

Empowerment of migrants by ensuring their health and wellbeing (IOM Input to the Round Table 3.1 Background paper)

Purpose

In line with the expected outcome of this Roundtable, this paper identifies a number of possible measures to be taken by governments of both countries of origin and residence and through public-private partnerships in order to reduce health vulnerabilities of migrants and their families and minimize the related social, health and financial costs of migration.

Background

The conditions in which migrants travel, live and work can carry exceptional risks for their physical and mental well-being. These include unequal access to healthcare and services, vulnerabilities associated with migrant status, marginalization and abuse, and are often linked to restrictive immigration and employment policies, economic and social factors, and dominant anti-migrant sentiments in societies. These are often referred to as the social determinants for migrants' health. In order for migrants to attain their development potential and to concurrently contribute to sustainable development while reducing the health costs of migration for both migrants and societies of origin and destination, these social determinants need to be addressed.

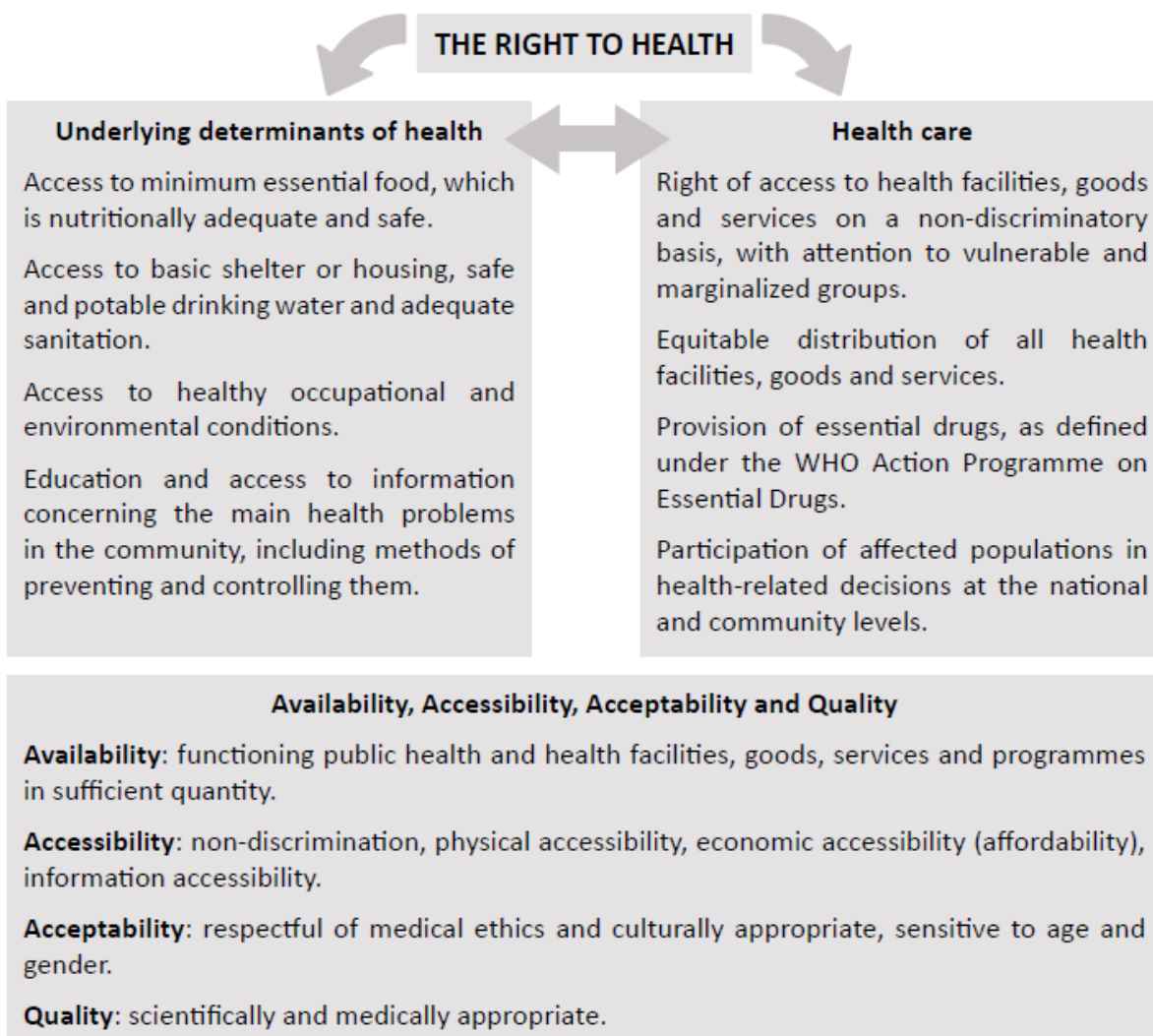
Even though health is widely recognized as a critical enabling factor of social and economic development, the migration and development debate has thus far overlooked a broader analysis and discussion on health related themes. During the 2010 GFMD in Mexico, the issue was briefly discussed in Roundtable 2: 'Human mobility and human development' and one recommendation was: to "**Assess cost effective health care models for various types of migration scenarios**". However, so far, there has been no comprehensive follow up to this recommendation in the various migration and development forums.

Health is a migrant's main asset and the leading factor for determining whether the migration experience for the migrant, their family, and the countries of origin and destination will be positive or negative. Addressing the health needs of migrants is in accordance with international human rights law (in particular Art 12 of the International Covenant of Economic, Social and Cultural rights), but also with public health and socio-economic principles. At the individual and local levels, addressing the health of migrants improves migrants' livelihood and well-being, protects the health of the public, and facilitates integration, while at the national level such efforts have shown to contribute significantly to a migration-inclusive social and economic development. Globally, three of the eight Millennium Development Goals relate to health: reducing child mortality (MDG 4), improving maternal health (MDG 5), and combatting HIV/AIDS, malaria and other diseases (MDG 6), recognizing therefore health as a central factor for poverty reduction and human development.

