INTEGRATING MIGRATION INTO HEALTH INTERVENTIONS

A TOOLKIT FOR INTERNATIONAL COOPERATION AND DEVELOPMENT ACTORS

Funded by

European Union

Implemented by

IOM UN MIGRATION

In collaboration with

International Labour Organization

UNAIDS

World Health Organization

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Cover photo: At the Polyclinique Le Bon Samaritan, IOM runs all the health checks for the refugees before they are resettled in a third country, mostly in the US. Kigali, Rwanda. ©IOM 2016/ Amanda Nero

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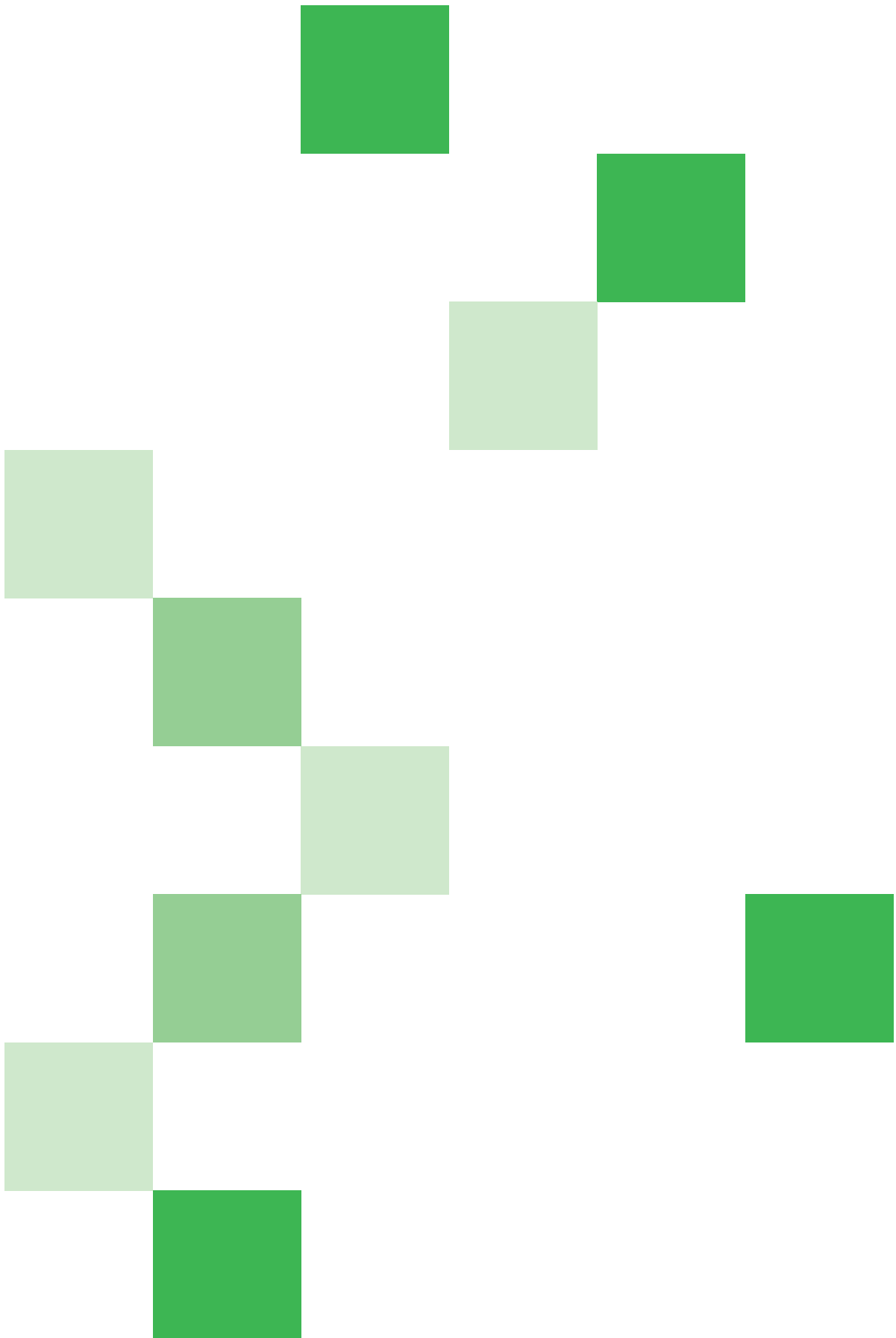

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ACRONYMS

AIDS	Auto-Immune Deficiency Syndrome
EU	European Union
DAC	Development Assistance Committee
DG INTPA	Directorate-General for International Partnerships
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IOM	International Organization for Migration
KNOMAD	Global Knowledge Partnership on Migration and Development
MMICD	Mainstreaming Migration into International Cooperation and Development
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PTSD	Post Traumatic Stress Disorder
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health and Rights
UNAIDS	United Nations AIDS Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

GLOSSARY OF TERMS[1]

A note on terminology: In this Toolkit, ***migration*** refers to any movement of persons away from their place of usual residence. Migration can take many forms and includes immigration, emigration, displacement, etc. The term ***migrants*** is inclusive of regular and irregular migrants, international and internal migrants, and displaced persons, among others.

This is the common terminology used throughout the Toolkit. However, given the specificities of different types of migration (e.g. displacement) and categories of migrants (e.g. displaced persons), distinct references are made to these terms in certain sections of the Toolkit, where relevant. See the Glossary of Terms below for more information on specific migration-related terminology used.

Country of destination: In the migration context, a country that is the destination for a person or a group of persons, irrespective of whether they migrate regularly or irregularly.

Country of origin: In the migration context, a country of nationality or of former habitual residence of a person or group of persons who have migrated abroad, irrespective of whether they migrate regularly or irregularly.

Country of transit: In the migration context, the country through which a person or a group of persons pass on any journey to the country of destination or from the country of destination to the country of origin or the country of habitual residence.

Diaspora: Migrants or descendants of migrants whose identity and sense of belonging, either real or symbolic, have been shaped by their migration experience and background. They maintain links with their homelands, and to each other, based on a shared sense of history, identity, or mutual experiences in the destination country.

Displacement: The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular resulting from , or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-induced disasters.

Emigration: From the perspective of the country of departure, the act of moving from one's country of nationality or usual residence to another country, so that the country of destination effectively becomes his or her new country of usual residence.

Environmental migration: The movement of persons or groups of persons who, predominantly for reasons of sudden or progressive changes in the environment that adversely affect their lives or living conditions, are forced to leave their places of habitual residence, or choose to do so, either temporarily or permanently, and who move within or outside their country of origin or habitual residence.

Immigration: From the perspective of the country of destination, the act of moving into a country other than one's country of nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence.

International migration: The movements of persons away from the their place of usual residence and across an international border to a country of which they are not nationals.

Irregular migration: Movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination.

1. Unless otherwise stated, the terms in this glossary are drawn from the IOM Glossary on Migration (2019).

Labour migration: Movement of persons from one State to another, or within their own country of residence, for the purpose of employment.

Migrant: An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

Migrants in vulnerable situations: Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care.

Migration: The movement of persons away from their place of usual residence, either across an international border or within a State.

Refugee: A person who, owing to a well-founded fear of persecution for reasons for reason of race, religion, nationality, membership of a particular social group or political option, is outside of the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail his or herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable to, or owing to such fear, is unwilling to return to it.

Remittances: Personal monetary transfers, cross border or within the same country, made by migrants to individuals or communities with whom the migrant has links.

Return migration: In the context of international migration, the movement of persons returning to their country of origin after having moved away from their place of habitual residence and crossed an international border. In the context of internal migration, the movement of persons returning to their place of habitual residence after having moved away from it.

Trafficking in persons: The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

Vulnerable group: Depending on the context, any group or sector of society (such as children, the elderly, persons with disabilities, ethnic or religious minorities, migrants, particularly those who are in an irregular situation, or persons of diverse sex, sexual orientation and gender identity (SSOGI)) that is at higher risk of being subjected to discriminatory practices, violence, social disadvantage, or economic hardship that other groups within the State. These groups are also at higher risk in periods of conflict, crisis or disasters.

To learn more, see **IOM's Glossary on Migration (2019).**

INTRODUCTION

The ***Toolkit on Integrating Migration into Health Interventions*** is part of a series of tools developed under the Mainstreaming Migration into International Cooperation and Development (MMICD) project, funded by the European Union (EU) and implemented by the International Organization for Migration (IOM). It complements the MMICD's *core Guidelines on Mainstreaming Migration into International Cooperation and Development* and is one of its practical Toolkits[2] for putting migration mainstreaming into practice. It also compliments the WHO Health and Migration Toolkit and the Refugee and Migrant Health Country Assessment Tool that are designed to support the implementation of the Global Action Plan 'Promoting the health of refuges and migrants' and to assess the health systems capacity. This Toolkit was developed in partnership with the International Labour Organization (ILO), United Nations AIDS Programme (UNAIDS), and the World Health Organization (WHO).

Purpose: The Toolkit is intended to provide concise, operational, and user-friendly information and tools to support international cooperation and development actors understand how migration can be reflected in the design, implementation, monitoring and evaluation of development cooperation interventions (i.e. projects or programmes) that have a health focus. Although there is no one size fits all approach for integrating migration into health interventions, the tools can be adapted to various contexts to make development cooperation more coherent and effective by harnessing the development potential of migration and ensuring that any related challenges and/or opportunities are fully assessed.

Audience: The Toolkit has been designed to be used by international cooperation and development actors working in, or with, the health sector. Specifically, this includes EU institutions and EU delegations, EU Member States, and other donors. While the specific target audience is international cooperation and development actors, it can also be useful for other partners who are engaged in designing, implementing and/or evaluating interventions.

Structure: The Toolkit is divided into the following sections:

1. **Background:** the first section includes a brief overview of the linkages between migration and the health sector to provide a general understanding of the ways in which both interact.

2. **Tools:** the second section includes a set of user-friendly tools to support international cooperation and development actors with the integration of migration into health interventions, focusing on different phases of the intervention cycle.[3]

Following Section 2, there are a series of Annexes, including key global frameworks and commitments, EU development cooperation in this sector, other sector-specific guidelines and tools, guiding principles, data sources, examples of relevant Sustainable Development Goal (SDG) targets.

Content: Most of the content of the Toolkit is categorized into various health systems components, in terms of how these influence and relate with the main connections between migration and health[4] (although non-exhaustive). The health systems components highlighted in this Toolkit include:

2. This Toolkit is one of the eleven other Toolkits that complement the Guidelines on Mainstreaming Migration into International Cooperation and Development. Other Toolkits include: a Standard Toolkit, a COVID-19 Toolkit, and nine Sector Toolkits on (i) health, (ii) environment and climate change, (iii) employment, (iv) governance, (v) private sector development and trade, (vi) rural development, (vii) security, (viii) urban development, (ix) education.
3. The intervention cycle in this Toolkit is informed by the phases used by the European Commission in its development cooperation efforts.
4. Although non-exhaustive, the selected health components raised in this Toolkit cover the main correlations between migration and health, as outlined in the WHO framework that describes health systems in terms of 6 core components or "building blocks": (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. This Toolkit also references other considerations to cover some of the dimensions that go beyond health systems.

SECTION 1

BACKGROUND

Health is a universal human right, regardless of migration status. The ways in which migration and health interact are multifaceted. Migration is a social determinant of health and migrants can be vulnerable to health risks resulting from the migration process, as well as their migration status. For example, migrants may face challenges in accessing health services, or may not be considered in health promotion or for occupational health services. Epidemiological profiles of migrant populations, as well as gender, culture, language and socioeconomic status are among the factors that influence the health profiles of migrants. These factors all have an impact on overall health outcomes for individual migrants and their families, as well as communities.

Migration can impact the health of people in communities along the migration continuum. This includes communities from which migrants originate, communities through which migrants transit, communities of destination, and those to which migrants return. In many countries, migrants are also providers of health services. The mobility of health workers, if well-managed, can provide benefits to individual migrants, their communities of origin and destination, and the health systems more broadly in both countries. When migration is not properly managed, it can overwhelm health services. Global dynamics, including travel and trade, mean that infectious diseases now spread faster and farther, and most countries are not prepared to face such threats. Ensuring that systems can respond to health threats – and provide essential health services and continuation of care – is vital.

