



IOM focus group discussion on health in Kok Pae migrant community in Mae Sot, Thailand © IOM 2017/Benjamin Suomela

## MIGRANT-INCLUSIVE UNIVERSAL HEALTH COVERAGE

Migration is a [social determinant of health](#). Throughout the migration process, migrants are exposed to a unique set of sociocultural, economic and environmental factors that may increase their risk of exposure to negative health outcomes, including communicable and non-communicable diseases.

Migrants and mobile populations can face many obstacles in accessing essential health care services due to several factors including irregular immigration status, language barriers, discrimination, a lack of migrant-inclusive health policies and lack of affordable health services. Such disparities impact the well-being of migrants and host communities and undermine the realization of global health goals.

Despite migrants' considerable contributions to the development of host and home communities, as well as the imperative to uphold the [human right to health](#) and to

improve public health, many migrants are left behind and unaccounted for in health systems. The realization of UHC for migrants requires innovative, evidence-based policies and sustainable financial mechanisms that emphasize whole-of-society and whole-of-government actions, and involve migrants, including health workers, as co-developers of health services.

IOM is committed to reducing health inequities for migrants by advocating for migrant-inclusive health policies that focus on **increasing health coverage, ensuring equitable access to health care and promoting financial risk protection, through advocacy, implementation, research and partnerships**. IOM works with partners to ensure that the health of migrants will continue to be addressed in national and global development strategies. By building resilient, accessible and equitable health systems, migrant-inclusive [Universal Health Coverage \(UHC\)](#) can be attained.

## MIGRATION HEALTH AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The SDGs offer an opportunity to address [migration health](#) - most notably considering linkages across targets, including 3.8 and 10.7. Universal Health Coverage will not be universal, nor SDG target 3.8 achieved, unless health services coverage and financial protection measures in all countries progressively include migrants, especially those marginalized or in situations of vulnerability.



**3.8** Achieve [universal health coverage](#), including [financial risk protection](#), [access to quality essential health-care services](#) and [access to safe, effective, quality and affordable essential medicines and vaccines](#) for all.

Well-managed migration policies imply that the health needs of migrants and host communities are met as a prerequisite for sustainable development. Additionally, Universal Health Coverage (UHC) can only be achieved when the health and equitable access to health services of all people, including migrants, are addressed. Therefore, the health of migrants must be mainstreamed in both health and migration policies.



**10.7** Facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and [well-managed migration policies](#).

## PARTNERSHIPS TOWARDS ACHIEVING MIGRANT-INCLUSIVE UHC

IOM works together with Member States and other partners to ensure that migrants are included within UHC national plans and that health systems and policy frameworks promote equity for populations on the move, including migrants and refugees. IOM emphasizes the need for an evidence-based discourse on migration health based on best practices and national migration realities.

Upon [the request of World Health Organization \(WHO\) Member States](#), IOM has collaborated closely on the development of several WHO governing body processes focused on promoting the health of migrants and refugees. This includes close collaboration on [the 2017 World Health Assembly \(WHA\) Resolution on Promoting the Health of Migrants and Refugees](#), the [Framework of Guiding Principles and Priorities for Promoting the Health of Migrants and Refugees](#), as well as contributing to the [reports on situation analysis and practices in addressing the health needs of refugees and migrants](#). Furthermore, IOM has remained engaged with WHO and Member States throughout the development of [the 2019 Global Action Plan \(GAP\) on promoting the health of refugees and migrants](#) and will continue to collaborate in the implementation of the GAP.

As secretariat and coordinator of the newly established [UN Network on Migration](#), IOM is dedicated to supporting Member States in the implementation of health-related commitments and actions of [the 2018 Global Compact for Safe, Orderly and Regular Migration](#). Similarly, IOM collaborates with UNHCR and partners to implement the WHO Framework on guiding principles and priorities for promoting the health of migrants and refugees.

In November 2017, IOM joined [the UHC2030 partnership](#), a multi-sector platform comprised of WHO, the World Bank, Member States, civil society organizations, private sector and other partners, to raise awareness of UHC global commitments, facilitate knowledge sharing, and advocate for increased investment and political will for health systems strengthening towards UHC.



As part of UHC2030, IOM has contributed to the development of [key asks](#) for consideration during [the September 2019 UN General Assembly \(UNGA\) High-Level Meeting \(HLM\) on UHC](#), which aims to mobilize the highest political commitment and support to achieving UHC by 2030. The key ask on “Leave No One Behind” emphasizes incorporating “the health needs of vulnerable populations, in particular in fragile settings, in national and local health care policies and plans, with increased focus on primary health care including disease prevention, immunisation services and health promotion activities” and pursuing “the concept of progressive universalism and establish[ing] health systems that promote equity, reduce stigma and remove barriers based on multiple types of discrimination. Improving health outcomes for populations on the move, migrants and refugees is critical, as huge gaps remain to be addressed.”

The HLM on UHC will also adopt a political declaration on [“Universal Health Coverage: Moving Together to Build a Healthier World”](#). Promoting the health of refugees and migrants should be addressed in the action-oriented political declaration from the HLM.



IOM contributes to **increasing health coverage for migrants** by working with governments to standardize and execute high quality health assessments, administration of vaccines, facilitating continuity of care upon arrival, and providing preventive and curative interventions. IOM supports Member States to develop migrant-friendly health policies, and to foster an enabling environment through policy, advocacy, and awareness raising. IOM closely engages with health ministries and other government counterparts, migrants and communities to provide technical support and capacity building, as well as health education to strengthen migrant-friendly, inclusive and responsive health systems. In fragile and conflict affected settings, IOM, through a health systems strengthening approach, works with Member States to set up static and mobile clinics, to expand health education, primary health care, and mental health and psychosocial support services (MHPSS) for displaced populations, where services do not exist.