The main reason for the omission of migrants health' in the platforms specifically designated for the migration and development debate is, most probably, the lack of multi-sector participation in such dialogues (especially the absence of ministry of health officials) and the perception that health is something that should be discussed by health specialists, even though many of causes

and solutions to improve migrants' health lie in other sectors such as labour, immigration, and foreign affairs. Much of the general discussion on migrants' health is centred around migrants' access to health care, and especially with regard to migrants in an irregular situation. Much less discussion has focused on the underlying factors that influence the health of migrants, the so-called social determinants of health that are of equal importance and call for broader responses across sectors.

The right to health framework (see below diagram which is based on the Committee on Economic and Social and Cultural Rights General Comment No 14) requires equal emphasis on “**underlying determinants of health**” as “**health care**”, recognizing that the health of persons is not just determined by their ability to access health care services. Equally important are, inter alia, access to essential food, basic shelter or housing, safe and potable drinking water and adequate sanitation, and access to healthy occupational and environmental conditions as well as social protection. In addition, to take care of one's health, it is important to access essential education and information concerning the main health problems in the community, including methods of preventing and controlling them.



Many of these underlying determinants of health are critical for migrants, especially those in an irregular situation, but fall **outside the control of the health sector**. Therefore, to ensure a comprehensive response to the health of migrants, both actions in health sector as well as actions outside the health sector are required.

1. Ensuring Migrants' health and wellbeing: a comprehensive response

The health of migrants and health matters associated with migration are crucial public health challenges faced by governments and societies. This notion formed the basis for the adoption in 2008 of the World Health Assembly (WHA) Resolution on Health of Migrants (61.17).

The key challenges to which the WHA Resolution responds are 1) lack of accurate and current data and information on the health of migrants, including health determinants; 2) lack of policies and laws facilitating equal access to health care services for migrants; 3) lack of migrant sensitive health systems responding to the health needs of ethnically and culturally diverse societies; and 4) lack coordination and cooperation between the different actors involved in the migration and health sector.

The WHA Resolution asks WHO member states to take action on migrant sensitive health policies and practices, and directs WHO to promote migrant health on the international agenda, in collaboration with relevant organisations and sectors. Guided and inspired by the resolution WHO, IOM and the Ministry of Health and Social Policy of Spain organised a Global Consultation on the Health of Migrants in Madrid in 2010, which led to the adoption of an operational action framework along four pillars:

- 1) **Promote monitoring of migrant health:** ensure the standardization and comparability of data on migrant health; support the appropriate aggregation and assembling of migrant health information; map good practices in monitoring migrants' health, policy models, and health system models.
- 2) **Promote conducive policy and legal frameworks on the health of migrants:** Adopt relevant international standards on the protection of migrants and respect for rights to health in national law and practice; implement national health policies that promote equal access to health services for migrants; extend social protections in health and improve social security for all migrants.
- 3) **Promote migrant-inclusive health systems:** ensure that health services are delivered to migrants in a culturally and linguistically appropriate way; enhance the capacity of health and relevant non-health workforce to address the health issues associated with migration; deliver migrant inclusive services in a comprehensive, coordinated, and financially sustainable fashion.
- 4) **Promote partnerships, networks and multi-country frameworks on migrant health:** establish and support migration health dialogues and cooperation across sectors and among large cities and countries of origin, transit and destination; address migrant health

matters in global; and regional consultative migration, economic and development processes, including the GFMD.

1.1 Good Practices on Migrants' Health

In this section a few good practices¹ are presented by each of the four pillars. It's clear from the examples below that many of the necessary actions take place outside the health sector and that for good effective action, strong partnerships is required.

Promoting the monitoring of migrant health

United States: BioMosaic

The United States' Centers for Disease Control and Prevention's (CDC) Division of Global Migration and Quarantine has a migration, demographics, and health information initiative in collaboration with Harvard University and the University of Toronto. BioMosaic is a software application that allows combining and visualizing immigration statistics, and health and demographic data. BioMosaic shows foreign-born populations, census demographic data, and health-data indicators to the US county level. Targeted health communications, or public-health interventions, can be developed with the application by identifying foreign-born populations clustered in specific areas, or link census data on social determinants of health, such as income, education, language proficiency, and access to healthcare. BioMosaic allows routine surveillance to include migration data, as well as data collected in disasters.

This practice emphasises the importance of monitoring migrants' health and ensuring accurate data is available to government, health staff, and planners.

Europe: Migrant Health: Key infectious diseases affecting migrant populations in the EU/EEA

The 'Migrant Health: Key infectious diseases affecting migrant populations in the EU/EEA' project was launched by the European Centre for Disease Prevention and Control (ECDC) and the National Health Institute Doutor Ricardo Jorge (INSA) in 2012 to produce a comprehensive overview of the key infectious diseases affecting migrant populations in the European Union (EU). The project aimed to estimate the burden of infectious diseases, provide public health recommendations, identify best practices and interventions, and determine the comparability of data from across Europe on surveillance, prevention, treatment and care. The project conducted a systematic literature review of evidence and knowledge on infectious diseases (primarily HIV, TB, and vaccine-preventable diseases), reviewed disease specific variables through the European Surveillance System (TESSy), conducted a survey with EU member states, and held an expert

¹ These practices are taken from a forthcoming IOM publication "Multi-Sector Framework on Migrant Health: Principles, Guidelines, and Good Practices". The examples presented in this paper are by no means meant to be an exhaustive list.

meeting. A consultative meeting was held in November 2012 with the purpose of presenting the findings of the literature review and survey to Member States, and to share examples of best practices on surveillance, prevention and control targeted toward migrant populations in the various infectious disease areas.