COVID-19 Pandemic: COVID-19 has underlined the relevance and importance of programming on migration and health. As the world becomes more interconnected with unprecedented migration and human mobility, a health threat present in the most remote corner of the world can rapidly become a global crisis, with far-reaching health, socioeconomic and other consequences. In recognition of the interlinkages between migration and COVID-19, IOM has developed a Toolkit on Integrating Migration into COVID-19 Socioeconomic Response (2020).

In order to explain the main connections between migration and health, the content of this Toolkit is divided into the following health systems components:

I SERVICE DELIVERY

Access to, and quality of, health services – commonly referred to as Universal Health Coverage[5] – is often lower for migrants than for non-migrants, and for certain groups of migrants than others. Access includes affordability (inclusion in a country's system of coverage, in particular for medical expenses) and accessibility (adequate information about their rights to coverage and how to exercise them). Migrants often face considerable barriers in both of these areas. This can result from restrictions on entitlements (procedural, legal or otherwise), as well as migration status (regular, irregular, resident, non-resident). Migrants can also face challenges in navigating unfamiliar health systems. IOM defines migrant friendly health systems as those that consciously and systematically incorporate the needs of migrants.[6] Ensuring that services are as available, affordable, appropriate, and acceptable for migrants as they are for nationals entails taking the holistic needs of migrants into consideration, including sex, gender and age, as well as cultural, linguistic and other factors.

5. Universal health coverage is defined by the World Health Organization (WHO) as ensuring that all people have access to promotive, preventive, curative, and rehabilitative health services of quality, when and where they need them, without financial hardship.
6. Also see the definition of migrant-friendly health systems in the Glossary of Terms.

II HEALTH WORKFORCE

Achieving universal health coverage cannot be reached without a well-trained workforce. Well-managed migration of health workers can play a key role in development overall, as well as in building capacity health systems not only in receiving countries, but also in countries of destination.[7] In some cases, health workers leave their countries of origin to find better working conditions and career opportunities abroad. In others, they leave rural areas for urban areas. This can represent an opportunity for individual health workers to improve their skills, working conditions and economic prospects. Remittances or skills transferred back home by those workers can also benefit families staying behind or local communities. However, when migration of health workers is unplanned or poorly managed, the impact can be detrimental, especially for countries of origin and/or countries who have invested in the training of health personnel.

III HEALTH INFORMATION SYSTEMS

Health Information Systems (HIS) are designed to manage health-care data and support policy and decision making, as well as health sector resource allocation. The main functions of HIS are: data generation, compilation, analysis, communication and use. Migrants are often underrepresented in health data and research. This can be because of barriers in reaching and communicating with migrant populations, as well as limited health records being kept for migrants given that the care they receive is often sporadic and/or incidental. Additionally, migrants may be treated within mainstream services without their migrant status being recorded, making it difficult to measure and monitor the connection between migration and health. This is often referred to as statistical invisibility. Ensuring the inclusion of data on, or relating to migrants (ideally disaggregated by age, sex and gender, migration status, among other factors), in HIS can help ensure that the health needs of migrants are well understood and provided for. Aside from ensuring that "no one is left behind", this approach can also strengthen the health outcomes of the general population.

IV ACCESS TO ESSENTIAL MEDICINES

Access to safe, effective, and quality medicines and vaccines for all is target 3.8 of the Sustainable Development Goals (SDGs). However, many migrants face legal, structural, cultural, linguistic and/or logistical barriers to accessing essential medicines and vaccines. Achieving universal health coverage requires removing barriers to safe, effective, quality and affordable essential medicines and vaccines. Such barriers include huge out of pocket costs and prices, inability to access primary health care and other services depending on migration status, lack of insurance coverage, and/or linguistic and cultural barriers. These challenges place increasing pressure on the ability of health systems to provide full and affordable access to health care, with those at risk of being left behind (such as migrants) being most affected.

V FINANCING

Health financing is an essential element of ensuring well-functioning health systems and is critical for reaching universal health coverage. Migrants are among the populations at greatest risk of being excluded from health-sector financing considerations. This is due to "statistical invisibility", among other factors. Health financing should take migrants into consideration, ensuring that funds are allocated in a way that promotes equitable access for migrants and displaced persons, regardless of their migration status. Ensuring that health systems are adequately financed for universal health coverage includes: raising adequate funds for health

7. Please refer to the WHO code of Practice on International Recruitment of Health Personnel.

systems (that take into account population groups, including migrants); allocating or using funds in a way that promotes efficiency, equity and non-discrimination (including of migrants) removing or reducing financial barriers to individual access to health care (e.g. through prepayment schemes or other payment arrangements).

VI LEADERSHIP AND GOVERNANCE

National health policies, strategies, and plans provide a framework in almost every country for governing health systems and regulating the complex and often cross-cutting range of issues needed to improve health outcomes. These are both vertical (at all levels of governance), and horizontal (making the connections with other sectors). Migration can present challenges and opportunities for the way that health systems are organized and regulated. An important part of health system governance is therefore the management of the impact of migration on health systems. Tackling the health needs of migrants and communities through health system governance reduces long-term health and social costs, contributes to public health principles and global health goals, as well as wider social and economic development, and facilitates integration. Mainstreaming migration across legislation, policies and practices is an important part of this, and also helps respond to the call to "leave no one behind" and achieve universal health coverage. Coordinated efforts are needed to ensure that migration health is reflected across all areas of health system governance.

VII OTHER AREAS OF SIGNIFICANCE

For migrant communities, their health is dependent not only on health systems, but also on their experiences throughout the migration cycle. This can include occupational health connections, sexual and reproductive health, mental health challenges linked to discrimination, barriers to integration, among other difficult situations. For example, adolescent migrant girls and young migrant women can be particularly vulnerable to negative health outcomes, as can migrants with irregular immigration status or victims of human trafficking (VOTs), who may fear deportation or arrest. Men are also adversely impacted by societally determined social norms and gender roles, which may interpret health-seeking behaviour as a sign of weakness, both for physical and mental health conditions.

Occupational safety and health

Workers should be protected from injury or sickness caused by their working conditions or workplace and have access to social protection. Many migrants work in low-skilled, "3D jobs" (dirty, dangerous and demanding), in high-risk sectors and are more at risk of workplace injuries or sickness than others. Migrants – especially those with an irregular migration status – are at greater risk for occupational injuries and work-related diseases than their non-migrant counterparts. This is attributed to the high employment rates of migrant workers in high-risk sectors, such as domestic work (ILO, 2016). The promotion of migrant-sensitive occupational health and safety policies and practices is important to protect the health of migrants and communities.

Mental health

Any form of migration implies a redefinition of individual, family, group and collective identities, roles and value systems, which can put individuals, families and communities involved under stress. Post-traumatic stress disorder (PTSD) and depression are the most frequently reported conditions among displaced persons who have experienced conflict or persecution (WHO, 2018). Poor socioeconomic conditions, such as unemployment, isolation, challenges with integration, can impact the mental and physical health of migrants and their families. Migrants who have undertaken risky or traumatic journeys can experience poor mental health outcomes, including post-traumatic stress disorder (PTSD) and depression. This is often exacerbated among displaced populations who have experienced situations of conflict, violence or disasters stemming from natural hazards for example.

Sexual and reproductive health and rights (SRHR)

Sexual and reproductive health services are essential to the well-being of individuals and communities in general, including migrant communities. Services provided can cover a broad spectrum of care, including maternal and newborn care, access to contraception and the prevention and treatment of HIV or other sexually transmitted infections. Migrants (particularly migrant women) are also often disproportionally affected by sexual violence, exploitation or abuse. Migrants and displaced persons may be unfamiliar with the SRHR services in their countries of destination or may be unable to access them. This can have complications relating to worsening medical conditions, unintended pregnancies and inadequate ante-natal care. Access to quality sexual and reproductive health services plays a key role in the well-being of migrants, displaced persons, and community members.

Core international frameworks: In 2008, the World Health Assembly (WHA) endorsed the Health of Migrants resolution 61.17 (WHO, 2008), the first World Health Assembly resolution to specifically focus on migrants' right to health. In the resolution, Member States are requested to promote migrant-sensitive approaches to health policies, including through their collaboration with entities within and across borders. WHA Resolution 61.17 has since been complemented by WHA 70.15 (WHO, 2018) (in 2017) and its supplementary framework, which focuses on promoting the health of refugees and migrants. Additionally, a Global Action Plan (GAP) was developed for consideration at the 72nd World Health Assembly in 2019. This Toolkit draws on these international guiding frameworks, focusing on their practical application.

For more information on these and other relevant international instruments, refer to Annex I: Key Global Frameworks and Commitments. For EU specific development cooperation in this sector refer to Annex II: EU Development Cooperation in this Sector.

SECTION 2

TOOLS

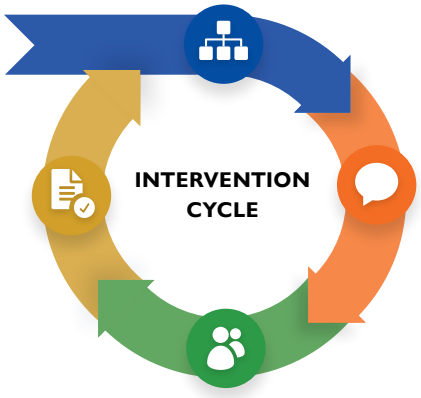
WHY USE THESE TOOLS?

With the support of the tools in this Toolkit, international cooperation and development actors can operationalize a migration mainstreaming approach. This means understanding how migration – in all its forms[8] – can be integrated in the design, implementation, and/or evaluation of health interventions, based on the context. Integrating migration into health interventions not only supports the inclusion of migrants, but also enhances development cooperation interventions by making them more coherent and effective.

WHEN AND HOW TO USE THE TOOLS?

The tools are intended to be used at the various phases of the intervention cycle.[9] They include guiding questions, checklists, and examples of project interventions to help users explore the concepts and connections with migration. The tools are designed to be adapted and used, regardless of region, country, and/or other contextual factors. They are not intended to be prescriptive, but rather guide or inform the mainstreaming of migration throughout the intervention cycle:

Figure 1:
Intervention Cycle Phases



PHASES	MAINSTREAMING MIGRATION
Programming Analyse the country context and determine the objectives and sector priorities for cooperation.	Analyse the migration situation and how it intersects with the sector context.
Design[10] Identify intervention ideas based on need and priority, assess their feasibility, and then formulate the intervention.	Explore how intervention design can incorporate migration considerations.
Implementation Work with implementing partners to deliver the intervention's planned impact and report on progress.	Monitor how migration impacts, and is impacted by, the intervention.
Closure Assess the intervention design, implementation and results.	Include questions relating to migration in evaluations.

8. See the Glossary of Terms for more information.
9. The above intervention cycle phases are those used by the European Commission in its international cooperation and development work. However, different organizations use different language to describe the phases of the project or programme cycle. Despite the differences in language, in general most organizations and agencies follow a similar approach to planning, management, monitoring and evaluation of their development cooperation interventions, and therefore the approach used in this Toolkit should still be applicable.
10. According to DG INTPA guidance, identification (early design) and formulation (final design) phases could be merged into a single design phase, considering pragmatically that an intervention might not be fully identified until it is formulated.

Figure 2:
Breakdown of the Tools

Tool 1: Quick Diagnostic

Provides an entry point for mainstreaming migration.

Tool 2: Situation Analysis

Gathers information and evidence to inform a more nuanced understanding of the connection between migration and health in a given context.

Tool 3: Policy Checklist

Explores the governance environment in relation to migration and health in a given context.

Tool 4: Stakeholder Analysis

Identifies which stakeholders should be consulted during programming and, as well as those who may be suitable partners and/or beneficiaries (direct and indirect) for an intervention.

Tool 5: Problem Analysis

Unpacks barriers or bottlenecks, from a migration perspective, and arrives at potential interventions to address them.

Tool 6: Risk Analysis

Highlights potential migration-related risks to an intervention, as well as measures to mitigate these.

Tool 7: Theory of Change

Helps with the formulation of the results logic of an intervention, including ensuring that it incorporates and responds to migration-related factors identified.

Tool 8: Indicator Bank

Provides information on where relevant indicators could be found.

Tool 9: Project Design Checklist

Offers a quick reference tool to ensure that migration has broadly been mainstreamed into project design.

Tool 10: Project Monitoring Checklist

Provides a quick reference tool to identify the extent to which migration has been integrated into project activities.

Tool 11: Project Evaluation Checklist

Offers a quick reference tool to evaluate how well migration was mainstreamed in an intervention.

