

### Thematic Meeting 3

#### ***MIGRATION AS AN ENABLER FOR INCLUSIVE SOCIAL DEVELOPMENT***

-Enhancing migrant empowerment and voluntary social and economic asset transfers

**La Salle II, ILO Building, Geneva  
20 November 2013**

### Summary Report

1. Co-convened by the governments of Greece and El Salvador, the above-titled third GFMD 2013-2014 Thematic Meeting was opened by Ambassador Eva Åkerman Börje, Chair GFMD 2013-2014, followed by a key note address delivered by Mr Gibril Faal.<sup>1</sup> It was structured around three panels: Panel I - “Setting the scene”, Panel II - “Migration and Health” and Panel III - “Migration and Education.” The meeting concluded with a reflection from a discussant, Ms Kathleen Newland,<sup>2</sup> and closing remarks by the Swedish GFMD Chair.

2. More than 150 representatives from Governments, international organizations and civil society attended this thematic meeting, including 19 capital-based government experts on migration and development.<sup>3</sup>

#### **Opening session**

2. Amb Åkerman Börje thanked the Governments of El Salvador and Greece for co-convening the third thematic meeting. She also recognized the contribution of the Global Migration Group (GMG), in general, and the OHCHR and UNICEF, in particular, for putting together a GMG issues brief on “Migration as an enabler for inclusive social development” and its annex, as background documents.

3. According to the Swedish GFMD Chair, the ambition of the meeting was to foster a deeper understanding of the importance of the legal and structural frameworks necessary for the empowerment<sup>4</sup> of individual migrants to access their rights, and also to contribute as development actors enabling others to gain access to developmental cornerstones, particularly in the policy areas of health and education<sup>5</sup>. The meeting will link GFMD Roundtable sessions 3.1 and 3.2 in order to advance the discussions on inclusive social development.

4. In his keynote presentation, **Mr Gibril Faal** welcomed the focus on health and education, two sectors that are often priority preoccupations for migrants. Beyond the hierarchy of needs, health and education are primary vehicles for empowerment, allowing individuals to live good and productive lives. He acknowledged the relatively high level of understanding of migration and development across the world in 2013; but was skeptical that a critical mass of policymakers has internalized a genuine acceptance of the productive role of Diasporas.

5. According to Mr Faal, the diaspora-development framework is a legitimate, valuable and alternative development approach that complements the work of governments, multilateral agencies, NGOs and other actors operating in the field of human and international development. Every input of the diaspora is part of the total contribution of the host country. Assessment results<sup>6</sup> show that diaspora-development is far more effective and

---

<sup>1</sup> Mr Faal is Chairman of AFFORD, Founder of RemitAid, board member of DFID’s global poverty action fund and director of GK partners, a UK-based company specializing in socially responsible entrepreneurship and ethical finance.

<sup>2</sup> Ms Newland is Director of Migrants, Migration and Development and Refugee Protection Programs of the Migration Policy Institute (MPI).

<sup>3</sup> These capital-based experts received financial assistance from the GFMD Chair. The Chair has included in the GFMD 2013-2014 budget a provision for thematic meetings to enable capital-based government practitioners to attend the GFMD preparatory meetings in Geneva.

<sup>4</sup> “Empowerment” is interpreted as the ability for individuals to *claim and access* their rights. This rests on a rights-based legal framework, policies that reflect a human rights based thinking, and measures in place to ensure that individual migrants are aware of their rights and how to claim them.

<sup>5</sup> The Swedish Chair has chosen to focus on *health and education* because of their central importance as MDG indicators and as a foundation for positive human development outcomes.

<sup>6</sup> Mr Faal based this statement on the results of small scale comparative assessment of diaspora volunteering as a specific form of contribution.

efficient than other interventions across many sectors.

6. Drawing from his experiences at AFFORD, a charity that he founded in 1994, he cited the reasons why migrants and Diasporas are genuinely committed and invested in dual and transnational progress -- a) family and social connections in 'origin and heritage' countries; a sense of belonging to a 'nation;' c) actual or potential citizenship of a 'state'; aspiration of 'active' return that the day will come when they will go back and invest in productive ventures for their own good, the good of their families and the good of the local people.