This practice shows the importance of current, accurate data and information for governments and policy makers to provide appropriate services for migrants.

Europe: Healthcare in “NowHereland”: Improving services for undocumented migrants in the EU

The NowHereland project aimed to improve the level of health protection by addressing migrants’ and immigrants’ access, quality, and appropriateness of health and social services. The project worked on improving knowledge about legal and financial frameworks governing health care, health status, and health determinants of undocumented migrants with the general objectives of summarizing policy frameworks, collecting practices, and determining health problems at the policy, practices and community levels. The project collected data at these three levels by the following: 1) Policy - analyzing policy-related documents, scientific literature and expert interviews; 2) Practices - holding group discussions and conferences of providers, experts, and migrant groups; assessing practices using document analysis, questionnaires, interviews and site visits; and 3) Community - reaching undocumented migrants with telephone interviews with advocacy groups, semi-structured interviews, and questionnaires. Project results included a knowledge base on good practices, an international network of experts, country reports and fact sheets of EU Member States, a book summarizing the results of project findings, and an assessment tool. The project was able to alert health systems to the existence and vulnerability of undocumented migrants, to help identify undocumented migrants and their health needs, and to support the development of solutions for their integration. The project was led by Center for Health and Migration at the Danube University Krems, and was implemented with 11 associate and collaborating partners that included NGOS, inter-governmental organizations, and universities. The timeline of the EU-funded project was 2008-2011. Additionally, the Meditrina project in Zurich Switzerland was supported through NowHereland. More information can be found at <http://www.nowhereland.info>.

This practice shows the importance of current, accurate data and information for governments and policy makers to provide appropriate services for migrants.

Germany: Participation and cooperation in HIV prevention with immigrants (PaKoMi)

The PaKoMi project was implemented in Germany to promote and study the involvement of immigrants in HIV prevention, as well as support the co-operation between HIV prevention service providers in the field of health promotion and HIV prevention. The study design applied the principles of community-based participatory research with African, Bulgarian, Russian, and Turkish immigrant community partners, service providers, and researchers who shared decision-making power in all phases of the research. It was implemented by Deutsche AIDS-Hilfe and the Social Science Research Centre Berlin in cooperation with local partners in four German cities – Berlin, Hamburg, Dortmund and Osnabrück. The community partners were representatives of the

various HIV prevention groups, immigrant communities, and community-based migrant organizations. The project consisted of several components including a survey of 90 HIV-service organizations, case studies conducted in four cities, a series of capacity-building methodological workshops, and a participatory evaluation with recommendations for improving HIV prevention services for immigrants. Trained peer researchers were used to ensure language and cultural contexts were included when reaching people with HIV, men who have sex with men, sex workers, and broader immigrant communities. The outputs of the project include a website, a video, and a handbook with recommendations for policy, practice, researchers and communities. The Social Science Research Centre Berlin was funded by the German Federal Ministry of Health for the three-year project. More information on PaKoMi can be found at www.pakomi.de (in German language).

This practice involves migrants as equal partners with researchers and service providers in gaining accurate and relevant data on migrants. The use of peers ensured appropriate cultural and linguistic and suitable research methods.

Promoting conducive policy and legal frameworks on the health of migrants

Mexico: Comprehensive Health Care Strategy for Migrants

An estimated 20 million Mexican migrants are living abroad. Approximately 12 million of these live in the United States, many of them undocumented with no form of health insurance. To support these migrants, Mexico's 'Comprehensive Health Care Strategy for Migrants' was developed to promote health-care access for Mexicans living outside the country, provide information to migrants and facilitate a coordinated government response. Initiatives include health information booths in Mexican consulates in the US, the 'Leave Healthy, Return Healthy Programme', repatriation of seriously ill migrants, and health promotion and prevention activities on the Mexico-US border. In 2010-2012, additional components included an outreach programme to connect Mexicans and their families to health insurance in the states of Colorado and Washington, offering Mexican workers in the US low-cost insurance and provision of basic primary health care services through 65,000 clinics and a telephone outreach programme.

This practice demonstrates the importance of cross-border cooperation and the need to include migrants in health care delivery.

Argentina: National Health Care System

Argentina hosts over half of South America's migrant population; the majority coming from neighbouring countries such as Paraguay, Bolivia, Chile, Uruguay and Brazil. To support foreigners and migrants, Argentina has put into place various measures, including a law that gives all foreigners the right to health and education, regardless of their migration situation. The law guarantees that "in no case should access to the right to health, social assistance or sanitary care be denied or restricted to any foreigner who requires it regardless of his/her immigration

status”, and “the authorities of health care institutions must offer orientation and information about the necessary steps to solve the irregular migration status”.

This practice demonstrates that health care services can be provided without discrimination or restrictions.

Switzerland: National Health Care System

An estimated 100,000 undocumented migrants live in Switzerland, many who are former seasonal workers from non-EU countries. The Swiss constitution gives every person the right to basic health care, but there is flexibility to how that right is incorporated into local law. Undocumented migrants, like all persons in Switzerland for more than three months, have the obligation and the right to purchase health insurance provided by private companies, who are required to accept all applicants. Applicants have to provide their full name, date of birth, a contact address, and a bank or post office address. It has been raised that the cost-sharing and premiums are expensive for some undocumented migrants, despite subsidies for low income, but services are provided without discrimination. In localities that have not incorporated undocumented migrants into the insurance scheme, only emergency care is provided and all other costs are paid by the migrant.

This practices highlights that affordable services can be provided to documented and undocumented migrants without discrimination.