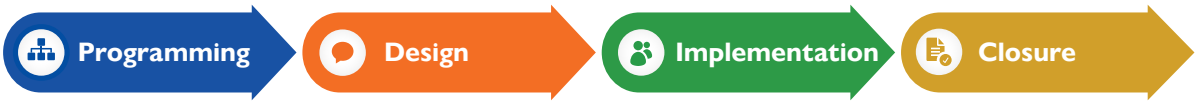
TOOL 1: QUICK DIAGNOSTIC

Why use this tool?

The Quick Diagnostic is intended to be a "starting point" to mainstream migration within an intervention. It can help to identify areas where migration could be integrated within the Programming Document or Action Document and provides a foundation to further explore the subsequent tools.

When to use this tool?

This tool should be the first point of reference for mainstreaming migration into an intervention. However, it can be used at any, or all, phases of the cycle.



How to use this tool?[12]

The user can reflect on the questions to explore the different areas (e.g. justification, stakeholders, results) within a Programming Document or Action Document where migration could be (or was) mainstreamed. The Guiding Principles in Annex IV should also be kept in mind when using this tool. Depending on the need, other tools can be consulted to better understand and address the areas requiring further attention.

Areas	Questions
Analysis and Justification	Has an analysis been conducted on the migration-related situation (e.g. migration of health workers)? *For support, go to the Situation Analysis Tool*
Stakeholders and Participation	Are migration-related groups, associations, or other relevant stakeholders involved in the design, implementation, and evaluation of the action? *For support, go to the Stakeholder Analysis Tool*
Policy Dialogue	Has the specific situation of migrants and communities affected by migration been raised in discussion with public authorities? *For support, go to the Policy Checklist Tool*
Results Framework	Are the outcomes, outputs and activities designed to reflect the different needs and contributions of migrants and communities? *For support, go to the Theory of Change Tool*
Data and Statistics	Has data and indicators for the intervention been disaggregated by migration status where appropriate and applicable? *For support, go to the Indicator Bank Tool*

11. These documents are those used by the European Commission in its international cooperation and development indicative programming and formulation of interventions. However, different organizations use different language to describe project documents. Despite the differences in language, in general most organizations and agencies follow a similar approach.
12. This tool can be used irrespective of the health systems components of interest or in focus.

Budget	Have adequate financial resources been allocated for effective mainstreaming actions (vis-à-vis % of total budget)?
Guiding Principles	Have some of the guiding principles been incorporated in the intervention? *For support, go to Annex IV: Guiding Principles*

Based on your context, take note of the areas where migration could be mainstreamed.

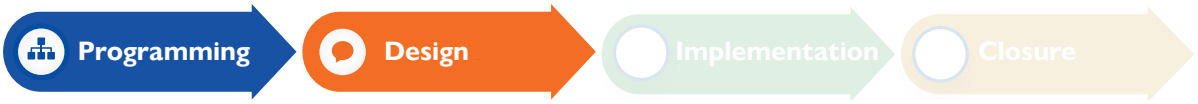
TOOL 2: SITUATION ANALYSIS

Why use this tool?

The Situation Analysis can be used to help gather information and evidence to inform a more nuanced understanding of the connection between migration and health in the country or region in focus.

When to use this tool?

The tool can be used at the start of the programming phase or as part of the context analysis in the design phase.[13]



How to use this tool?

The user can use this as a stand-alone situation analysis, or as a complement to one traditionally conducted for health interventions, to ensure that they are sensitive to migration dimensions. The questions are organized by different types of migration (see the Glossary of Terms for related definitions). The data sources provided below in Annex V can be referenced when responding to the questions.

Type of migration[17]	Questions
Immigration ***Relevant health systems components:***	1. Are there high levels of migrants in the country or region? 2. Are migrants able to access health services (as well as essential medicines)? 3. How equitable is migrants' access to health services? Are services adapted to their needs? 4. Is data on migrant health collected within medical records? 5. What is known about the health status of migrants and the health threats they are encountering? 6. Do preventive services, including health promotion activities and education, reach migrants? 7. Are migrant workers able to access to occupational health services? Note whether any of these migration situations are relevant to your context.

13. During the design phase, context analysis, policy analysis and stakeholder analysis are not performed in a sequential manner: they are iterative processes and feed into one other.
14. Please refer to the Glossary of Terms for definitions of the migration types.

Type of migration[17]	Questions
Emigration, diaspora, remittances ***Relevant health systems components:*** 	1. Is the country/region experiencing high levels of emigration (i.e. out migration)? 2. Do emigrants receive continuity of care (e.g. health checks and screenings) and social protection outside of their country of origin? 3. Are there workforce shortages in the health sector, and to what extent can this be attributed to emigration? 4. Do health workers in the diaspora remain engaged in the health sector in their country of origin? 5. To what extent are remittance transfers used to finance health expenditures for families of emigrants? Note whether any of these migration situations are relevant to your context.
Labour migration ***Relevant health systems components:*** 	1. Are there many health workers and carers that are moving to or from the country or region? 2. Is the recruitment of migrant workers in the health sector safe and fair? 3. What challenges and/or benefits does the migration of health workers pose for the health system, such as skills shortages versus skills-building? 4. To what extent do the working conditions of migrant workers affect their health and the health of their families and those around them? Note whether any of these migration situations are relevant to your context.
Environmental migration ***Relevant health systems components:*** 	1. Are climate change or environmental degradation impacting migration? 2. What are the accrued health needs of migrants impacted by climate change or environmental degradation? 3. Are there physical or mental health assistance needs or aggravated health conditions that these migrants face? Note whether any of these migration situations are relevant to your context.

Type of migration[17]	Questions
Return migration *Relevant health systems components:*	1. Are there high levels of return migration to the country or region? 2. Are the overall health status and vulnerabilities of return migrants being captured, and addressed in national health programmes (including for tuberculosis, HIV, malaria, among others)? If so, what are they? 3. To what extent do returning migrants bring with them different ideas, attitudes and behaviour regarding health and health care? Note whether any of these migration situations are relevant to your context.
Displacement *Relevant health systems components:*	1. Are there high levels of displacement to or from the country or region? If so, what is contributing to this? 2. What are the health risks that are affecting displaced persons? 3. How adequate are health service provisions and entitlements for displaced persons? 4. What is the impact of displacement on health services in host communities? 5. Have displaced persons – especially women and girls – experienced sexual violence? If so, how has that affected health needs, and are specialized services available? Note whether any of these migration situations are relevant to your context.
Migrants in vulnerable situations *Relevant health systems components:*	1. What types of vulnerabilities do migrants experience in the country or region? How do these relate to health? 2. Are essential medicines available to and affordable for migrants, in particular those in vulnerable situations? 3. Are health workers trained to provide services specific to migrants in vulnerable situations for example specific SRHR needs? Are there referral mechanisms in place to facilitate this? 4. Are there any other health services that are particularly lacking or inadequate? Note whether any of these migration situations are relevant to your context.

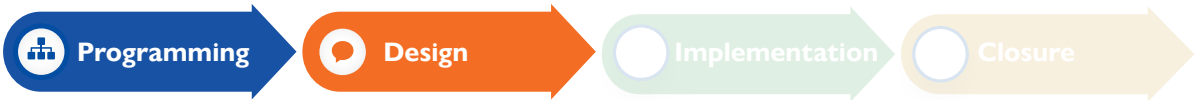
TOOL 3: POLICY CHECKLIST

Why use this tool?

The Policy Checklist can help to explore the governance environment in relation to migration and health in a given country or region. It can help understand the policy landscape[15] which could be reflected in Programming Documents or Action Documents[16] and/or may influence the implementation and overall impact of an intervention.

When to use this tool?

This tool can be used in the programming or design phase. It complements the analysis done in the Situation Analysis (Tool 2) and Stakeholder Analysis (Tool 4).



How to use this tool?

The user can go over the checklist to identify relevant policies, reflect on whether they address the needs of migrants and communities, and understand where there are gaps which may require further attention in the design phase. This tool starts with cross-cutting policy-related considerations which are relevant to all areas. Further questions are then organized by area in order to align with the areas of potential interest or focus to the user. Key policy frameworks or strategies to keep in mind are referenced in Annex I.

Health systems components	Questions	Yes	No
Cross-cutting	1. Is the country making progress on SDG targets related to health and migration?	☐	☐
	2. Has the country ratified the main international and regional human rights conventions (mentioned in Annex I)?	☐	☐
	3. Is national public policy and legislation compliant with these international frameworks and commitments?	☐	☐
	Note what policy considerations or gaps should be taken into account.		

15. EU cooperation remains guided by the EU policy framework and partner countries priorities, with the 2030 Agenda, the SDGs and the new European Consensus on development at the core of the programming process. See Annex II for more information on EU development cooperation in this sector.
16. These documents are those used by the European Commission in its international cooperation and development indicative programming and formulation of interventions. However, different organizations use different language to describe project documents. Despite the differences in language, in general most organizations and agencies follow a similar approach.

Health systems components	Questions	Yes	No
Service Delivery 	1. Are there policy barriers to improving access to health services for migrants (such as legal status, administrative hurdles)?	☐	☐
	2. Are health-related services and benefits portable across borders?	☐	☐
	Note what policy considerations or gaps should be taken into account.		
Health Workforce 	1. Is the country implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel?	☐	☐
	2. Are international and national occupational health and safety regulations and legal frameworks enforced?	☐	☐
	3. Are there policy barriers for migrant workers to access occupational health services?	☐	☐
	Note what policy considerations or gaps should be taken into account.		
Health Information Systems 	1. Are the policy related obstacles to improving data collection and research on migrant health?	☐	☐
	2. Are there mechanisms in place to collect robust epidemiological data on migrants?	☐	☐
	Note what policy considerations or gaps should be taken into account.		
Access to Essential Medicines 	1. Are migration health assessments being performed so that there are not interruptions in care (including essential medicines)?	☐	☐
	2. Are essential medicines affordable and available?	☐	☐
	3. Is vaccine access equitable for all populations, including migrants?	☐	☐
	Note what policy considerations or gaps should be taken into account.		

Health systems components	Questions	Yes	No
Financing 	1. Is there a national budget for migrant health? How much is dependent on external funding?	☐	☐
	2. Are migrants able to easily affiliate with local health financing schemes?	☐	☐
	Note what policy considerations or gaps should be taken into account.		
Leadership and Governance 	1. Do immigration, health, and social security policies enable or impede migrants' access to health services?	☐	☐
	2. Do other sectoral policies (especially labour/employment) affect the health of migrants/people affected by migration?	☐	☐
	3. Does the country participate in regional or global networks promoting migrant health and fostering exchange of expertise and good practices?	☐	☐
	4. Is the country engaged in bilateral, regional or multilateral cooperation for early warning, risk reduction and management of national and global health risks?	☐	☐
	Note what policy considerations or gaps should be taken into account.		
Other areas of significance	1. Does the current health policy take migration or migrants into consideration?	☐	☐
	2. Are there policy barriers for migrants to exercise their right to health?	☐	☐
	3. Are countries receiving migrants well equipped and experienced to diagnose common infectious diseases and non-communicable diseases?	☐	☐
	Note what policy considerations or gaps should be taken into account.		

TOOL 4: STAKEHOLDER ANALYSIS

Why use this tool?

The Stakeholder Analysis can be used to identify which stakeholders should be consulted during programming and, as well as those who may be suitable partners and/or beneficiaries (direct and indirect) for the intervention. This tool helps establish the potential experiences, role, and needs of the various stakeholders in a given country or region.

When to use this tool?

This tool is for use during the programming or design phase. It complements the analysis done in the Situation Analysis (Tool 2) and Policy Checklist (Tool 3).

How to use this tool?

The user can review the questions in this tool to explore the different stakeholder groups that could be engaged and how. The questions are organized by stakeholder group to provide a starting point to gather information on whether the stakeholders could:

- Provide contextual information to inform programming based on their **experience** (i.e. stakeholders to consult during programming or design);
- Be potential partners and/or implementors who can support the achievement of the intervention results based on their **roles** (i.e. stakeholders that could be an implementing partner), and/or;
- Be beneficiaries (direct or indirect) of the intervention based on their **needs**.

Users are encouraged to review the questions in each column of the stakeholder analysis to identify areas of relevance and then click on the boxes to indicate the most relevant stakeholders in each category. Prior to using the tool, it is recommended to broadly identify the stakeholders that are present in your country or region. Potential key stakeholders are referenced in table below the tool.