7. Mindful that governments and partners must go through a sequential order – “understand, accept and support” -- before they provide meaningful and significant assistance, he offered a 6-point advice to governments: 1) work with groups on thematic and sectorial issues; 2) facilitate substantive and substantial migrant participation; 3) accommodate plurality amongst migrants and Diasporas; 4) incorporate capacity-building in all forms of engagement; 5) create bespoke migrant and diaspora support packages; and 6) support the growth and expansion of diaspora programmes.

8. To start or maintain the virtuous circle of migration, empowerment and development, migrants and Diasporas must be awarded fundamental rights agreed in conventions, declarations and other normative frameworks. Thus, governments must use the power, influence and goodwill of their diverse offices to facilitate, coordinate and/or undertake practical diaspora-related initiatives and actions.

### **Panel I: Setting the scene**

9. To set the scene of the thematic meeting, Amb Åkerman Börje called on co-conveners, Greece, represented by **Mr. Evangelos Syrigos**,<sup>7</sup> and El Salvador, represented by **Ms Ada Abrego**<sup>8</sup>.

10. **Mr Syrigos** shared some good practices for ensuring rights and measures that empower migrants in order to minimize the human and social cost. At the outset, he acknowledged the need to improve the situation for the protection of human rights of migrants in Greece and to achieve social coherence, notwithstanding the fact that it is bound by a number of very strict international legal instruments for the protection of human rights at the national (e.g., Greek Constitution, New Code of Immigration and Integration, National Integration Strategy) regional (e.g., European Union), and international (ILO and International Human Rights) levels.

11. As explained by Mr Syrigos, Greece has become a transit and destination country in the last two decades for thousands of undocumented migrants which enter illegally the Greek territory. These migration flows were induced by the 30 years of prosperity and economic growth that Greece experienced before the recent economic crisis. However, the last three years were characterized by massive voluntary returns of the most skilled migrants and an influx of undocumented migrants and asylum seekers. The latter development, in conjunction with the economic crisis, has contributed to the rise of xenophobia within the Greek population.

12. Against this backdrop, the challenge for Greece is two-fold: 1) the prevention of irregular inflows and the return of undocumented migrants unlawfully residing in the country, as well as 2) respecting their fundamental human rights and the integration of regular migrants while safeguarding their social, economic and cultural rights.

13. Mr Syrigos then highlighted the rights enjoyed by migrants under the New Code of Immigration and Integration. For example, third country nationals legally residing in the country are entitled to free movement and establishment all over the country; have equal rights as migrants concerning access to education, to paid work or service provision as well as to vocational training and professional orientation. Long term residents enjoy the right of recognition of their professional and educational diplomas, certification of other titles; they are entitled to social security benefits, social assistance and protection, as well as taxation facilities. Citizenship is open to migrants who have acquired long residency status, and under condition that they are family members of Greek or EU citizens or parents of Greek minors.

---

<sup>7</sup> Secretary General of Population and Social Cohesion, Directorate General for Migration Policy and Social Integration, Ministry of Interior, Hellenic Republic.

<sup>8</sup> Director General of Migration and Development, El Salvador

14. In addition, Greece has elaborated a National Integration Strategy which comprise policies for both structural (insertion to the labour market) and cultural (language learning, civic courses and intercultural mediation) integration of migrants legally residing in its territory. Concrete projects are being implemented that safeguard migrants' social rights, particularly in the areas of education and health, as well as in the country's efforts to combat racism, xenophobia and trafficking in persons. These include Greek language classes for migrants' children in order to facilitate their smooth adaptation to the Greek educational system, information campaigns on issues of health, housing, education, and on avoiding anachronistic stereotypes, phenomena of racism and xenophobia, while promoting the value and tolerance for multi-culturalism and diversity.

15. Citing the experiences of El Salvador, a country with 3.5 million migrant citizens, **Ms. Ada Abrego** discussed how migration can bring about positive impacts on health and education, the fundamental building blocks of development in any country. She highlighted the role that states can play and the importance of cooperation at the bilateral and multilateral levels to facilitate and support the processes that could promote the positive impact of migrants' assets transfers on the education and health care of communities.

