event Detected: initiate Public Health Response and refer migrant to Health Service
- Public Health Response Emergency Operations Center (EOC)
- Referral Health Service
- Coordination & Information Exchange
- Border Community
- National Government



Multisectoral Collaboration



Multisectoral Collaboration



ASEAN's Legal Frameworks and Policies



ASSOCIATION
OF SOUTHEAST
ASIAN NATIONS

The Declaration on the Protection and Promotion of the Rights of Migrant Workers

- Signed during the 12th ASEAN Summit in 2007.
- It recognizes migrant workers as a vulnerable group whose rights requires protection.

The Declaration on Strengthening Social Protection

- Signed during the 13th ASEAN Summit in 2013.
- 'Migrant workers and other vulnerable groups are entitled to have equitable access to social protection'

Other Dialogues and Declarations:

- ASEAN Unity in Health Emergencies Declaration (2006)
- Healthy ASEAN Lifestyles Vientiane Declaration (2002)
- Regional Action Plan on Healthy ASEAN Lifestyles (2002)

| Regional Legal Instrument | CAMBODIA | LAO PDR | MYANMAR | THAILAND | VIET NAM |
|---------------------------|----------|---------|---------|----------|----------|
| ASEAN's Declarations | ✓ | ✓ | ✓ | ✓ | ✓ |



[Migrant] health in all policies



Historical evolution of the migration and health agenda at global level

Mainstreaming MIGRANT HEALTH at Global level via...

Global migration agenda Global Development (SDG) agenda Global Health Agendas


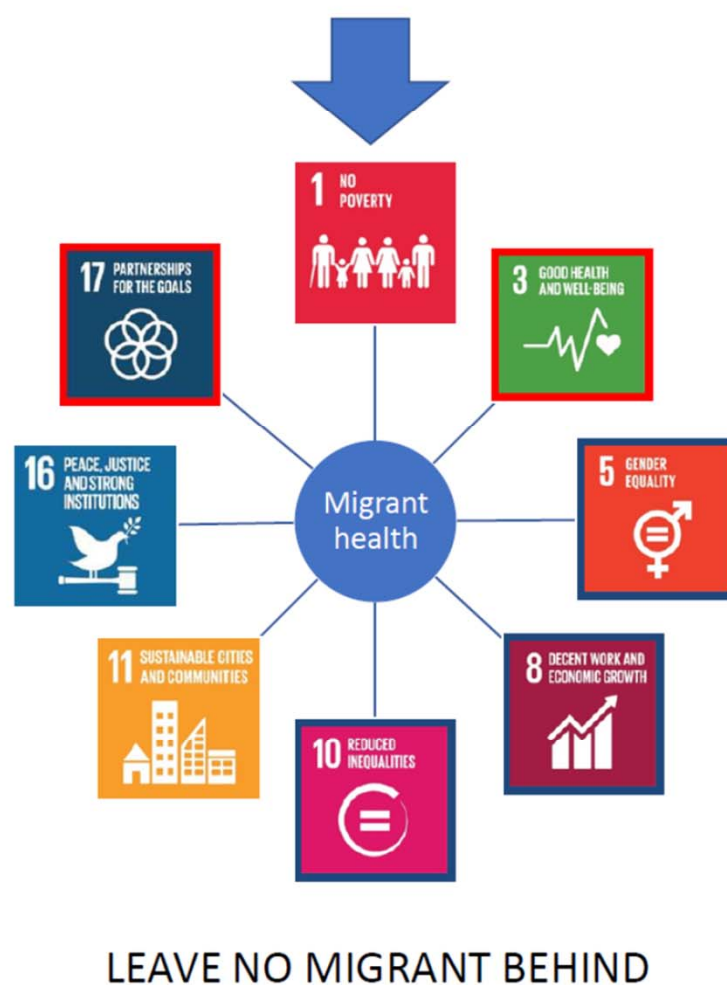
GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

FINAL DRAFT
11 July 2018

We, the Heads of State and Government and High Representatives, meeting in Morocco on 10 and 11 December 2018, reaffirming the New York Declaration for Refugees and Migrants and determined to make an important contribution to enhanced cooperation on international migration in all its dimensions, have adopted this Global Compact for Safe, Orderly and Regular Migration:

PREAMBLE

1. This Global Compact rests on the purposes and principles of the Charter of the United Nations;
2. It also rests on the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the other core international human rights treaties; the United Nations Convention against Transnational Organized Crime, including the Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children and the Protocol against the Smuggling of Migrants by Land, Sea and Air; the Slavery Convention and the Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery; the United Nations Framework Convention on Climate Change; the United Nations Convention on the Rights of the Child; the International Labour Organization's Framework for...