Stakeholders	Questions		
	Experience	**Roles**	**Needs**
Migrants (of all migration types, genders and ages, and categories) ***Relevant health systems components:*** 	1. What are the main threats to the health and well-being of migrants? 2. Are migrants' access to health services restricted? How has this impacted different gender and age groups?	1. What role do migrant health workers play in the country (e.g. in terms of social mobilization)? 2. Are there established partnerships with diaspora to support health systems in countries of origin?	1. Are migrants' needs and experiences accounted for to improve delivery of and access to health services or essential medicines? 2. Are there barriers for migrants to access social protection and their right to work?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐
Communities impacted by migration ***Relevant health systems components:*** 	1. To what extent does migration impact public health and/or health service delivery? 2. What are community perceptions of migrants?	1. Do communities support the inclusion of migrants into the health system? 2. Are communities providing migrants with the information and tools to access health services?	1. What are the public health concerns or challenges that need to be overcome in the community? 2. Should potential interventions take a community-based approach?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐

Stakeholders	Questions		
	Experience	**Roles**	**Needs**
National governments (including institutions in charge of migration governance, development planning, sector policies, and national–local dialogue) *Relevant health systems components:* 	1. Which are the key national government entities concerned with health and migration? 2. How do national government stakeholders' understanding of, and policies towards, migration impact health outcomes? 3. Are public authorities channelling the resources needed to ensure the right to quality health is fulfilled for migrants as well as non-migrants?	1. Which public authorities are responsible for overseeing health service delivery? 2. Are public authorities conducting health screenings at ports of entry or with migration populations? 3. Are public authorities interested in strengthening labour mobility schemes for the health sector?	1. Do national level health plans, policies, and programming consider migration or migrants? 2. Do national governments have multi-sector partnerships, working groups, or other coordination platforms on migration and health? 3. Does the Office responsible for Statistics or Health Information Systems disaggregate data by migration status?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐
Subnational governments (including municipalities, city authorities and district/ regional councils) *Relevant health systems components:* 	1. What is local government stakeholders' understanding of, and policies towards migration? 2. Does this affect the overall health access and delivery at local level for migrant groups? 3. Are there specific local dynamics which prevent or facilitate migrant access to health care?	1. What level of autonomy do city administrations have in implementing and formulating interventions related to migration and health? 2. Do subnational governments play an important role in the integration of migrants? 3. Is coordination between relevant subnational administrations responsible for migration and health?	1. Are subnational governments aware of the specific needs and experiences of migrants and how this impacts health outcomes? 2. Do local level health plans, policies, and programming consider migration or migrants?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐

Stakeholders	Questions		
	Experience	**Roles**	**Needs**
Civil society (including academic institutions, training institutions, NGOs, faith-based organizations, the media, and religious and traditional leaders) ***Relevant health systems components:*** 	1. What is the role of civil society in public health and health systems? 2. Which civil society stakeholders have experience or expertise working on migration and health? 3. What are some of the key opportunities or challenges that civil society organizations highlight in this space?	1. In what ways are civil society organizations being engaged to support migration-related research and advocacy? 2. How are universities and other research institutes mobilized to provide data and evidence on migrants and migration? 3. Are NGOs playing a critical role in providing health services, including sexual health and reproductive rights, to migrants in vulnerable situations?	1. What role are media stakeholders playing in influencing public perceptions of migration? 2. Do stakeholders have sufficient capacities to support the inclusion of migrants in health systems (tools, procedure)? 3. Are there training institutions in the community that are training health professionals (including culturally sensitive considerations)?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐
Private sector (including industry and employer associations) ***Relevant health systems components:*** 	1. Have employer associations contributed to discussions around safe and fair working conditions for all? 2. To what extent do migrants have access to private health service to complement public service delivery?	1. Are private sector representatives and unions included into governance structures? Have they been mobilized to improve occupational health coverage?	1. What efforts are being made to engage employers to promote healthy and safe working conditions for migrant workers?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐

Stakeholders	Questions		
	Experience	**Roles**	**Needs**
International organizations *Relevant health systems components:* 	1. What types of actions are relevant international organizations and other networks taking with respect to migration and health in the country specific context?	1. Are international organizations, particularly IOM, WHO, ILO, UNAIDS, UNFPA, UNICEF and other UN organizations active on migration, being engaged as technical partners or implementing agencies?	1. Are mechanisms supported by international organizations drawn on to exchange information and build partnerships on migration and heath?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐
Other development cooperation agencies *Relevant health systems components:* 	1. Do development cooperation agencies have past, ongoing, or upcoming interventions of relevance on migration and health?	1. Is there a sector wide coordination mechanism on health? If so, does it include migration?	1. How are agencies sharing migration-related data, experiences, and other resources of use for health programming?
	Click if should be consulted: ☐	Click if should be a partner: ☐	Click if should be a beneficiary: ☐

Quick reference to potential stakeholders		*Click if relevant*
Key UN partner(s)	WHO, IOM, UNFPA, UNICEF, UNAIDS, ILO Regional Health Organizations like PAHO	
Key government partners	Entity responsible for health	☐
	Entity responsible for interior/home affairs	☐
	Entity responsible for social welfare	☐
	Entity responsible for labour/ employment and social services	☐
	Entity responsible for gender and youth	☐
	Entity responsible for education	☐
	Entity responsible for collecting and publishing statistics	☐
	Entity responsible for social protection	☐

Other potential partners	Community health service provider	☐
	Migrant Associations	☐
	Employers' organizations	☐
	Workers' organizations	☐
	Trade Unions	☐
	Think Tanks	☐
	Education institutions	☐
	Academia	☐

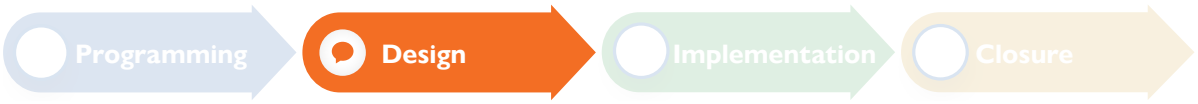
TOOL 5: PROBLEM ANALYSIS

Why use this tool?

The Problem Analysis is useful to unpack barriers or bottlenecks, from a migration perspective, that may have been identified during the programming phase and to arrive at potential interventions to address them.

When to use this tool?

This tool can be used during the design phase of the cycle.



How to use this tool?

The user can review the examples provided of potential problems linked to migration and health in the various areas of interest or in focus. Based on which problems are most relevant to the given context, the user can then consult the list of possible interventions (i.e. priority areas for support) to respond to the problem(s) that were identified. When conducting a problem analysis, it is important to consider problems facing different socioeconomic groups, including gender and age differences, as well as the needs of persons with disabilities and migrants in vulnerable situations.

Health systems components	Examples of problems identified	Potential interventions
Service delivery 	**There is inequitable access to quality health services for migrants that negatively affects public health.**	1. Promote equitable access to quality health-care services and non-discriminatory access to safe, effective, quality, and affordable essential medicines and vaccines for all migrants of all gender groups, where necessary adapting methods of diagnosis, treatment and service delivery. 2. Support service providers provide health care that is: • Geographically targeted to reach migrants groups • Socioculturally sensitive • Linguistically accessible • Non-discriminatory

Health systems components	Examples of problems identified	Potential interventions
...	**Migrants in vulnerable situations are not integrated into health services and are unable to access the care they require.**	1. Support policy measures which allow migrants to access health services safely regardless of migration status. 2. Support governments to operationalize the Health, Border and Mobility Management (HBMM) Framework. 3. Establish and support implementation of coordination mechanisms between health services and other key sectors which have a role in protecting migrants in vulnerable situations (e.g. law enforcement and child protection services). 4. Offer capacity-building to ensure that service providers are equipped to identify and respond to less familiar and emerging health conditions, in particular those that are more prevalent elsewhere and/or among migrant populations.
	Reception conditions for asylum seekers exacerbate their health problems and difficulties in accessing health services.	1. Ensure that health conditions and vulnerabilities are recognized early, treated appropriately, and are not exacerbated through reception conditions.
	Health promotion and health education, as well as health service interventions, such as vaccination and screening, do not reach all groups of migrants.	1. Support the development of geographically targeted, "diversity-sensitive", gender-sensitive and migrant-inclusive approaches to health promotion. 2. Make mobile health units available in remote areas where access to traditional health services are limited.
	Migrant workers have no or very limited access to occupational health services and no coverage of social security for occupational injury and diseases.	1. Support the extension of occupational health services, and support access and coverage of social security schemes for migrant workers.

Note any potential interventions that should be considered.

Health systems components	Examples of problems identified	Potential interventions
Health workforce 	**The unregulated migration of health workers leads to loss of human capital in countries of origin.**	1. Promote and support the roll-out of WHO Code of Practice on the International Recruitment of Health Personnel (WHO, 2010). 2. Work with partner countries to monitor the recruitment of health workers from abroad. 3. Offer training opportunities to foreign health workers in preparation for voluntary return to their country of origin.
	Health-care workers are unable to integrate into the health system in countries of destination, or they are forced to work below their qualifications.	1. In line with the WHO Code of Practice, help nationals to find employment opportunities in the health workforce of other countries and to meet employers' requirements. 2. Help would-be migrants to meet the qualification requirements of receiving countries through, for example, additional training and language courses. 3. Coordinate with the work permit issuing authorities to foster less restrictive rules for issuing work permits for needed health and care workers, and support measures to regularize the situations of workers who are already working irregularly.
	Health workers lack the knowledge and skills required to effectively diagnose and respond to the specific needs of migrants of all gender groups.	1. Support the operationalization of the WHO Refugee and Migrant Health: Global Competency Standards for health workers providing health services to refugees and migrants, the Knowledge Guide and the Curriculum Guide to ensure the provision of people centred and culturally sensitive health services to migrants. 2. Assess the specific barriers, needs, and vulnerabilities that migrants may face when accessing health services and disseminate these findings to health workers. 3. Train health workers on how migrants' experiences impact the way they seek and receive health services and suggest migrant-sensitive approaches that could be applied to health service delivery 4. Work with health workers to ensure that health services are adapted to the needs of migrant women and girls. This could include sanitation areas, SRHR classes, childcare facilities, etc. 5. Promote male engagement in initiatives aimed at strengthening women and young girls' access to health services in countries of origin, transit, or destination.

Health systems components	Examples of problems identified	Potential interventions
...	**Migrants workers in the health sector lack access to adequate and timely skills recognition and certification.**	1. Establish systems or mechanisms to recognize and validate the qualifications of formal degrees and certifications of migrants working in the health sector, including refugees. 2. Facilitate the recognition of skills and competencies gained abroad by public employment services, given their role as a bridge between employers and workers. 3. Establish systems to recognize and validate prior learning acquired outside of the formal education system. This particularly applies to medium skilled migrant health workers (e.g. health-care assistants).
	Many migrants, predominantly women, are employed in the domestic work sector to provide essential care in private homes, which exposes them to exploitation and abuse.	1. Support the partner country in implementing the WHO Code of Practice on the International Recruitment of Health Personnel (WHO, 2010). 2. Support the regulation of employment by private households to ensure equitable pay and conditions for migrant care workers. 3. Support partner countries in ratification and implementation of the ILO Domestic Workers Convention, 2011 (No. 189).
Note any potential interventions that should be considered.		
Health information systems	**Migrants and displaced persons may be excluded from medical records and data collection.**	1. Encourage inclusion of migration status in medical, health surveillance and population databases. 2. Support partner countries' policies on registration of information relevant to migrants' health. 3. Promote research and the development of in-country expertise on migration and health in order to build an evidence base on migration health issues, and also conduct migrant-inclusive health impact assessments of policies).
	Inclusion of irregular migrants in mainstream health information systems may increase their risk of being reported to other authorities.	1. Support "firewalls" to ensure confidentiality of information about migrant's legal status, and address migrants' concerns about the confidentiality of their records and legal status. 2. Encourage enforcement of rules on confidentiality of medical information and action against the use of medical information by immigration authorities.
Note any potential interventions that should be considered.		