16. According to Ms Abrego, studies had been carried out in El Salvador, looking at both the qualitative and quantitative data, to see the difference between adolescents whose parents live in the country and those with migrant parents. The results have shown that children of migrant parents had better material conditions – e.g., better housing, greater access to basic services such as health care and education, etc. But there is also negative impact on their emotional conditions, such as the feeling of lack of care and abandonment.

17. However, the studies have also revealed that the transfers of resources led to inequalities at the local level, with families and children of migrant parents having a better quality of life. This affects the level of social cohesion in the community. There are other downsides, including the loss of talents (brain drain) and loss of community leaders who are also needed to foster social cohesion. The mixed picture calls for more studies to make policy-makers better equipped at harnessing migration's positive impact while minimizing its negative effects.

18. Ms Abrego underlined that multilateral and bilateral cooperation can help to improve the positive impacts of migration on development, specifically in health care and education. There is need, first and foremost, for a human rights-based approach that prioritizes the well-being of the people. It is also important to build trust, especially with migrants and diaspora, who ought to be considered as government's partners in development efforts. In addition, governments should build alliances with corporations. Discussions and cooperation at the multilateral level are equally important; but governments need to take into account the specificities in each country to come up with the right policy mix.

21. Many delegates shared their own national programs and policies<sup>9</sup> in harnessing migrants' assets transfers for development, particularly in the health and education sectors. **Eritrea** encourages skilled migrant Eritreans to come back home for certain periods of time, if not permanently, to transfer their skills in health and education. **Russia** joined other partners in the CIS region to form a labour confederation that includes bilateral and multilateral agreements/schemes for organized recruitment of foreign labour force which guarantees migrant's rights, competitive salaries, security and other crucial benefits. **Morocco's** new program, "Mobilization of Moroccans Living Abroad," entails establishing networks of diaspora thematic groups – e.g., university professors, researchers, engineers, etc – who are encouraged to support national development efforts. **Togo's** diaspora invest in health care and education through the rehabilitation of small health care units and by providing school materials or health care equipment, but encounter tax problems in doing so. **Ecuador** considers migration as a State policy and follows the principle of shared responsibility with destination countries in protecting the human rights of migrants, regardless of their status. **Bangladesh** has enacted the Overseas Employment and Expatriates welfare act 2013 recently, which gives specific responsibilities to missions abroad to engage destination countries.

22. Other interveners emphasized the importance of keeping migrants' rights at the center of the debate, and urged governments to ratify international conventions that guarantee the rights of migrants, particularly women and vulnerable groups. One question was raised about how government officials should deal with the pressure of nationalists and trade unions concerning high unemployment rate in many countries and the issue of xenophobia, referring to the case of Greece in particular. Mr. Faal replied that job creation is key, and diasporas can help in this

---

<sup>9</sup> A detailed overview of the practices that have been shared by governments will be showcased on the GFMD Policy and Practices Database that is currently being developed and will be launched in March 2014.

regard by investing in durable and sustainable projects. Meanwhile, Mr. Syrigos shared that Greece had set up a special police department to deal with racist violence. Victims of racist attacks can also present their cases to the Greek police; they have special status and immunity accorded under the new Greek Immigration Code.

## **Panel II: Migration and Health**

23. Panel II was chaired by Mr. Syrigos and comprised of four panelists - **Ms. Mary Kezzah**, Assistant Commissioner for Labour, Ministry of Labour Kenya; **Mr. Chris Lewis**, Health Advisor, Department for International Development, United Kingdom; **Mr. Davide Mosca**, Director, Migration Health Department, International Organization for Migration (IOM) and **Ms. Sonia Plaza**, Senior Economist, the World Bank.