Jordan: National Consultation on Migration Health

The Government of Jordan organized a national consultation on migration health in August 2012. Prior to the consultation, a comprehensive assessment of the health needs, vulnerabilities, and living conditions of migrant populations in Jordan was conducted to support knowledge sharing during the consultation. Government representatives from countries that send migrants to Jordan (Egypt, Indonesia, Iraq, the Philippines, and Sri Lanka) attended the consultation to identify good migrant-health practices and promote policies for positive, proactive communication, and collaboration. Approximately 70 participants attended the consultation from governments of sending counties, government ministries, embassies, United Nations agencies, international organizations, civil society, and migrant communities. The consultation led to the adoption of recommendations and an operational framework with defined priority actions for policy makers and other stakeholders that will strengthen responses on migrant health in Jordan..

This practice shows that strengthening capacity of government and health systems, and using accurate, current information, can lead to developing comprehensive and coordinated services for migrants.

The Philippines: National Integrated Proactive Protection Policy and Programming

The Philippine Government has established a number of support mechanisms for migrants working overseas, which have been developed in close partnership between local government and national agencies, as well as with support from other relevant stakeholders. The Department

of Labor and Employment, the Philippine Overseas Employment Administration, the Overseas Workers Welfare Administration, the Commission on Filipinos Overseas, the Insurance Commission, and the Department of Foreign Affairs are some of the national agencies working together for the health and well-being of Filipino migrants abroad. This has allowed policies on health to be integrated in non-health policies and institutions. Some pre-departure measures include mandatory pre-departure orientation on living and working conditions, rights and obligations, safe-work practices, HIV prevention, first aid, and stress management; and physical and psychological medical examinations funded by migrants to confirm their fitness for the particular job the migrant worker will perform. Insurance schemes also support migrants abroad such as a compulsory insurance (at no cost to workers) for natural and accidental death, permanent total disability, and repatriation; and social and medical insurance through migrants' membership with the Overseas Workers Welfare Administration and the Philippine Health Insurance Corporation, which extend to the worker's spouse and dependents, and which includes a variety of benefits for in-patient stays, medicines, laboratories, and medical fees, and out-patient costs support for day surgeries, dialysis, and cancer treatment, and special benefit coverage for tuberculosis, SARS, and avian influenza and H1N1 virus infections. The Philippine Embassies, Foreign Service Posts, and Overseas Labor Offices support migrants and the Philippines is one of few countries that has explicitly identified assistance to nationals in distress abroad as one of three pillars of its foreign policy.

This practice highlights governmental ownership of social and health protection and support for migrants working abroad. As various government offices and agencies work together, it demonstrates integration and cohesion of policies and programmes for migrants.

France: State Medical Assistance (AME)

The French health care system is a universal health-care system primarily financed by government's mandatory national health insurance, which is based on income. France has made efforts to establish and implement policies allowing undocumented migrants access to medical care. In 2001, the State Medical Assistance was established for the provision of health care for people who cannot access the national health insurance; primarily undocumented migrants. Through State Medical Assistance, undocumented migrants can apply for one-year coverage at health and social-service centres, hospitals, and various organizations, with identification, an address, evidence of three-months residency, and proof that household income is under a determined threshold. Undocumented migrants who do not meet State Medical Assistance requirements are entitled life threatening and emergency care, treatment of various contagious diseases, and maternal and child care. Undocumented migrants who have proof of three years of uninterrupted residence in France can qualify for treatment outside public hospitals.

This practice provides an example of incorporating migrants into the national health-care system.

Sri Lanka: Strengthening Migration Health Management

Currently, there are over 1.8 million Sri Lankans employed overseas with an annual outflow of 300,000 persons and the annual remittances from migrant workers accounted for 8 per cent of GDP. It is projected that Sri Lanka will not only increase its labour out-flow, but increasingly become a labour-receiving country in addition to its internal migration. The ‘Strengthening Migration Health Management’ project supports the Government’s efforts to strengthen the capacity of the Ministry of Health to promote and manage the health of migrants through policy and national programme development. The MOH has also established an inter-ministerial coordinating framework on migration health and has developed and adopted a National Migration Health Policy. The inter-ministerial coordination framework include a National Steering Committee on Migration Health, a Migration Health Task Force, and a Migration Health Secretariat that includes senior officials from various ministries, technical focal points from ministries, UN agencies and NGOs, and MOH officials responsible for migration health. The MOH has a strong coordinating role, but migration health is a shared responsibility: for example, for outbound migration, the Ministry of Foreign Employment Promotion and Welfare and the Sri Lanka Bureau of Foreign Employment are key actors involved. The Strengthening Migration Health Management project was funded by IOM. More information on this practice can be found at www.migrationhealth.lk.

This practice shows that strengthening capacity of government and health systems, and using accurate, current information, can lead to developing comprehensive and coordinated services for migrants.

Promoting migrant-inclusive health systems

The Netherlands: ethnic health educators/care consultants

The goal of the project “Ethnic health educators/care consultants” is to inform immigrants about health matters and to improve communication between patients and medical staff by bridging language and cultural gaps. The project aims to improve the level of knowledge on health matters by providing tailored information in native languages and with specific cultural background. This provides the opportunity for immigrants to participate in group meetings, share experiences with peers, support immigrant patients and medical staff, and promote expertise among the staff members by informing them about the specific health problems of immigrants. Health promotion activities are generally carried out through group meetings and take place in community centres, schools, mosques, and health-care centres. For primary and secondary health care, the ethnic-care consultant generally gives advice on an individual basis when a patient is referred by a doctor. Health education for immigrants in the native language is widely available. The project started in 1986 on a small scale, but is now in all major cities with over 135 health educators informing immigrants about subjects concerning disease prevention, health promotion, and childcare. Additionally, 60 care consultants work in primary and secondary health care institutions. Sometimes consultants visit patients at home so they can deliver more extensive information. The ethnic health educators are trained part-time for two years and receive additional training on a regular basis. Being from the same immigrant and ethnic background, health educators are able to understand the concerns of the immigrants and the communication problems that occur between patients and doctors and are able to communicate with both sides.