Health systems components	Examples of problems identified	Potential interventions
Access to essential medicines 	There is inequitable access to and affordability of essential medicines for migrants.	1. Assess the barriers that different groups of migrants face when trying to access essential medicines (including vaccines). 2. Support pharmaceutical policies and practices which ensure the affordability and availability of medicines and treatments for all, including migrants. 3. Raise awareness about public health considerations relating to the benefits of access to essential medicines for all.
	Reception conditions for asylum seekers exacerbates their health problems and difficulties in accessing essential medicines.	1. Work with partner countries to ensure that trained health personnel are available at reception centres to assess migrants' health needs.
	Health promotion and health education, as well as health service interventions, such as vaccination and screening, does not reach all groups of migrants.	1. Support vaccination policies and practices that are accessible to all. 2. Promote the individual and public health benefits of inclusivity in vaccination and screening. 3. Ensure that health education is tailored to the needs of migrants and communities, including linguistic and other considerations.
Note any potential interventions that should be considered.		
Financing 	Health financing programmes do not foresee services needed for migrants.	1. Ensure inclusion of migrant health-related considerations in financing programmes. 2. Promote health system strengthening in humanitarian contexts to address the impact that displacement could have on health services.
	Migrants cannot afford to use the needed devices/medicine without risking financial hardship.	1. Support measures to make health services more affordable for migrants by working with partner countries to provide low cost health insurances and pre-paid coverage mechanisms.
Note any potential interventions that should be considered.		

Health systems components	Examples of problems identified	Potential interventions
Leadership and governance 	**Migration health is a new area in many countries, requiring updated health governance systems and tools.**	1. Support coordination mechanisms that take into account the "multi-level governance" nature of health systems, avoiding rigid top-down control and bringing together key multisectoral partners (including immigration, labour/employment, as well as public and private sectors). 2. Strengthen links with international organizations and exchange with other countries as a way to tap into the latest research and policy advice.
	Migrants' voices, and particularly those of specific groups of migrants, in health systems may be marginalized.	1. Promote the inclusion of migrants of all gender groups in multi-stakeholder coordination mechanisms and in national level health bodies. 2. Support multi-stakeholder participation in the development of action plans on migrant health, and the close monitoring and benchmarking of the implementation of the action plans.
	Non-health policies may be incoherent or may pose health risks to migrants. For instance, border management policies may increase the vulnerability of migrants in transit.	1. Promote policy coherence both vertically (global-national-local) and horizontally (between sectors) to mainstream health into migration-related policies. 2. Support civil society in efforts to advocate for the health rights of migrants to policymakers and the public, with a focus on communicating the preventive role of health care for migrants, which reduces overall public health costs.

Note any potential interventions that should be considered.

Health systems components	Examples of problems identified	Potential interventions
Other areas of significance	**Migrants in vulnerable situations are not integrated into health services and are unable to access the care they require.**	1. Identify which health services do not integrate migrants and review relevant policies and strategies with key policymakers. 2. Establish and support coordination mechanisms between health services (including mental health and psychosocial support services) and other key sectors which have a role in protecting migrants in vulnerable situations (law enforcement and child protection services) and service providers that reflects a multi-level governance approach. 3. Support civil society to advocate for the health rights of migrants in vulnerable situations. 4. Support capacity development (training, tools, systems) for members of coordination mechanisms.
	Migrants, of all migration statuses, may be unable to access social protection if injuries or sickness occur at work.	1. Support measures which allow migrants to access health services safely regardless of migration status. 2. Integrate migrant workers, regardless of migration status, into occupational health and safety policies. 3. Support measures (bilateral agreements, financial mechanisms, etc.) which facilitate the portability of social benefits across international borders. 4. Enhance communication and strengthen monitoring systems between government and employers related to workplace injuries and sickness. 5. Consider anonymous platforms to support employees to report discrepancies/issues in the workplace.
	Political, cultural or religious concerns may prevent migrants' from accessing sexual and reproductive health services.	1. Support outreach and community-led programmes which raise awareness of sexual health and reproductive rights. 2. Work with community-based organizations to facilitate health-seeking behaviour amongst relevant groups.

 Note any potential interventions that should be considered.

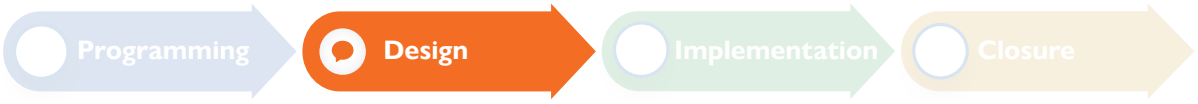
TOOL 6: RISK ANALYSIS

Why use this tool?

The Risk Analysis is useful for identifying potential risks[17] to health interventions with a migration-dimension (i.e. risks to the achievement of the objectives of the intervention), as well as measures to mitigate these risks. Identifying potential risks during the design phase helps ensure that measures are in place during implementation to address them.

When to use this tool?

This tool can be used during the design phase.



How to use this tool?[18]

The user can review the examples of possible migration-related risks to an intervention and the possible consequences of these. The potential risks should be contextualized based on the country or region in focus and the dynamics at play. Based on the context, users can identify whether it is a high, medium, or low risk. Once potential risks are identified, this tool provides sample measures that can be built into programming to address the risk factors

Examples of risks	Indicate risk level (Low (L), Medium (M), High (H))			Potential mitigation measures
	L	M	H	
Lack of support for measures to integrate migration into national health policies.	☐	☐	☐	Advocate for more migrant-inclusive policies to public and politicians alike, building coalitions of support that include international organizations, professional bodies, and NGOs or faith-based organizations. Support activities relating to consultation and promotion of initiatives to build bottom-up support.

17. The risks may relate to economic, political, social, environmental, climate-related, security-related factors.
18. This tool can be used irrespective of the health systems components of interest or in focus.

Examples of risks	Indicate risk level (Low (L), Medium (M), High (H))			Potential mitigation measures
	L	M	H	
Resistance to measures to support migrants on the part of nationals.	☐	☐	☐	Ensure the intervention does not lead to inequities for nationals or the development of additional activities to tackling the same problems that affect the local population.
				Promote "inclusiveness" and "sensitivity to diversity", rather than "migrant friendliness".
				Review how migrants are designated as a "vulnerable" or "at-risk" group, as this can increase stigma.
				Ensure that the intervention's benefits are provided on the basis of need rather than group membership.
Resistance by local administrations, health authorities and managers of service provider organizations.	☐	☐	☐	Deploy evidence-based arguments showing that effective health care and better coverage, especially for primary care, can actually save money.
				Concentrate first on the mainly urban areas in which understanding of the importance of migrant inclusion in health already exists.
				Initiate attempts to win wider support after gaining support in those areas.
Resentment by nationals because of the inclusion of migrants or non-residents (diaspora) in business support measures.	☐	☐	☐	Engage community leaders and stakeholders early in intervention consultations.
				Support the creation of migrant and non-migrant cooperative structures, such as business councils.
Limited resources for local communities and integration measures lead to xenophobia and discrimination towards migrant communities.	☐	☐	☐	Support outreach and community-led programmes and community-based organizations which facilitate social cohesion.
				Local authorities develop and support social cohesion programmes.
Lack of social security for migrant workers and their family members.	☐	☐	☐	Support policies and activities to extend the coverage of social security including employment injury benefit schemes to migrant workers and their families.
				Create information platforms/websites that migrants can access in multiple languages to be informed of their rights, and targeted information to support their enrollment and participation in social security programmes.

Examples of risks	Indicate risk level (Low (L), Medium (M), High (H))			Potential mitigation measures
	L	M	H	
Lack of understanding and limited technical knowledge related to integrating migration into health policies/programmes.	☐	☐	☐	Host workshops/knowledge exchanges with subject matter experts to build capacity among health officials/authorities related to integrating migration into health policies/programmes. Consider secondment opportunities for health officials to learn from the experiences of other countries/governments with more experience integrating migration into health sector.

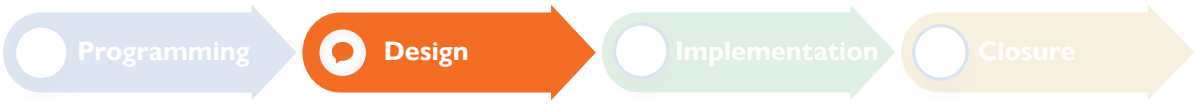
TOOL 7: THEORY OF CHANGE

Why use this tool?

The Theory of Change helps to formulate the logic of an intervention, including ensuring that it incorporates and responds to migration-related factors identified. Doing so ensures that both that migration-related challenges are addressed, and migration-related opportunities are leveraged in order to achieve the intended results in the health sector. The results in the tool are all in line with, and contribute to, the achievement of the SDGs.

When to use this tool?

This tool should primarily be used in the design phase, when the overall logic of an intervention is elaborated. The logic of the intervention will be informed by the analysis conducted in the programming phase as well as the Problem Analysis (Tool 5).



How to use this tool?

The user can draw on the generic set of results (at various levels) in the tool based on the health systems components in focus in order to formulate the logic of an intervention. Many of the results reference migrants, displaced persons, and/ or communities[19] in order to keep it open for the user to choose which term or stakeholder they want to target. The formulation of the results can be adapted and/or extracted from the tool to align with the specific needs in the country or region. The boxes below each result can be used to note which results are relevant and how they could be tailored to fit the logic of the intervention.

19. When mentioning communities within this tool, it could be the community of origin, destination, transit, or return depending on the country or region in focus.

SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY · 3 GOOD HEALTH AND WELL-BEING · 5 GENDER EQUALITY · 8 DECENT WORK AND ECONOMIC GROWTH · 10 REDUCED INEQUALITIES · 16 PEACE, JUSTICE AND STRONG INSTITUTIONS · 17 PARTNERSHIPS FOR THE GOALS

SERVICE DELIVERY	HEALTH WORKFORCE	HEALTH INFORMATION SYSTEMS	ACCESS TO ESSENTIAL MEDICINES	FINANCING	LEADERSHIP AND GOVERNANCE	OTHER AREAS OF SIGNIFICANCE

CHANGE IN QUALITY OF LIFE

SERVICE DELIVERY	HEALTH WORKFORCE	HEALTH INFORMATION SYSTEMS	ACCESS TO ESSENTIAL MEDICINES	FINANCING	LEADERSHIP AND GOVERNANCE	OTHER AREAS OF SIGNIFICANCE
Migrants, displaced persons and/or communities benefit from universal access to quality health services. and for all.	Migrants and/or communities benefit from inclusion in the recruitment, development, training and retention of the health workforce in the host country and enjoy benefits from circular migration schemes.	Migrants, displaced persons and/or communities benefit from inclusion in national health information systems.	Migrants, displaced persons and/or communities benefit from equal access to safe, effective, quality and affordable essential medicines, medical products, medical technologies and vaccines.	Migrants, displaced persons and/or communities benefit from access to health services without the risk of financial hardship.	Migrants, displaced persons and/or communities benefit from inclusion in national health policies and strategies.	Migrants, displaced persons and/or communities benefit from universal access to public health initiatives.

Add inputs based on your context

SPECIFIC OBJECTIVES

INSTITUTIONAL AND BEHAVIOURAL CHANGE

SERVICE DELIVERY	HEALTH WORKFORCE	HEALTH INFORMATION SYSTEMS	ACCESS TO ESSENTIAL MEDICINES	FINANCING	LEADERSHIP AND GOVERNANCE	OTHER AREAS OF SIGNIFICANCE
1.1: Migrants, displaced persons and community members are accessing accurate, timely, accessible, and transparent information about their entitlements to health coverage. **1.2:** Policymakers and service providers ensure direct and permanent access to quality essential health-care services for migrants, displaced persons and communities with no undue barriers of cost, language, culture, or geography. **1.3:** Policymakers facilitate the inclusion of migrants, displaced persons and communities in national health service delivery.	**2.1:** Migrant workers fill labour market gaps in health care and aged care services. **2.2:** Policymakers facilitate bilateral orderly, safe, regular and responsible migration and circular mobility schemes for the health and aged care sectors.	**3.1:** Local health-care authorities include migrants, displaced persons and/or communities in health information, data collection, research studies and health records. **3.2:** Local health-care networks circulate records of migrant health-care data. **3.3:** Policymakers use accurate and disaggregated migrant health data as a basis for evidence-based migrant inclusive health policies.	**4.1:** Migrants, displaced persons and/or communities can access essential medicines both financially and geographically. **4.2:** Policymakers monitor access to essential medicines to ensure it is available to all. **4.3:** Policymakers include migrants, displaced persons and/or communities in national policies, standards, guidelines and regulations for dissemination of essential medicines.	**5.1:** Migrants, displaced persons and/or communities are accessing the host country's system of coverage for medical expenses **5.2:** Policymakers include migrants, displaced persons and/or communities in the host country's system of financial medical coverage.	**6.1:** Policymakers mainstream migration, displacement and/or communities into national health policies, strategies, and plans. **6.2:** Policymakers put coordination mechanisms in place to adapt and strengthen the resilience of local health systems in the light of more diverse population health profiles.	**7.1:** Vulnerable migrant groups are accessing healthcare services. **7.2:** Migrants, displaced persons and/or communities are protected from injury or sickness from/in the workplace. **7.3:** Migrants, displaced persons and/or communities are accessing mental health services. **7.4:** Migrants, displaced persons and/or communities are accessing sexual health and reproductive health services and are receiving CSE. **7.5:** Policymakers facilitate equal access to social protection for all regardless of migratory status.