24. In her presentation, **Ms Mary Kezzah** explained that due to its strategic location, Kenya is a country of mixed migration flows and is host to all kinds of migrants, including asylum seekers, economic migrants, mobile pastoral communities and a few internally displaced persons. Kenyans who go to Europe and North America are highly skilled while those who leave for the Middle East are semi-skilled and low-skilled. Kenya has no special provision on migrant workers' health. Under its existing policy, only those who contribute to the National Hospital Insurance Fund can avail of hospital facilities, making it difficult for migrants to obtain healthcare. Access to health can be a major challenge for migrants because of stigma, language barriers, lack of health literacy, remote location of health facilities, and others. The Kenyan government does not have sufficient capacity to carry alone the enormous burden of providing health care for migrants. It needs to develop collaboration and partnerships with the neighboring countries and the international community. Stakeholders in the health sector and donor communities can also be involved in drawing up health care programmes for migrants.

25. As a DFID health adviser and a practicing clinician, **Mr Chris Lewis** saw a number of areas in which health and migration are linked, which could create a triple win (for countries of origin, countries of destination and the individual migrants). These include health systems strengthening, health partnerships, training opportunities, health professionals working and provision of health care in the UK.

26. First, the UK aims to support robust health systems and human resource planning in low income countries to encourage training, retention and better distribution of health workforce to serve those in greatest need. UK programmes address human resources for health in Zambia, Malawi, Sierra Leone, India, South Africa and Nepal, strengthen health systems and support health activities in a total of 34 countries. The UK has also supported the Global Health Workforce Alliance (GHWA) for a number of years, which has championed the health workforce issue internationally, and aims to ensure that human resources for health remains an area of focus in the post MDG agenda.

27. Second, the UK funds the Health Partnership Scheme which enables overseas volunteering by UK health professionals, in order to contribute effectively to global health development and to bolster the skills of the UK health workforce when the volunteer returns. One challenge, according to Mr Lewis, is how to ensure that the individuals involved in these partnerships have sufficient understanding of the culture, disease spectrum, clinical guidelines and even language to enable them to provide appropriate support when in the country.

28. Third, the UK Medical Training Initiative accommodates overseas post-graduate medical specialists to undertake a fixed period of training in the UK for up to 2 years. This is a temporary route, and seeks to promote circular migration, so that participants in a particular scheme can return to their home country and apply the skills and knowledge developed during their time in the UK. Fourth, to support migrant health workers in the UK, the British Government has signed to the WHO Code of Practice on the international recruitment of health personnel. NHS organisations are governed by this Code and the Department of Health has worked with DFID to produce a definitive list of developing countries that should not be targeted for recruitment of healthcare professionals. Finally, the UK extends healthcare to all migrants in the country. The vast majority of health services in the UK are provided through the National Health Service (NHS).

29. **Mr. Davide Mosca**, IOM anchored his presentation on the Report of the 2013 Global Thematic Consultation on Health which underlines the fact that health is central to sustainable development – health is a beneficiary of development, a contributor to development, and a key indicator of what people-centered, right-based, inclusive, and equitable development seeks to achieve. He also referred to the 2013 HLD Declaration which

recognizes human mobility as a key factor of sustainable development and calls for the protection and realization of human and labour rights of migrants regardless of their status, including the right to health.

30. Mr Mosca identified some of the challenges with respect to the health of migrants. First, the health of migrants is not a priority for most countries which tend to see migrants as a burden and carrier of diseases. They are invisible and marginalized. In this respect, migrants need empowerment and social protection so that they can better contribute to development. At the international level, the issue of migration and health is absent in policy debates. Also, many practices need to be addressed which lead to discrimination, exclusion, and unethical treatment of migrant workers. These include limitations to travel, work and reside abroad due to medical grounds, pre-departure forced contraception, unethical medical screenings, deportation of pregnant migrants or those with treatable diseases, etc.

31. For IOM, it is important to link the 'migration health' and 'migration and development' debates, with migrants' health and well-being at the center. Among IOM policy recommendations to the HLD that apply in this regard are –a) to enhance access for migrants to health promotion, prevention, and care; and b) address the social determinants for health for migrants, i.e. the conditions in which they work, live and travel; c) improve public perceptions of migrants; d) evidence building and knowledge-based policy-making– to increase knowledge about factors that determine migrants' health, and how to address them; and e) promote policy coherence and institutional development– e.g. coherence between health and migration policies.