This practice emphasises the importance of reaching migrants with their language to ensure the most appropriate services and improve their understanding of the health-care system. It also demonstrates that the use of migrants in reaching migrants is an important aspect of health-care delivery.

Germany: Ethno-Medical Centre (EMZ)

The Ethno-Medical Centre (*Ethno-Medizinisches Zentrum e.V.*, EMZ) was founded in 1989 in Hannover, Germany, with the objective of improving the health of migrants. It mediates between people with different cultural (and linguistic) backgrounds, and their differing health beliefs, offering culturally-sensitive, cost-effective and high-quality health services. The centre enables health-care institutions and professionals to facilitate access to health care for migrants. At the same time, it seeks to mobilize migrants to make the best use of existing health services and to develop more self-responsibility for their own health. The EMZ has developed and implemented multiple projects, such as the project “*MiMi – with migrants for migrants*”, which mobilizes, trains, and certifies bilingual (mostly female) migrants as intercultural health mediators, empowering them to carry out information events on health themes to members of their community in their respective mother tongue. “*MiMi*” is being offered at 57 locations in ten German federal states, and has also been replicated in Austria. In total, more than 1,000 migrants from more than 40 countries have been trained as intercultural health mediators, reaching an estimated 32,000 migrants in information sessions. EMZ also connects hospitals and other health institutions with qualified interpreters and cultural mediators and coordinated an EU-co-funded project on AIDS and mobility, which drew together partners from several EU countries.

This practice demonstrates the importance of reaching migrants with services based on their language and cultural practices, to be relevant and appropriate, and to support better health seeking behaviour.

Costa Rica: Finca Sana, Health and Highly Mobile Populations

Costa Rica is home to indigenous migrant populations that are often excluded from social services. The Ngöbe-Buglé indigenous ethnic groups have communities in Costa Rica and Panama, and a migrant population that travels between the two countries to earn a living as seasonal workers. The Finca Sana (Healthy Farms) project was based on four principles: public-private partnerships, decentralized health services, traditional healers, and personal accountability and health self-sufficiency. The Costa Rican public health authorities, coffee producers, the indigenous population, and IOM contributed to improved health and human development among migrant indigenous workers of the Ngäbe-Buglé, making use of public-private partnerships and focusing on a community-based approach. Building on programmes by local partners, the project developed a model of migrant worker health promotion with participating farms paying a monthly fee to support health activities by indigenous promoters. By enrolling in the Finca Sana programme, farms received health education for workers, assessments of community health needs, and improved communication with local health authorities to respond to emergencies. Finca Sana was promoted in collaboration with international certification schemes, providing additional benefits to farm owners and

promoting sustainability. The project trained 40 - 60 traditional healers and leaders to be health promoters carrying out health promotion and encourage sound health practices. These health promoters had regular contact with local health authorities, ensuring that they had support to work with at least 50 farm workers, reaching 2,000 – 3,000 migrant workers. Each farm had a multipurpose community home for health-related activities and links to an emergency transport system established by the project. The project also supported on-going visits by mobile teams of the Costa Rican health authorities, so when migrant families moved to new farms, they continued to be reached. Although the project ended in 2009, health promotion activities have continued as a part of the authorities' approach for local health services at farms and border sites. The project was funded by the World Bank.

This practice demonstrates that affordable health-care services can be provided to mobile migrant populations without additional cost to the migrants. It also shows that employers recognise the importance of healthy migrant workers and their willingness to contribute financially to their access to health care.

Finland: Interpreting Services for Immigrants Using Health Services

'Interpreting Services for Immigrants Using Health Services' is an effort by the Ministry of Labour, which is responsible for the integration of immigrants and reception of asylum seekers. The aim of providing interpretation and translation services is to ensure that immigrants, as users of public services, have a status equal to the majority population. Since the basic goal is that immigrants should learn enough Finnish or Swedish as soon as possible to be able to use services independently, the Ministry of Labour recommends that interpretation services should be provided mainly at the initial stage. Some groups, such as mothers taking care of their young children at home, have reduced opportunities to study a new language and are offered interpretation services for longer periods. Interpretation is offered for all health care and disease prevention services when needed and all municipalities in Finland are obliged to provide interpretation services to refugees and immigrants staying in the municipality. Based on several legal acts, both health-care personnel and patients have a right to request interpretation services when they think it is necessary to guarantee the quality of the service. When an immigrant has their first contact with the municipalities' health services, the authorities will make a note in his personal file whether interpretation is required in the future. This is done in order to notify other health-care personnel to reserve an interpreter for when meeting that customer.

This practice emphasises the importance of providing services in native languages and that the inclusion of migrants in the health-care system, and the use of their language, supports their integration into the community.

Spain: Migrant Friendly Health Centres

This project was developed as a collaborative undertaking between a non-governmental organization (Asociación Salud y Familia (ASF)) and the public health system in Catalonia, Spain, and implemented at the regional and local levels. In this project, twenty-five intercultural mediators worked in five hospitals and 19 primary health-care centres offering direct intercultural support. The objectives of the project were to improve general conditions for the provision of health care to the immigrant population, increase the availability of culturally-

adapted services, improve communications between health-care staff and immigrants, and increase appropriate use of services and the level of satisfaction among patients from the immigrant population.

This practice highlights the importance of outreach and reaching migrants in their community with culturally-sensitive support to improve their access to health care. It also demonstrates the importance of not developing parallel structures for migrants, but incorporating them into the health-care system.