Add inputs based on your context

Assumption
There is a political commitment for change and migrants do not face any barriers to engage.

EXPECTED RESULTS

CHANGE IN KNOWLEDGE AND CAPACITY

SERVICE DELIVERY	HEALTH WORKFORCE	HEALTH INFORMATION SYSTEMS	ACCESS TO ESSENTIAL MEDICINES	FINANCING	LEADERSHIP AND GOVERNANCE	OTHER AREAS OF SIGNIFICANCE
1.1.1: Migrants, displaced persons and communities have the know-how and capacity to access their rights to health care. **1.1.2:** Community health centres are disseminating accurate, timely, accessible, and transparent information about rights to health care through migrant and displaced communities and community leaders. **1.2.1:** Policymakers and health-care providers have the knowledge to put in place enabling conditions to equal access to health care for migrants, displaced persons and/or communities. **1.2.2:** Policymakers and service providers have functioning coordination mechanisms to facilitate direct and permanent access to quality services for migrants, displaced persons and/or communities with no undue barriers of cost, language, culture, or geography. **1.3.1:** Policymakers have the know-how and tools to include migrants, displaced persons and/or communities in national short-, medium- and long-term policy goals for health service delivery.	**2.1.1:** Migrant workers have improved or developed skills and capacities that meet labour market demands **2.1.2:** Policymakers implement prior skills and qualification recognition systems to integrate migrants into the health workforce. **2.2.1:** Policymakers understand the importance of bilateral orderly, safe, regular and responsible migration and circular mobility schemes for the health and aged care sectors to reduce labour gaps in countries of destination and to facilitate skills remittances in countries of origin. **2.2.2:** Policymakers have the capacity to facilitate bilateral partnerships for circular health-care mobility schemes.	**3.1.1:** Health-care authorities have the know-how and tools to include migrants, displaced persons and/or communities in health information, data collection, research studies and health records **3.1.2:** Health-care providers have increased capacity to take accurate reports of migrant health records. **3.2.1:** Local health-care networks implement coordination mechanisms between health-care providers to ensure continuity of migrant health records. **3.3.1:** Policymakers have the know-how and tools to utilize accurate and disaggregated migrant health data to inform evidence-based migrant inclusive health policies.	**4.1.1:** Migrants, displaced persons and/or communities have the know-how and capacity to access essential medicines. **4.1.2:** Migrants, displaced persons and/or communities have the know-how and capacity to access the host country's system of financial medical coverage. **4.2.1:** Policymakers have increased knowledge as to how to include migrants, displaced persons and/or communities in dissemination of essential medicines. **4.3.1:** Policymakers have the know-how and tools to integrate migrants, displaced persons and/or communities into national policies, standards, guidelines and regulations for dissemination of essential medicines.	**5.1.1:** Migrants, displaced persons and/or communities have the know-how to access the system of coverage for medical expenses. **5.2.1:** Policymakers have the know-how and capacity to integrate migrants, displaced persons and/or communities into the system of coverage for medical expenses.	**6.1.1:** Policymakers have the know-how and tools to mainstream migration, displacement and/or communities into national health policies, strategies and plans. **6.2.1:** Policymakers have enhanced coordination between local health-care providers and local government.	**7.1.1:** Policymakers develop gender-responsive migration health policies to address the particular needs and vulnerabilities of migrant women, girls and boys, especially in cases of sexual and gender-based violence. **7.2.1:** Employers and recruitment agencies have the know-how to provide safe and ethical working conditions in line with relevant international frameworks. **7.2.2:** Trade Unions increase migrant and displaced person membership. **7.2.3:** Policymakers have the know-how and tools to integrate migrant workers into wage protection systems and policies. **7.3.1:** Migrants, displaced persons and/or communities have the know-how to access mental health services. **7.3.2:** Health providers understand barriers (cultural, financial, geographical, etc.) to migrant and displaced persons' access to mental health services. **7.4.1:** Migrants, displaced persons and/or communities have the know-how to access CSE and access sexual and reproductive health services. **7.5.1:** Policymakers have the know-how to implement bilateral and/or regional agreements on the portability of earned benefits and social protection for migrant workers.

Add inputs based on your context

Assumption
Changes in capacity lead to changes in behaviour

Activities

Training, development of tools, partnerships, direct assistance, coordination mechanisms, policy dialogue, community development, etc.

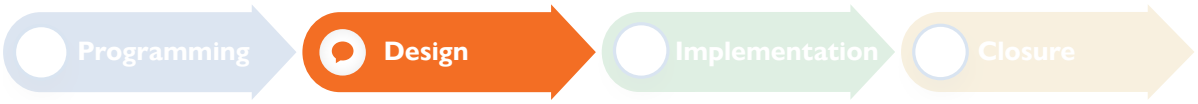
TOOL 8: INDICATOR BANK

Why use this tool?

The Indicator Bank provides indicators related to migration and health that can be used when designing an intervention. Understanding and defining the health indicators and outcomes directly related to the migratory process will allow for the most effective and appropriate use of interventions, efforts, and investment to improve and promote health.

When to use this tool?

This tool complements the Theory of Change (Tool 7) and can be used during the design stage.



How to use this tool?

The indicators can be selected or adapted based on formulated results of the intervention. Where appropriate, relevant indicators should be disaggregated by sex, gender, age, and migration status, and other vulnerabilities.[20]

World Report on Health and Migration 2022 – forthcoming indicators

In line with *WHO's Global Action Plan* to promote health of refugees and migrations 2019-2023, and in response to WHO's 13th General Programme of Work Output 4.1.1. – Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts, the first *World Report on Health and Migration* will be launched ahead of the World Health Assembly in 2022. This Report will pave the way for indicators on health and migration which can capture, monitor and accelerate progress towards the Sustainable Development Goals and targets.

Additional indicators that can be drawn on to inform an intervention's logframe:

Source	Description
Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development	The global indicator framework for the Sustainable Development Goals was developed by the Inter-Agency and Expert Group on SDG Indicators. Although the SDG indicator framework does not provide explicit indicators on health and migration, SDG target 17.18 enshrines the need for all indicators, including those related to health be disaggregated for migratory status.

20. This is in reference to SDG target 17.18 which calls for "availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts".

Source	Description
WHO's Handbook of Indicators and their Measurement Strategies for the Building Blocks of Health Systems	The handbook identifies a set of indicators and related measurement strategies for each component or building block.
IOM's Migration Governance Indicators (MGI)	Indicators under "migrants rights" assess the extent to which migrants have the same status as nationals in terms of access to basic social services such as health.
Migrant Integration Policy Index (MIPEX)	This tool can measure whether health systems are responsive to immigrants' needs across six continents.
Strategy and action plan for refugee and migrant health in the WHO European Region	Contains draft indicators for measuring and reporting progress on the implementation of the Strategy and action for refugee and migrant health in the WHO European Region.

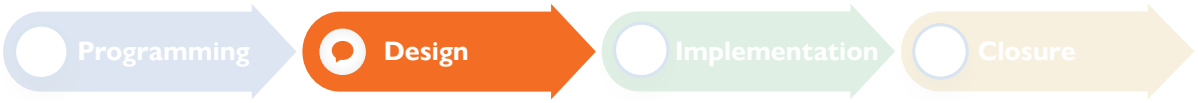
TOOL 9: PROJECT DESIGN CHECKLIST

Why use this tool?

The Project Design Checklist is a quick reference tool to review the various components of an intervention to ensure that migration has broadly been mainstreamed into project design, as well as to identify any gaps prior to the finalization of its design.

When to use this tool?

This tool should ideally be used towards the end of the design phase. It can be used once the design of the main components of an intervention is complete, but prior to its formal signoff and closure.



How to use this tool?[21]

The user can refer to the questions in this tool to reflect on whether migration has been mainstreamed in the project design. The questions are ordered based on considerations that could be made along the programming and design phases. If the answer to any of the questions is no, then explore whether it would be possible to still factor it in if feasible. There is also an option to mark not applicable (N/A) if the question is not relevant in the given context or type of intervention.

Questions	Yes	No	N/A
1. Are beneficiaries referred to as "residents" or "citizens"? Will this be a barrier for any groups of migrants?	☐	☐	☐
2. Does migration status (regular or irregular) affect the extent to which migrants can benefit or contribute to the intervention?	☐	☐	☐
3. Are migrants or displaced persons of any gender or age likely to face legal or other (e.g. practical) barriers to benefiting from the intervention?	☐	☐	☐
4. Will data be disaggregated by migration status, gender and age? Have authorities carried out an initial assessment already?	☐	☐	☐
5. Have migrants or displaced persons been included as beneficiaries or implementing partners (including diaspora, return migrants, migrant workers, forcibly displaced persons, etc.)?	☐	☐	☐
6. Have migrants, displaced persons, their families, or communities affected by migration, been consulted and contributed to the design of the intervention?	☐	☐	☐
7. Have the needs of different categories of migrants (migrants in vulnerable situations, women, children, irregular migrants and forcibly displaced persons) been considered and have activities been adapted accordingly?	☐	☐	☐
8. Does the intervention respond to diverse local priorities and take account of the particular migration or displacement context?	☐	☐	☐

21 This tool can be used irrespective of the areas of interest or in focus.

Questions	Yes	No	N/A
9. Have the effects of the intervention on durable solutions for displaced populations been considered?	☐	☐	☐
10. Has the impact of the intervention on migrant-community dynamics and wider social cohesion been considered?	☐	☐	☐
11. Have opportunities for the intervention to benefit communities that host returning migrants been considered?	☐	☐	☐
12. Is there a possibility that partner country stakeholders to the intervention might oppose the inclusion of migrants? How can this risk be mitigated?	☐	☐	☐

Note what needs to be addressed before finalizing the project design to make sure that migration is effectively mainstreamed.

TOOL 10: PROJECT MONITORING CHECKLIST

Why use this tool?

The Project Monitoring Checklist is a quick reference to review the extent to which migration has been integrated into project activities and identify the extent to which it can be improved. Using this tool can help to identify any implementation gaps and trigger thinking of potential adjustments to the activities in the workplan, in consultation with the relevant partners.

When to use this tool?

This tool should be used during the implementation phase. It could feature as part of a monitoring and evaluation plan and can either be used as part of on-going or periodic monitoring.

How to use this tool?

The user can refer to the questions in this tool to reflect on whether areas of migration mainstreaming are being effectively applied during implementation. If the answer to any of the questions is no, then explore whether it be possible to modify project activities. There is also an option to mark not applicable (N/A) if the question is not relevant in the given context or type of intervention.

Questions	Yes	No	N/A
1. Is migration being considered in the implementation of this intervention (either directly or indirectly)?	☐	☐	☐
2. Are migrants being reached and engaged through the intervention (especially migrants in vulnerable situations, women, children, irregular migrants, displaced persons)?	☐	☐	☐
3. Are migrants benefiting from this intervention (including vulnerable groups of migrants mentioned above)?	☐	☐	☐
4. Are communities – for example families back home or host communities – benefiting from this intervention?	☐	☐	☐
5. Do the project indicators disaggregate information based on migration status to ensure that the migrants are being reached (as appropriate)?	☐	☐	☐
6. Have changing mobility dynamics impacted the implementation of project activities?	☐	☐	☐
7. Are there any emerging challenges and opportunities due to changes in the migration situation?	☐	☐	☐
8. Do any activities need to be adapted due to unforeseen challenges or recent developments related to migration?	☐	☐	☐

Questions	Yes	No	N/A
9. Are there good practices and lessons learned from similar interventions that have integrated migration that can inform the implementation of the intervention?	☐	☐	☐
10. Are there emerging opportunities for the intervention to contribute, directly or indirectly, to durable solutions for displaced persons?	☐	☐	☐
11. Has the project generated data and new knowledge that is widely used amongst stakeholders?	☐	☐	☐

Note the extent to which migration is integrated within the implementation of the intervention and potential areas for improvement.