32. **Ms. Sonia Plaza** shared some findings of the World Bank (WB) on the effect of remittances on household consumption and decision making, as well as on health care of families left behind. WB Studies in Africa have shown that recipient families gained had better access to medical and health care, improved birth rate and reduced child mortality. Some studies have also illustrated that when men leave for jobs abroad, the women left behind allocate most of the remittances to better quality food, education and health, resulting in overall family amelioration and enhanced human capital. Remittances have also served as an insurance mechanism for households in countries suffering from food crisis.

33. Ms Plaza also discussed the issue of brain drain when it comes to migrant health workers. Based on studies conducted by the WB, often doctors do not immigrate immediately because they are required to work for some two years in their countries. Thus, this does not amount to brain drain per se. She argued against setting quotas as it tends to distort the labour market; but urged to build a greater supply of health workers by training more nurses and doctors for hospitals and improving the overall working conditions.

34. Interesting programs and practices on migration and health were shared by different delegations during the open discussion. **Turkey** guarantees access to health for all migrants, both regular and irregular. Its Directorate General for Migration Management offers a lot of programs to address the health of migrants, such as reception centers for refugees and international protection holders. **Greece** has a 3-year ongoing inter-cultural mediation program involving its main public hospitals, to address cultural gaps between the migrants and the medical workers and avoid silent medical care, and foster health literacy. **Honduras** offers dual citizenship for its migrants to ensure access to health services. **Ecuador** recognizes health as a universal right and offers free access to health care for all migrants. **Bangladesh** confirmed the brain gain in terms of skills development and capacity building of programs for healthcare workers in receiving states like the UK. **Mexico's** Institute for Mexicans Abroad has introduced health portals through its Diplomatic Missions to make it easier for people to be aware of, and access health services (e.g., preventive health care, vaccination campaigns). **Moldova** recently adopted a bilateral agreement that it intends to present to 19 destination countries, which cover several issues, including the recognition of qualifications and setting up circular migration skills in the field of migration of medical personnel to address brain waste and brain drain and encourage the transfer of knowledge, experience and technologies in the migration and health sector. **Indonesia** works with IOM to provide psycho-health support for the migrants. The **Philippines** created the remittances for development council, which address how to channel remittances for development and minimize barriers to asset transfers, for example by creating conducive legislative and institutional framework that facilitate engagement.

35. A few questions were also raised to the panelists: one asked what appropriate policies were advisable for developing countries that are sending their medical personnel to developed countries to address the brain drain issue; another inquired about existing systems of cooperation between countries to ensure that the health insurance for migrants are compatible in the receiving countries. In response, Mr. Mosca stated that many good practices exist but are not properly given attention because migration and health as an issue is often overlooked in the international

debate. He thus expressed the hope that the GFMD will fill in the gap in this respect. Mr. Lewis, for his part, believed that receiving countries could strengthen the health system in delivering countries by helping address the underlying factors, such as weak incentives, inadequate resources, and limited administration capacities. Ms. Sonia Plaza, on the other hand, urged to address the issue in both destination countries and receiving countries -- regulate recruitment agencies, avoid trafficking and exploitation and reduce remittances cost in the former; and limit the cost of migration, provide portability of pension funds, facilitate remittances flows, and mobilize the diaspora in the latter.

### **Panel III – Migration and Education**

36. Panel III was chaired by **Ms. Ada Abrego**, who was joined by three panelists -- **Mr. M Muhammad Ayub Chaudhry**, Joint Secretary (Emigration/Overseas Pakistanis), Pakistan, **Ms. Suzanne Sheldon**, Director, Office of International Migration, Bureau of Population, Refugees, and Migration, U.S. Department of State and **Ms. Alexandra Yuster**, Associate Director, Division of Strategy and Planning, UNICEF.