IOM continues to advocate the promotion of **financial risk protection for migrants accessing health services**. Lack of insurance coverage can lead to excessive health expenditures for migrants, many of whom pay out of pocket for health services. This exacerbates health conditions that could be prevented, often at reduced costs, if services had been available and accessible. Ensuring migrants are not susceptible to untenable out-of-pocket payments to access health services is a priority across all phases of the migration pathway.

## IOM PROJECTS CONTRIBUTING TOWARDS UHC

### MIDDLE EAST AND NORTH AFRICA

Between 2015 and 2018, IOM implemented a regional migration management project, funded by Finland, supporting the governments of Egypt, Libya, Morocco, Tunisia and Yemen to promote the health and well-being of migrants. The project supported national and regional dialogues, development and implementation of migrant inclusive policies and provided direct assistance (medical and humanitarian) to 55,828 vulnerable migrants (59% men, 20% women and about 21% children). The project worked through community health workers and [IOM's Assisted Voluntary Return & Reintegration programme](#), which provides orderly and humane return and reintegration of migrants who are unable or unwilling to remain in host or transit countries and wish to return voluntarily to their countries of origin. The project enhanced the knowledge of health professionals from public health and civil society organizations in migrants' health-rights and protection (including awareness on caring and referring trafficked persons and unaccompanied and separated children).



Psychosocial support through art therapy in the Hay El Nahda Social center for vulnerable communities, including migrants. © IOM 2018

### SOUTHEAST ASIA, MYANMAR

From 2015-2016, IOM and partners, funded by the Three Millennium Development Fund (3MDG), implemented the "Migrant friendly Voucher Scheme" (MVS) in Kadon Kani, a region in Myanmar covering 30 villages, an area densely populated with migrants. The project was conceptualized to address health care access challenges for migrants in the Delta region, such as irregular migration status, fear of visiting health facilities, lack of health information, and the cost burden of health care services. The project aimed to increase health coverage for migrant mothers and children under the age of five by promoting uptake of antenatal care, institutional delivery, skilled birth delivery and postnatal care service for migrant mothers and increased the accessibility of primary health care services for under-five children among migrants. MVS vouchers were distributed to 167 pregnant women (2.7% of population) and 775 under-five children (12.5% of population). In the one-year project period, 132 pregnant mothers received maternal care services from midwives 478 times and under-five children voucher coverage was 83% (646 distributed out of 775 children).



The Maternal Voucher Scheme allowed migrant mothers living in Myanmar's remote Delta region access to maternal health services. © IOM 2016

## EUROPE

In 2015, IOM partnered with the European Commission Directorate General for Health and Food Safety (EC-DG SANTE) to develop a Handbook for Health Professionals and a paper-based Personal Health Record (PHR). Within this framework, the IOM-EC DG SANTE [Re-Health and Re-Health2 consecutive initiatives](#) (2016-2019) aimed at building the capacity of the EU to address the health of migrants at reception and border areas, developing an [electronic Personal Health Record \(e-PHR\)](#) and its platform to facilitate data entry, analysis and transfer within and between EU Member States. This has been implemented in Bulgaria, Croatia, Cyprus, Greece, Italy, Serbia and Slovenia with over 20,000 health assessments completed. The e-PHR aims to ensure that migrant health assessment records are available at transit and destination countries, and to strengthen national and cross-border disease surveillance and response capacities.



Electronic Personal & Health Record

IOM and EC-DG SANTE Electronic Personal Health Record (e-PHR) logo, part of the Re-Health and Re-Health2 initiatives. © IOM 2015

## EAST AND SOUTHERN AFRICA

In 2016, IOM, Save the Children Netherlands (SC) and the University of the Witwatersrand School of Public Health (WSPH) formed the SRH-HIV Knows No Borders consortium, to implement a regional project funded by the Netherlands aiming to improve sexual and reproductive health and HIV-related outcomes (SRH-HIV) amongst migrants. This collective effort is implemented in six countries in the Southern Africa region, including Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia, with a primary focus on border regions with high levels of mobility. To date, the project has reached 229,575 beneficiaries with comprehensive SRH-HIV information through the community-based referral system. From 2016-2018, about 8,092 people (57% women and 43% men) received services ranging from HIV testing, family planning, initiation on HIV antiretroviral treatment (ART), as well as services for survivors of sexual and gender-based violence.



IOM assessment of a fishing community in Rakai, Uganda. © IOM 2017

## WEST AND CENTRAL AFRICA

From 2015, IOM's Global Health Security Project implemented [the Health, Border, and Mobility Management \(HBMM\)](#), a conceptual and operational framework to implement [the Global Health Security Agenda](#) to better prevent, detect and respond to complex communicable disease outbreaks and health threats, and implement the WHO 2005 International Health Regulations (IHR). Funded by the United States Centers for Disease Control and Prevention (CDC), HBMM provides a platform to develop country-specific and multi-country interventions and focuses on international border crossings and Points of Entry (POEs) such as airports, ports, land crossings; travel routes where travelers interact with each other, and with the surrounding communities and their health systems. The HBMM has been successfully operationalized in seven countries in West Africa: Ghana, Guinea Bissau, Guinea, Liberia, Mauritania, Senegal and Sierra Leone. In Liberia, there are ring cards with emergency contacts per POE with laminated referral pathway charts with contact and a Public Health Emergency Contingency Plan (PHECPs) for simulation exercises. In Sierra Leone, SOPs and training materials are used at POEs for health screening in the event of a Public Health Emergency of International Concern (PHEIC). Such initiatives help to expand access to health services in border crossings.



A traveler washes their hands at an IOM supported health screening station in Kouremale, at the border between Guinea and Mali. © IOM 2015

For more information on the above activities please contact the Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)