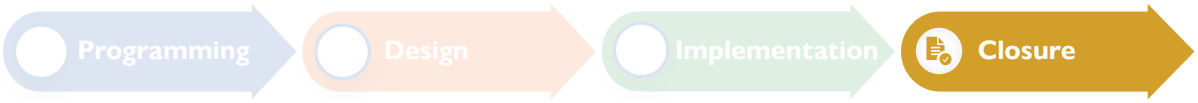
TOOL 11: PROJECT EVALUATION[22] CHECKLIST

Why use this tool?

The Project Evaluation Checklist is a quick reference tool to review the extent to which migration was integrated into a project's design and implementation. Using this tool helps to evaluate how well migration was mainstreamed in an intervention and whether doing so has contributed to the achievement of the project's results.

When to use this tool?

This tool should be used towards the end of an intervention, or following its completion (as part of an ex-ante evaluation), during the closure phase of the intervention cycle. As with the Project Monitoring Checklist (Tool 10), this tool could feature as part of an intervention's monitoring and evaluation plan.



How to use this tool?

The user can refer to the questions in this tool to see to what extent migration was mainstreamed during the implementation of an intervention. The questions are structured around OECD Development Assistance Committee (DAC) criteria for evaluating development assistance. The answers generated from this tool can help to inform the project evaluation and/or future interventions.

Questions		Yes	No	N/A
Relevance	1. Did the intervention consider the needs or constraints of different types of migrants, including men, women, boys, girls and other relevant groups?	☐	☐	☐
	2. Were the project results aligned with migration-related aspects of development policies and goals (bilateral or multilateral)? For example, SDG Targets and the objectives of the Global Compact for Migration or the Global Compact on Refugees.	☐	☐	☐
	3. Was migration considered in the programme design?	☐	☐	☐
	4. Were migrants of different types, gender and age groups sufficiently considered when assessing the intervention?	☐	☐	☐
Coherence	1. Was the intervention consistent with relevant international norms and standards as well as national development plans and other relevant policies and frameworks?	☐	☐	☐
	2. Is the intervention aligned with the WHO Global Action Plan (GAP)? If yes, with which priorities in particular?	☐	☐	☐

22. Evaluation is defined in relation to the DAC Criteria for Evaluating Development Assistance of the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC): relevance, coherence, effectiveness, efficiency, impact, sustainability.

Questions		Yes	No	N/A
	3. Does the intervention contribute to the achievement of global climate action targets?	☐	☐	☐
	4. Is the intervention aligned with relevant sector policies – for example education or employment?	☐	☐	☐
	5. Was this intervention coordinated with relevant coordination groups including health sector groups?	☐	☐	☐
	6. Were efforts taken to ensure that the intervention did not duplicate similar efforts?	☐	☐	☐
Effectiveness	1. Were the needs, problems, and challenges of migrants of different groups effectively addressed?	☐	☐	☐
	2. Did the intervention contribute to a comprehensive and protection-sensitive migration management approach?	☐	☐	☐
	3. How did migration – including displacement – influence the achievement of the results?	☐	☐	☐
Efficiency	1. How did the inclusion of migrants in the project design impact the cost effectiveness of the intervention?	☐	☐	☐
	2. Were the results equitably allocated and received for migrants as well as communities?	☐	☐	☐
Impact	1. Did the intervention contribute to the enjoyment of fundamental rights for migrants of different gender and age groups?	☐	☐	☐
	2. Did the intervention contribute to more equitable inclusion of migrants of different gender and age groups in the health sector?	☐	☐	☐
	3. Did the intervention contribute to enhanced societal acceptance of migrants of different gender and age groups in the health sector?	☐	☐	☐
Sustainability	1. Were migrant and non-migrant beneficiaries of different gender and age groups able to exercise ownership of the project results?	☐	☐	☐
	2. Was the sustainability of the intervention enhanced by integrating migration in the project design?	☐	☐	☐
	3. Has the intervention contributed to building capacity for integrating migration in the health sector?	☐	☐	☐
	4. Will the impacts of the intervention continue to be positively realized by migrants and communities beyond the project end-date?	☐	☐	☐
	5. Are positive achievements and challenges well documented and communicated to stakeholders?	☐	☐	☐

Note the extent to which migration was integrated within the intervention and lessons learned to be applied to future interventions.

ANNEXES

ANNEX I: KEY GLOBAL FRAMEWORKS AND COMMITMENTS

This Annex reflects the main international frameworks and commitments that guide countries of origin, transit, or destination's approaches to the governance of migration and health. Individual commitments will need to be considered in line with their adoption, ratification, reservations, etc.

- International agreements relating to migrant health take as their starting-point the universal right to health laid down in the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights and the 1966 International Covenant on Civil and Political Rights (ICCPR). The International Covenant on Economic, Social and Cultural Rights gives details on how the right to health should be implemented, including the importance of the inadmissibility of denying care to irregular migrants.

- The ILO's Migration for Employment Convention (Revised), 1949 (No. 97) and its accompanying Recommendation No. 86, and the Migrant Workers Recommendation, 1975 (No. 151) provide for equality of treatment and calls for the adoption of a policy to promote equality of treatment and opportunity between migrants and nationals in employment and occupation.

- The ILO's Employment Injury Benefits Convention, 1964 (No.121), its accompanying Recommendation No 121, and the Social Security (Minimum Standards) Convention, 1952 (No.102) include industrial accidents and occupational diseases. Workers who are injured or diseases as a result of their work should be entitled to health care and, to the extent that they are incapacitated for work, to cash benefits or compensation, as set out in in these ILO instruments. The dependent family members (e.g. spouses and children) of those who die from occupational injury and diseases should be entitled to cash benefits or compensation, as well as to a funeral grant or benefit.

- The 1969 in the International Convention on the Elimination of All Forms of Racial Discrimination, it is stated that discrimination based on national or ethnic origin should be eliminated in regard to the right to public health, medical care, social security and social services.

- The International Labour Organization's (ILO) International Labour Standards in the area of occupational safety and health including Occupational Safety and Health Convention, 1981 (No. 155) provide the protection of all workers, irrespective of migrant status, from sickness, disease and injury arising from their employment.

- The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families further enshrines the right of migrant workers and their families to access social and health services on an equal basis to nationals.

- The ILO's Private Employment Agencies Convention, 1997 (No. 181), and its accompanying Recommendation No. 188 provide a framework for improved functioning of private employment agencies and better protection of agency workers' (including migrant workers') rights, while including practical and effective guidance for governments, workers and employers.

- In 2008, the World Health Assembly (WHA) endorsed the "Health of Migrants" resolution 61.17, the first World Health Assembly resolution to specifically focus on migrants' right to health. In the resolution, Member States are requested to promote migrant-sensitive approaches to health policies, including through their collaboration with entities within and across borders. WHA Resolution 61.17 has since been complemented by WHA 70.15 (in 2017) and its supplementary framework, which focuses on promoting the health of refugees and migrants.

- The ILO's 2011 Domestic Workers Convention (No. 189) calls attention to the need for protecting the well-being and health of migrants in this sector, most of whom are women.

- In 2010, the World Health Assembly, at its sixty-third session, adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA Res 63.16). The Code encourages information exchange on issues related to health personnel and health systems in the context of migration.

- The Political Declaration for the UN High-Level Meeting on Universal Health Coverage in 2019 highlights the ways that migration impacts and is impacted by the health sector, noting impacts of the emigration of health workers and the need for strengthening health information systems for collecting disaggregated data.

- The Global Action Plan (GAP) (2019–2023) was developed for consideration at the 72nd World Health Assembly in 2019. The goal of the draft global action plan is to assert health as an essential component of refugee protection and assistance, and good migration governance. The framework should be a resource for Member States in meeting the health needs of refugees and migrants and contributing to the achievement of the vision of the 2030 Agenda for Sustainable Development.

- The Global Compact on Safe, Orderly and Regular Migration is the first negotiated and non-binding agreement that covers all dimensions of international migration in a holistic and comprehensive manner. The Global Compact for Safe, Orderly and Regular Migration calls on governments to integrate migration into different sectors of governance in order to overcomes associated challenges and maximize the contributions that migration can bring to sustainable development. References to migrants' health are made in several of its objectives. In particular, it prescribes to address health and sanitation-related migration drivers; guarantee migrants' access to health services, including mental health; ensure access to health care for migrants in detention; incorporate migrants' health needs in health-care policies; or ensure the portability of social security entitlements.

- The Global Compact on Refugees is a framework for more predictable and equitable responsibility-sharing to improve responses to refugee situations so that host communities get the support they need and that refugees can lead productive lives. The Global Compact on Refugees calls for facilitating access to health services for refugees, including those with special needs and specific illnesses.

- 2030 Agenda for Sustainable Development is a plan of action for people, planet and prosperity, providing an overarching framework to address the complex and dynamic relationship between migration and development. Ensuring good health and well-being is an integral component of the 2030 Agenda and its Sustainable Development Goals (SDGs), as seen in SDGs 3 and as relevant for the achievement of other SDG targets. The SDGs contain several references to migration and health in its targets.

ANNEX II: EUROPEAN UNION DEVELOPMENT COOPERATION IN THIS SECTOR

This Annex reflects the EU's primary development cooperation and commitments that guide the EU's approach to promoting good health and well-being in partner countries.

The Directorate-General for International Partnerships (DG INTPA) of the European Commission (EC) places health in the human development sector. The 2017 European Consensus on Development (European Commission, 2017) commits to supporting equitable access to health services and universal health coverage. Including migrants is key to achieving equitable access and universal health coverage, a point underlined by Consensus' commitment to the principle of "leaving no one behind". Key focus areas are health workforce training and recruitment, preventing and responding to communicable diseases, ensuring access to medicines and vaccines, supporting technological research and development, preventing and responding to global health threats, child and maternal mortality, chemical pollution and poor air quality, and ensuring a "health in all policies" approach.

In addition, the EC 2010 communication on the EU role in global health (European Commission, 2010a) committed the EU to prioritizing support to strengthen comprehensive health systems in partner countries. It stated that the EU and its member States should ensure that their migration policies do not undermine the availability of health professionals in partner countries, while facilitating circular migration to mitigate brain drain and ensuring migrants in the EU have access to quality health services without discrimination. In the accompanying EU Staff Working Document on global health – responding to the challenges of globalization, (European Commission, 2010b) the effects of health worker migration are discussed while noting that migration policies regarding health-care access will have an impact on the health of migrants, increased migration can strain the capacity of health services, and migration can carry a risk of pandemics.

ANNEX III: OTHER SECTOR-SPECIFIC GUIDELINES AND TOOLS

This Annex includes sector-specific tools and guidelines that complement the approaches reflected in this Toolkit. These can be referenced for more detailed and comprehensive guidance on specific elements of the integration of migration into development cooperation interventions.

Title	Organization	Description
Care Work and Care Jobs: For the Future of Decent Work	ILO	Part of ILO's Women at Work Centenary Initiative and provides information and data on care work, both paid and unpaid.
Essentials of Migration Management 2.0	IOM	Provides online resources and foundational training to government officials and all stakeholders dealing with migration. The programme highlights the interaction between different thematic areas (including health) and builds a common understanding of migration with a whole-of-government approach.
Handbook for Improving the Production and Use of Migration Data for Development	Global Migration Group	Provides practical guidance to policymakers and practitioners on the measurement of international migration and its impact on development. (See especially pp. 80–86, 130–131.)
Health, Border & Mobility Management[23] *and related reports from the Ebola response*	IOM	Aims to improve prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and spaces of vulnerability.
Human Rights Indicators For Migrants and their Families	KNOMAD	Offers guidance on potential migration-sensitive indicators for health projects or programmes with a human rights focus. (See especially pp. 23–31 and 82.)
Joint United Nations statement on ending discrimination in health care settings	UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UN-WOMEN, ILO, UNESCO, WHO, IOM	Recalls that a central principle of the 2030 Agenda for Sustainable Development is to "ensure that no one is left behind" and to "reach the furthest behind first". Recognizing that discrimination in health-care settings is a major barrier to the achievement of the Sustainable Development Goals (SDGs), United Nations entities commit to working together to support Member States in taking coordinated multisectoral action to eliminate discrimination in health-care settings.