37. **Mr. Chaubry** explained that Pakistan is a human surplus country, where migration occurs at all skills levels (unskilled, semi-skilled, high-skilled). It has two types of migration, South-South and South-North, and access to education varies according to the destination. In the Gulf, 95% of Pakistani workers are unskilled, whose children have limited access to education. Thus, the Pakistani Government has established various educational institutions that offer preferred admission and education to the children of migrants at a fee concession. This is in addition to vocational institutions administered by the Overseas Pakistanis Foundation which looks after the social well-being of the migrants and their families.

38. The Higher Education Commission of Pakistan runs a system of certification and standardization which enables students from Pakistan to seek higher education in developed countries. Conversely, some educational institutions in Pakistan follow the Western educational system, which facilitates automatic recognition of Pakistani qualifications. However, some educational institutions in the West had been involved in fake registration and certification of Pakistani students -- an area deserving attention in the future.

39. Mr Chaubry underlined some areas for the way forward – i.e., provision of employment opportunities to students in destination countries, placement of professionals in Pakistan with the assistance of donor countries and international organizations, enhanced curriculums of professional and vocational institutions; certification system with universal codes as in the medical field, and recognition of qualifications from South-South and South-North.

40. **Ms. Suzanne Sheldon** underscored the fact that America is a melting pot of different cultures, races and viewpoints. As a result, the US observes the principle that every child in the country can and should be educated regardless of his/her national origin or immigration status. Immigrants, whether documented or not, are entitled to free primary and secondary education. The US Federal laws prohibit public schools from discriminating against migrant children, and urge them to overcome language barriers. Generally, there are two types of migrants in search of education – first, the families who emigrated for employment or other reasons and need to enroll their children in school; and second, students who choose to come to study in the US.

41. In the first case, migrant children might still face some challenges in education compared to American kids, despite various government efforts to help them integrate and overcome cultural and language barriers. The federal government offers a number of programs to supplement states and local agencies' efforts in promoting assimilation. These include academic and support services to the children of migrant agricultural and fishing workers, the high school equivalency program that enables migrant students to complete the high school equivalency and also helps place them in post-secondary education or employment through vocational placement services, as well as the Fulbright program that has built connections between communities in the US and around the world. The civil society actors play an important role and probably do as much efforts as the state and federal governments in offering college programs to build literacy, improve language ability and provide tutoring. Meanwhile, the private sector supports some tutoring programs.

42. For migrant students who come to the United States to study and seek employment later, various government agencies play a role in providing information and resources (e.g., websites) to enable them to access and learn about these opportunities. The US optional practical training (OPT) allows university graduates to look for

employment opportunities in areas directly related to their fields of study for up to 12 months. This period is extended for students in STEM fields -- sciences, technology, engineering and math – who are granted an additional 17 months beyond the initial 12-month period.

43. The last panelist, **Ms Alexandra Yuster** (UNICEF), stressed that education is critical for the social inclusion of children in the context of migration, both in countries of origin and in countries of destination. It is an empowering and transformational right that can enable children to reach their full potential. Facts show that 35 million migrants are under the age of 20, which is 15% of the total migrant population. However, children and adolescents can face a number of constraints that can negatively impact on their school performance, such as difference in teaching methods and the way of functioning of the educational system. OECD research shows that immigrant students tend to perform better in systems that have relatively large population of immigrant students.

44. Ms Yuster suggested a number of concrete initiatives in destination countries to support the educational needs of migrant children – e.g., equitable resource allocation to schools, language training for newly arrived immigrant children and their mothers, participation in early childhood education and care, diversity training for school personnel and teachers. Also, children must be included in social protection systems in countries of origin, destination and transit. Finally, in the context of the post-2015 development agenda, the development impact of migration can only be maximized if access and good educational outcomes are ensured for migrants and their families.