Europe: Migrant Friendly Hospitals

Migrant Friendly Hospitals is a partnership of 12 hospitals and a scientific institute in 12 European countries. It was established due to growing migration and diversity and problems faced by service users and providers, such as language barriers, misunderstandings due to cultural diversity and a scarcity of resources. The project idea was initially developed by the Health Authority of Reggio Emilia in the North of Italy and the Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBISHM) at the University of Vienna. The objectives of the partnership include locally initiating a process of organizational development towards becoming a Migrant Friendly Hospital, supporting other hospitals in their quality development towards migrant friendliness by compiling practical, transferable knowledge and instruments and actively contributing to putting migrant-friendly, culturally competent healthcare and health promotion higher up on the European health policy agenda. A migrant friendly hospital is sensitive to differences and has three key attributes: 1) it values diversity by accepting people with diverse backgrounds as equal members of society, 2) it identifies the needs of people with diverse backgrounds and monitors and develops services in accordance with these needs, and 3) it compensates for disadvantages arising from diverse backgrounds. The Migrant Friendly Hospitals initiative was supported by the EU.

This practice shows that existing hospitals within the health care system can provide affordable and relevant services to migrants without discrimination.

Thailand: Migrant Health Programme

The Migrant Health Program (MHP), which started in 2003, was one of the first programmes in Thailand to address migrant health issues through collaboration between community and government networks. The integration of full-time migrant community health workers, recruited from the targeted migrant communities, forms the foundation of the project's success. The MHP established a comprehensive primary health care approach targeting both migrants and host communities in order to minimize inequalities in health-related knowledge and health-care access amongst diverse populations living within the same communities. The goal of the MHP was to improve the health and well-being of registered and unregistered migrants through strengthening the capacity of various sectors of government to provide services and to promote ownership of the programme while increasing access to migrant-friendly health services (including a range of primary health care services, environmental health/sanitation and disaster/pandemic preparedness). The project also focused on developing sustainable migrant-health models that could be replicated, strengthening collaboration between stakeholders (including government and non-government and health and non-health sectors and employers of

migrants) to create an effective multi-disciplinary team approach, and advocating for the development and implementation of positive migrant health policies.

This practice demonstrates the importance of linking government services and with the resources of other organisations and community groups to reach migrants.

Argentina: the National Registry of Rural Workers and Employers in Argentina

The National Registry of Rural Workers and Employers in Argentina (RENATRE) was established through the advocacy of trade unions that recognized that agricultural workers were excluded from unemployment insurance. The registration scheme covers all agricultural workers regardless of their migration status, and irrespective of whether they are employed on a permanent, temporary, or transitory basis. Employers contribute 1.5 per cent of the workers' monthly salary to the RENATRE fund and are required to register their workers; which gives the workers access to an "employment record card" with which they can access social security benefits, including health insurance.

This practice shows employee recognition of the value of migrant workers and their role in supporting access to health care services for migrants. It also provides an example of affordably incorporating migrants into the national health care system.

India, Nepal: Reach Across Borders

Family Health International's (FHI) Reaching Across Borders project provided comprehensive HIV prevention, treatment, and care services to Nepali migrants and their families both at source communities in far-western Nepal and destination sites in India. The project strategy focused on increasing early use of health services and strengthening awareness amongst migrants in destination sites. Mobilising youth and using radio were effective measures in raising awareness and many people living with HIV were brought into the project and later became peers. A rights-based approach adopted in the destination sites focused on ensuring access to antiretroviral therapy (ART) for Nepali migrants at government hospitals and resulted in a waiver of needing residence for migrants to access ART at some sites. Community and home-based care services were critical in Nepal in ensuring migrants and their families had access in hard-to-reach areas and improved adherence to ART. With ART sites in India and Nepal, and standard protocols for counselling and testing, migrants travelling to and from destination sites and source sites had continuity of care. The people on ART successfully moved between the two countries without a break in treatment, because the project was able to ensure transfer protocols between the two countries. The Sathi Nepal Network, a community-based organisation registered in Mumbai, continues to support Nepali migrants in Mumbai after the closure of the project. More information can be found at www.swc.org.ne/documents/fhi_final_report.doc.

This practice demonstrates reaching mobile migrants in various settings with appropriate information to improve their access to care and treatment.

South Africa: Ripfumelo

The Ripfumelo Project, launched in 2009 and managed by IOM, combines three of the WHA pillars – monitoring, health services, and partnerships – to achieve an overall objective of reducing HIV and TB vulnerability amongst migrants and mobile populations and local populations in selected geographical areas in South Africa. The project targets approximately 20,000 seasonal, temporary, and permanent farm workers, (whether South African or foreign, documented or undocumented), on about 120 commercial farms. Ripfumelo’s partnership with government and various implementing partners provides interventions targeting cross-border communities, transport corridors, and informal settlements, as well as the commercial agricultural sector. The project supports behaviour change through trained, peer-led communication, information and education on HIV and health related information and promoting healthier and positive behaviours and practices amongst their peers and communities, and supports identifying challenges. The Ripfumelo project aims to provide sustainable prevention and care services to farm workers by building the technical capacity of local partners; strengthening partnerships among and with local, provincial, and national governmental agencies; promoting public/private partnerships; and developing a network of stakeholders on HIV-related issues within the commercial agriculture sector. The Ripfumelo Project is supported by USAID-PEPFAR and has been expanded to 2016.

This project emphasises using migrants in implementing activities to improve knowledge and use of services and strengthening capacity of service providers to ensure the inclusion of migrants.

United States - Mexico Border Health Commission (USMBHC)

The USMBHC was created in July 2000 with the aim of jointly improving health and quality of life along the US-Mexico border, including migrants. USMBHC brings together the two countries and its border states to solve border health problems and provide leadership on coordinated and bi-national actions. A number of Mexico-US programmes have been developed involving the collaboration of the Mexican Ministry of Health, Mexican Consulates in the US, local migrant and social organizations, local health-care providers, and universities. These programmes include Health Counters located in Mexican Consulates in the US to facilitate immigrants’ access to health services and support prevention, information, and participation in health matters; Bi-national Health Week to foster the health of vulnerable migrant groups through health education, workshops, referrals to clinics and medical insurance; and public insurance to inform Mexicans in the US about the Mexican Government’s health-care programs, so that their relatives in Mexico may have access to services.