23. *NB:* Toolkit is available from IOM.

Title	Organization	Description
MIPEX health strand country reports	IOM	Reports on the background to migrant health in 34 countries and explanation of their MIPEX Health strand scores.
Summary Report on the MIPEX Health Strand and Country Reports	IOM	Measures the equitability of policies relating to four issues: (a) migrants' entitlements to health services; (b) accessibility of health services for migrants; (c) responsiveness to migrants' needs; and (d) measures to achieve change.
Refugee and Migrant Health: Global Competency Standards for health workers	WHO	Highlights the competencies and behaviours of the health workforce in providing quality care to refugee and migrant populations. Achieving universal health coverage for refugee and migrant populations requires strong health systems with competent health workers who are trained, supported and empowered to provide the care needed.
Women on the Move: Migration, care work and health	WHO	Provides evidence on the health of care workers, who are largely migrant women, and offers policy recommendations for States and regions to consider to improve the health and well-being of migrant care workers and their families.

ANNEX IV: GUIDING PRINCIPLES

This Annex outlines guiding principles that should be considered when using the Toolkit. Adhering to these interdependent principles can help to ensure that the intervention leaves no one behind and contributes to wider sustainable development outcomes. These guidelines principles are in line with those in the Framework of Priorities and Guiding principles to promote the health of refugees and migrants.

THE RIGHT TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH.

Refugees and migrants have the fundamental right, as do all human beings, to the enjoyment of the highest attainable standard of health, without distinction of race, religion, political belief, economic or social condition. Furthermore, States parties to the 1951 Convention relating to the Status of Refugees shall accord to refugees lawfully staying in their territory the same treatment as accorded to their host country nationals, with respect to public relief and social security, which may include access to health services.

EQUALITY AND NON-DISCRIMINATION.

The right to the enjoyment of the highest attainable standard of health should be exercised through non-discriminatory, comprehensive laws, and policies and practices including social protection.

EQUITABLE ACCESS TO HEALTH SERVICES.

Equitable access to health promotion, disease prevention and care should be provided for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race; and in accordance with the international law for refugees. The health of refugees and migrants should not be considered separately from the health of the overall population. Where appropriate, it should be considered to include refugees and migrants into existing national health systems, plans and policies, with the aim of reducing health inequities and to achieve the Sustainable Development Goals.

PEOPLE-CENTRED, REFUGEE-, MIGRANT-, AND GENDER-SENSITIVE HEALTH SYSTEMS.

Health systems should be refugee- and migrant-, and gender-sensitive, and people-centred, with the aim of delivering culturally, linguistically and gender- and age-responsive services. While the legal status of refugees and migrants is different, their health needs may be similar to or vary greatly from those of the host population. They may have been exposed to distress, torture and sexual and gender-based violence associated with conflict or their movements and may have had limited access to preventive and curative services before arrival in the host country. All of these factors may result in additional health-care needs that require specific health responses.

NON-RESTRICTIVE HEALTH PRACTICES BASED ON HEALTH CONDITIONS.

The health conditions experienced by refugees and migrants should not be used as an excuse for imposing arbitrary restrictions on the freedom of movement, stigmatization, deportation and other forms of discriminatory practices. Safeguards should be in place for health screening to ensure non-stigmatization, privacy and dignity, and the screening procedure should be carried out based on informed consent and to the benefit of both the individual and the public. It should also be linked to accessing risk assessment, treatment, care and support.

WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACHES.

Addressing the complexity of migration and displacement should be based on values of solidarity, humanity and sustainable development. The health sector has a key role to play in ensuring that the health aspects of migration and displacement are considered in the context of broader government policy and in engaging and coordinating with other sectors, including civil society, the private sector, refugees' and migrants' associations and the affected populations themselves, to find joint solutions that benefit the health of refugees and migrants.

PARTICIPATION AND SOCIAL INCLUSION OF REFUGEES AND MIGRANTS.

Health policies, strategies and plans and interventions across the migration and displacement cycle and in countries of origin, transit, and destination should be participatory, so that refugees and migrants are involved and engaged in relevant decision-making processes.

PARTNERSHIP AND COOPERATION.

Managing large movements of refugees and migrants in a humane, sensitive, compassionate and people-centred manner is a shared responsibility. Greater partnership and international cooperation among countries, the United Nations system including WHO, IOM and UNHCR, and other stakeholders, is essential to assist countries in addressing the health needs of refugees and migrants; and to ensure harmonized and coordinated responses. WHO, in collaboration with other relevant international organizations, has a lead role to coordinate and promote refugees' and migrants' health on the international agenda.

In addition, the cross-cutting and interdependent **guiding principles** in the Global Compact for Migration should be considered.

ANNEX V: DATA SOURCES

This Annex complements the Situation Analysis (Tool 2) and includes sector-specific data sources. These can be referenced when responding to the questions in that tool.

Key Data Sources	
Other Country-Specific Sources of Data and information[24]	National Development Strategies
	Census or other form of population survey
	Demographic Survey
	Migration Profile
	Living Conditions Monitoring Surveys
	Migration Governance Indicators Reports
	UN Common Country Analysis
	UN Sustainable Development Cooperation Framework
IOM's Migration Data Portal provides timely, comprehensive migration statistics and reliable information about migration data globally, regionally and per country.	
UN Statistics Division and DESA collects, compiles and disseminates official demographic and social statistics on a number of topics, including migration. These include International Migration Stocks and the United Nations Global Migration Database.	
Displacement Tracking Matrix (DTM) is a system run by IOM that tracks and monitors population mobility, particularly forced displacement. The system flags urgent concerns such as sanitation problems, access to health care, etc., to relevant agencies for follow up.	
UNHCR's Refugee Population Statistics Database contains information about forcibly displaced populations (including refugees, asylum seekers and internally displaced people). Data reflected on the site reflects figure captured by UNHCR, UNRWA, and IDMC.	
Annual reports like IOM's World Migration Report, UNHCR's Global Trends in Forced Displacement Report, IDMC's Global Report on Internal Displacement, and FAO's the State of Food and Agriculture Report are also reliable data sources as well as analysis.	
Data and figures on human trafficking can be found on the Global Data Hub on Human Trafficking and UNODC's Global Report on Trafficking in Persons.	
The World Bank's Migration and Remittances Data and KNOMAD's Issue Briefs on Migration and Development provides updates on global trends in migration and remittances.	

21. This data can be often found online or sought from relevant stakeholders.

Key Data Sources
The UN Network on Migration's Migration Network Hub is a space where governments, stakeholders and experts can access and share migration-related information and services.
IOM's Migration Health Research Portal is a global database of migration and health research publications via an open source platform. WHO's Knowledge Hub on Health and Migration offers a platform for governments, programme implementers, academicians and researchers, international organizations, non-governmental organizations and civil society to build upon available evidence.
UN AIDS' AidsInfo provides an extensive data collection on HIV epidemiology and up-to-date information on the HIV epidemic.
ILO's Health Services Sector page contains links to relevant publications related to occupational health and safety and the future of work in the health sector.
UNDP's Human Development Index captures key dimensions of human development, including a long and healthy life.

ANNEX VI: EXAMPLES OF RELEVANT SDG TARGETS[55]

This Annex complements the Theory of Change (Tool 7) and Indicator Bank (Tool 8). It can be used to identify where the specific objectives and expected results (derived through the Theory of Change) align with the relevant SDG targets.

Goal	Relevant targets
3 GOOD HEALTH AND WELL-BEING 	**3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. **3.2:** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. **3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. **3.4:** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. **3.5:** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. **3.6:** By 2020, halve the number of global deaths and injuries from road traffic accidents. **3.7:** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. **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. **3.c:** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
5 GENDER EQUALITY 	**5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. **5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. **5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

8 DECENT WORK AND ECONOMIC GROWTH 	**8.8:** Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.
10 REDUCED INEQUALITIES 	**10.7:** Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.
16 PEACE, JUSTICE AND STRONG INSTITUTIONS 	**16.1:** Significantly reduce all forms of violence and related death rates everywhere. **16.2:** End abuse, exploitation, trafficking and all forms of violence against and torture of children. **16.6:** Develop effective, accountable and transparent institutions at all levels. **16.7:** Ensure responsive, inclusive, participatory and representative decision-making at all levels. **16.A:** Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime. **16.B:** Promote and enforce non-discriminatory laws and policies for sustainable development.
17 PARTNERSHIPS FOR THE GOALS 	**17.9:** Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals. **17.14:** Enhance policy coherence for sustainable development. **17.17:** Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships. **17.18:** By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

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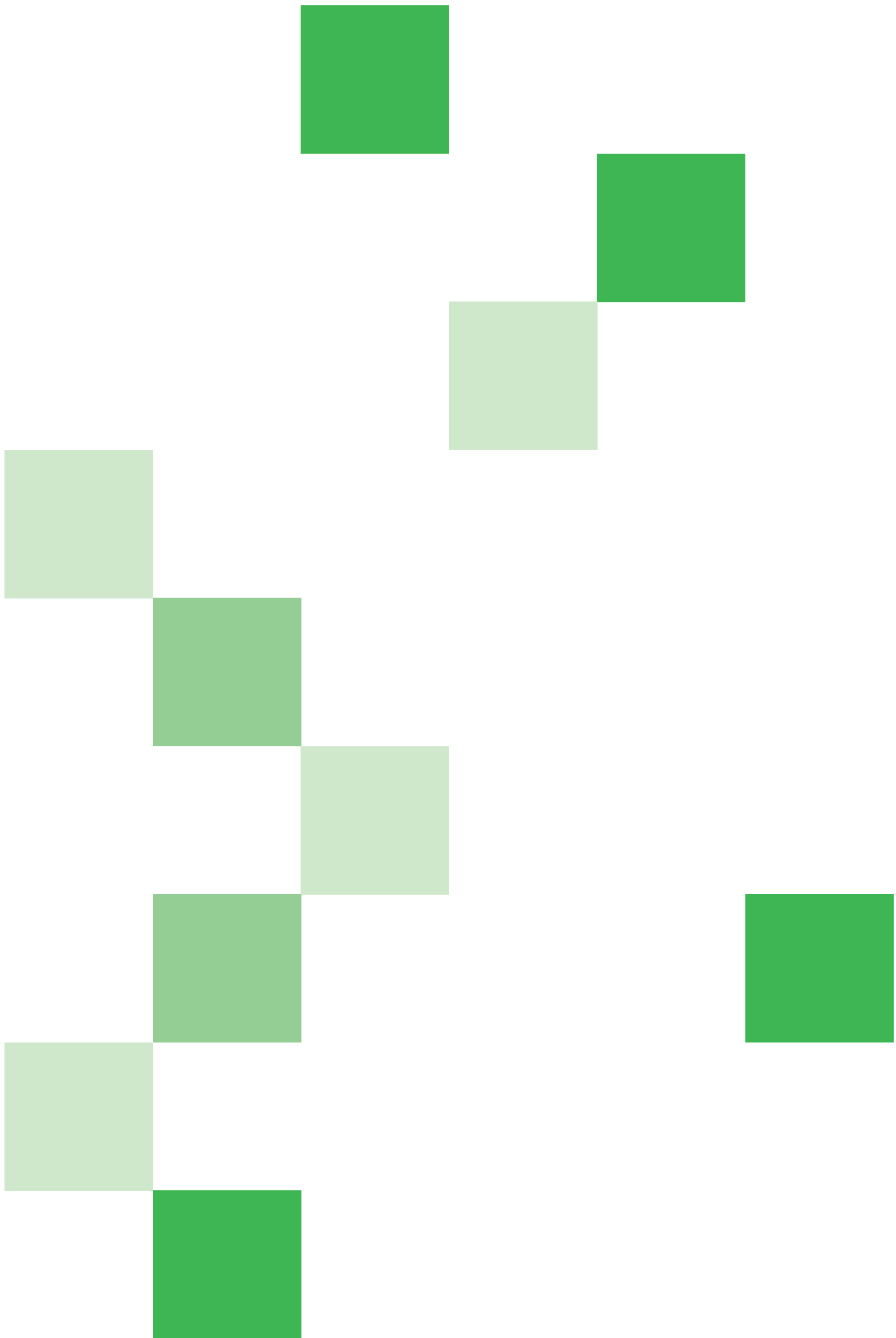

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