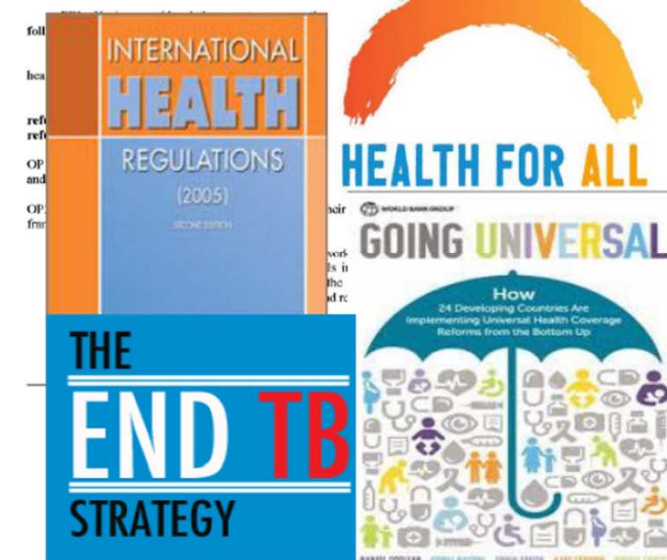
SEVENTIETH WORLD HEALTH ASSEMBLY
Agenda item 13.7

A70/A/CONF.7 Rev.1
27 May 2017

Promoting the health of refugees and migrants

Draft resolution proposed by Argentina, Colombia, Ecuador, Greece, Italy, Luxembourg, Mexico, Panama, Philippines, Portugal, Switzerland and Thailand

The Seventieth World Health Assembly,





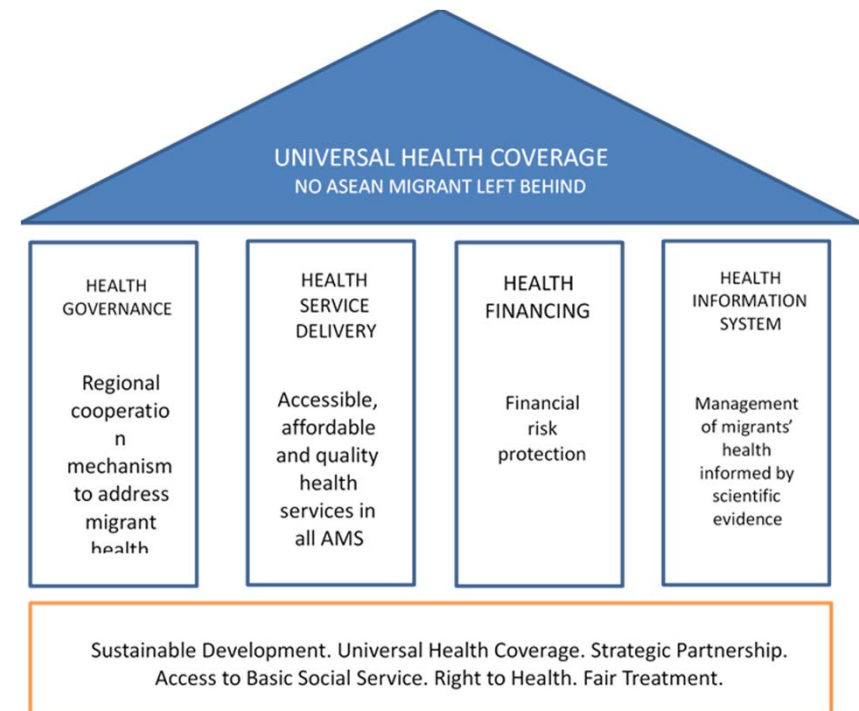
Faced by COVID-19 crisis
it is crucial world leaders
remember their UHC
commitments.

Protect your health systems from
COVID-19 for Health For All.

Universal Health Coverage

ASEAN Framework on Health Coverage for Documented Migrants including Migrant Workers and Special Population (e.g. Mother and Child)

- Migrants' right to health
- UHC
- Sustainable Development
- Promotion of a healthy community
- Sustainable financing mechanism
- Institutional capacity
- Fair treatment



Summary

- No-one is safe, until everyone is safe.
- Everyone can not be safe until our systems prioritize health of all,
- Exclusion costs; inclusion protects everyone
- The future relies on collaboration between sectors, between countries and between communities
- Advancing UHC advances health security and advances recovery