This practice highlights the importance of government partnerships in providing information and support to improve migrants’ knowledge of health-care services and their access to services.

Promoting partnerships, networks and multi-country frameworks

Canada: Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

CCIRH is a national collaboration involving over 150 clinicians, primary-care practitioners, public and migration health experts, policymakers, researchers, immigrant community leaders,

and health promoters. The goals of CCIRH are to synthesize evidence to improve quality and delivery of primary health care, to develop evidence-based recommendations for practitioners with population-tailored checklists and routines, and to support community-based stakeholders who advise immigrants on preventative services. The collaboration focuses on identifying preventable and treatable health conditions relevant for immigrants and refugees, conducting high quality evidence reviews, developing clinical preventive recommendations, and disseminating research to primary-care practitioners and community-based multicultural implementers. Two primary projects within the collaboration include the ‘Knowledge Exchange Network’ and the ‘Evidence-Based Guidelines Project’. The ‘Knowledge Exchange Network’ is designed to provide practical evidence-based recommendations, high-quality education resources and evidence-based guidelines addressing immigrant health. Additionally, the ‘Refugees and Global Health e-Learning Program’ is an entertaining web-based primer for medical students and health professionals. A second phase of CCIRH is being developed to focus on identifying and supporting evidence-based practices that can improve the delivery of primary health care for vulnerable migrant populations. More information on CCIRH is available at www.ccirh.ca.

This practice demonstrates that partnership and collaboration strengthens efforts and achieves more comprehensive results. This collaborative effort resulted in broad-based information, which could be used to strengthen capacity of government, policy makers, and implementers.

The Netherlands: i-Psy

i-Psy is an ambulatory mental-health service aimed specifically at migrants through intercultural psychiatry. The organization has 11 offices throughout the Netherlands, offering culturally sensitive psychiatric treatment to roughly 10-15,000 patients. Most patients are matched with a psychologist who speaks their own language; or onsite translators are used. The organisation has an advisory board including leading international specialists and will soon obtain high-level national accreditation for highly specialized mental health institutions in The Netherlands. i-Psy develops evidence-based treatment guidelines for migrants. In addition to treatment services, i-Psy conducts research on new treatments and has published peer-reviewed articles on mental health care for migrants to ensure their experience and research is shared. i-Psy also conducts formal training of psychologists and psychiatrists in intercultural psychiatry.

This practice underlines the importance of providing services in native languages to ensure they are appropriate and relevant. It also highlights the need of providing specialised and targeted services to migrants and the importance of high-quality care to all people.

Southeast Asia: The Joint Initiative on Mobility and HIV/AIDS (JUNIMA)

JUNIMA is a partnership forum that was initially established as the UN Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia and Southern Provinces of China in 1997. This task force focused initially on the six countries of the Greater Mekong Sub-Region and the southern provinces of China, but has since expanded to cover all the remaining Southeast Asian countries. The partnership is diverse with government, UN and intergovernmental organisations, NGOs and civil society. JUNIMA identifies priorities and gaps and facilitates programmatic, policy, and advocacy actions to reduce mobility-related HIV vulnerability and

address issues of care and support throughout the migration cycle. It was founded in regional government frameworks and the key guiding document for regional migrant health now includes the ASEAN Strategic Framework on Health and Development (2009-2015). JUNIMA's strategy is produce strategic information, promote regional advocacy and policies, and strengthen multi-sector mechanisms at the regional and country level. More information on JUNIMA is available at www.junima.org.

This practice demonstrates that regional collaborative partnerships and networks provide the opportunity for information and experience sharing, advocacy and joint planning and programming.

United States: Migrant Clinicians Network (MCN)

Following the 1984 U.S. Annual Migrant Health Conference, where the lack of migrant-specific resources available to clinicians was identified as a considerable gap, a grassroots clinical network dedicated to improved healthcare for migrant farmworkers was founded. MCN has since evolved into a formal network with more than 10,000 clinicians providing direct health care to migrants and public health professionals working in migrant health. MCN's goal is to improve health care for migrants by providing support, technical assistance, and professional development to clinicians in government-qualified health centres and other health-care delivery locations with the purpose of providing quality health care that increases access and reduces disparities for migrant farmworkers and other mobile underserved populations. MCN supports a health network, provides continuing education, implements programmes, publishes, and supports research. MCN and the US Centers for Disease Control and Prevention have also collaborated to provide a free continuing education web-based course that is accredited for continuing nursing or continuing medical education. The network is designed so that when migrants move, network staff assist them in locating a health centre in their new area and medical records are transferred with follow-up. Continuing education is provided in migration health, cultural competency, immunization, and hepatitis, as well as on-line and on-site courses in medical Spanish. Programmes implemented by MCN have included environmental and occupational health, family-violence prevention, immunizations, cancer prevention and survivorship support, and health-care access for mobile populations. MCN staff and partners engage in publishing a variety of publications, as well as produce Streamline; MCN's bimonthly peer-reviewed publication. MCN also provides support to research through an institutional review board that is available to review research designs. More information on MCN can be found at www.migrantclinician.org.

This practice highlights that through a network of providers, more accurate information and appropriate services can more effectively reach migrants.

Pan Caribbean Partnership Against HIV/AIDS (PANCAP)

PANCAP was created in 2001 to respond to the HIV epidemic in the Caribbean and its potentially devastating impact on the social and economic well-being of the region, which has the highest HIV prevalence after sub-Saharan Africa. PANCAP provides a mechanism that brings together key partners working on HIV in the region in order to scale up the response at national and regional levels. This includes increasing the number and variety of organizations

involved and their capacity to respond, the level of financial resources available, and the geographical scope of the response. It was initially formed with six original signatories and has since grown to over 70 members of governments, civil society organizations, organizations of persons living with or affected by HIV, the private sector, multilateral and bilateral donors, and the United Nations system. There are 25 member countries of PANCAP. The goal of PANCAP is to reduce the spread of HIV and its impact on human suffering and the development of the human, social and economic capital of the region. PANCAP, as the collective entity made up of all its member partners, functions by encouraging each partner to work within their own mandate and areas of comparative advantage, while assisting all partners to work in a harmonized and coordinated fashion whenever appropriate. Project activities of the PANCAP Coordinating Unit include resource mobilization, coordination, advocacy, a 'Law, Ethics and Human Rights Project' to develop and revise national policies to promote human rights and non-discrimination practices for persons infected and affected by HIV, and a project to promote information sharing among partners. The Partnership is tasked with supporting the priority areas of action specified in the Regional Strategic Framework (2008-2012). More information on the Pan Caribbean Partnership Against HIV/AIDS can be found at www.pancap.org.

This practice demonstrates that regional, collaborative partnerships and networks provide the opportunity to address health concerns and to share information and jointly plan effective programmes.

Southern and Eastern Africa: Partnership on Health and Mobility in East and Southern Africa (PHAMESA)

From 2004 to 2010, IOM implemented the Partnership on HIV and Mobility in Southern Africa (PHAMSA) with the aim of reducing HIV vulnerability of migrant and mobile populations in the Southern African Development Community (SADC) region. To respond to the needs of migrant and mobile workers in East and Southern Africa, in 2010 PHAMSA broadened its geographical coverage to include the East Africa region leading to the formation of the 'Partnership on Health and Mobility in East and Southern Africa' (PHAMESA). PHAMESA responds to the public-health needs of host communities in 10 countries through a network of IOM regional and country offices and partnerships with Regional Economic Communities, National AIDS Councils, Ministries of Health, and other ministries concerned with mobility and migrant workers, UN partners, NGOs, the private sector, and labour unions. The objective of PHAMESA is to contribute to the improvement in physical, mental, and social well-being of migrants, mobile populations, and communities affected by migration, by responding to health needs through all phases of migration processes, as well as the public health needs of host and sending communities in East and Southern Africa. PHAMESA supports countries to address migration and health through five inter-related components - service delivery and capacity building; advocacy for policy development; research and information dissemination; regional coordination and; governance and control. Partners include the Swedish International Development Cooperation Agency (Sida); SADC HIV/AIDS Unit; European Union (EU), and the Dutch Regional AIDS Programme for Southern Africa.

This practice demonstrates the collective strength of various countries and partners collaborating to improve services and information for migrants throughout the region.

Europe: Platform for International Cooperation on Undocumented Migrants (PICUM)

PICUM was brought together to promote respect for the human rights of undocumented migrants within Europe, using international treaties and conventions as their fundamental operating principles. PICUM is a network of individuals from 14 European countries and representatives of international organizations with the aim of promoting respect for the fundamental social rights of undocumented migrants, promoting the regularization of undocumented migrants, and promoting respect for human rights and humane treatment during the process of involuntary return of undocumented migrants. PICUM also seeks dialogue with organizations and networks with similar concerns in other parts of the world. PICUM promotes the right to health care, the right to shelter, the right to education and training, the right to minimum subsistence, the right to family life, the right to moral and physical integrity, the right to legal aid, and the right to fair labour conditions. Activities are focused in five main areas – monitoring and reporting, capacity building, advocacy, awareness raising, and developing and contributing to the international dialogue on international migration within the different UN agencies, international organizations, and civil-society organizations. PICUM gathers information on law and practices, develops a centre of expertise strengthening networking between organizations dealing with undocumented migrants, and formulates recommendations for improving the legal and social position of these immigrants, in accordance with the national constitutions and international treaties. More information on PICUM can be found at www.picum.org.

This practice demonstrates the importance and strength of networks and partnerships in improving access to services and in advocacy.

South Africa: Policy Dialogue – Urban health, HIV, and migration in Johannesburg: developing pro-poor policy responses to urban vulnerabilities

The African Centre for Migration and Society, the University of the Witwatersrand, and the City of Johannesburg organized a policy dialogue to address urban health, HIV, and migration due to urbanization as a result of natural urban growth and internal and international migration. The highest HIV prevalence nationally is found within urban informal settlements. The policy dialogue included 50 participants from various government offices, NGOs, and academic institutions and aimed to bring policy makers, implementers, researchers, and civil society together to discuss the current health challenges faced by migrants in Johannesburg, share current responses in the city, and develop recommendations for action. A policy briefing note and a research paper has been developed by the ACMS that consolidates the key issues and recommendations.

This practice highlights the importance of networks and collaborative functions to address critical issues related to migration and to seek relevant services.

Conclusion

The examples of good practices presented above show the variety of responses implemented by different actors, including government and non-governmental actors, international organizations,

civil society and academic institutions. Some responses are local, at municipality level; others are at national, bilateral and regional level. Some concern the health sector but many are partnerships between the health sector and other sectors or implemented outside the health sector altogether.

From the above, it is clear that the health of migrants is a critical enabling factor for social and economic development that should be more explicitly discussed and recognized within the migration and development debate. It is hoped that the theme will be discussed at the GFMD meeting in May 2014 and that representatives of ministries of health will be able to participate in this global meeting.

In addition, to reinforce one of the priorities identified in this paper, the need for better data on migrants health, it is recommended that the GFMD identifies a number of good quality indicators on migrants' health that can be included in the post-2015 UN Development Framework to ensure an inclusive health, migration and development agenda.