45. Delegates took turns in offering their national experiences in migration and education. **Ecuador** has a system of grants and bourses that covers 100% of educational costs of migrants, to be paid back by in time by working in a public office. **Greece** offers limited programs to teach migrants their mother tongue to reduce school dropout incidents. **Mexico** offers programs for literacy training, skills acquisition, certification, distance learning programs, and others. **Turkey** has granted the right to work for foreigner students on undergraduate, graduate and postgraduate programs in the country. **Haiti** enacted a new universal school program that provides free primary education for all the population. **Thailand** grants access to basic education to children of migrants. **Moldova** will launch in the next academic year a special program for children left behind that would allow for the school to take over some of the responsibilities of the parents who are not living with their children. **Afghanistan** recognized the support of Pakistan in providing education to children of migrant Afghans living in the latter's territory; recently, it opened a new school in Tajikistan. **Morocco** is supported by an NGO, the Alp Atlas Association, in providing pre-school education for some 50 rural communities. This program benefits not only the children but also their mothers, who are given literacy courses on hygiene, sexually transmitted diseases and family planning. **Jamaica** takes into account the emerging demographic dynamics and effects of globalization in framing its policies on migration.

46. The open discussion stressed the importance of building collaboration between origin and destination countries and working with the civil society in order to provide the necessary educational support for migrants. Teaching both the mother tongue and the language of destination can promote migrants' social inclusion. However, one key concern is how to reduce and share in the costs of providing such services. The role of the civil society and the diaspora in supporting government initiatives was likewise emphasized.

## Concluding Session

47. To help summarize the outcomes of the meeting, the Chair invited **Ms Kathleen Newland** to give her perspectives as a discussant. Ms Newland was heartened to witness the dynamic and advanced exchanges of governments concerning policies and programs on migration, health and education. She echoed what Mr Faal stated in the morning that the GFMD is now “entering the era of practical action.” She saw two main general themes that emerged from the discussions -- *first*: health and education as the most powerful building blocks of human capital which, in turn, is the foundation of development; *second*: empowerment of migrants.

48. To go forward in the development of thinking and policies, as well as implementation, she identified five connections for policymakers. *First* is the connection between empowerment and the transfer of economic and social assets to developing countries by migrants and members of the diaspora. Providing opportunities to migrants enables them to empower themselves and others. The *second* connection is the implicit judgments about migrants' choices and the policy implications of those judgments. Policy responsibility should be borne by countries of origin and destination to put the right policy structures in place to make the most of what migrants choose to do.

49. The *third* connection is between evidence and policy. Some studies have shown that there is very little, if any, correlation between the number of physicians per capita in a country and health outcomes such as infant and under-five mortality. Policymakers should thus take advantage of the recent explosion of research on migration and development to better understand migration and its inter-linkages with other public policy issues. The *fourth* connection is between and among countries. In this regard, the GFMD and its Platform for Partnerships created opportunities for countries to learn from each others' experiences, quite independently of donor relationships. *Finally*, there is the set of connections within transnational communities – among migrants, diasporas, their communities and their countries of origin --which create a virtuous circle. When migrants can exercise their rights and take advantage of opportunities, they share assets, create associations, volunteer to share their skills in their countries of origin, and provide innumerable examples of positive action.

50. During the ensuing open discussions, a number of key points were emphasized: i.e., the importance of having a human rights based framework in both source and host countries; need to create employment opportunities in the home country to give migrants more opportunities before they make the decision to leave; strengthening of social networks is a must to reduce the psychological impact of migration on children left behind; and the shared responsibility of receiving countries in providing adequate support to the migrants living in their territory. Ms Newland reiterated that the disconnect between migration of health workers and public health outcomes is evidenced not only in Africa but also in other parts of the world. For more details, she invited delegates to look at [www.migrationpolicy.org](http://www.migrationpolicy.org) and [WWW.CGDEV.ORG](http://WWW.CGDEV.ORG) websites.

51. In her concluding remarks, Amb. Åkerman Börje expressed her observation that the meeting generated a consensus about the importance of migration as a key component of social development. Focusing the discussion on specific sectors like migration and education was helpful to see more clearly the positive impacts of migration on development. The outcomes of the meeting will be useful not only for the May 2014 Roundtables, but also for the mainstreaming of migration in the post-2015 development agenda.

52. The meeting also identified the vacuum on the global engagement on migration and health in terms of having the right policy and structures in place, as well as the space to continue the discussions. As GFMD Chair, Sweden hopes that the GFMD will continue to offer such a space for all governments and other concerned stakeholders. Likewise, the GFMD, through the Platform for Partnerships, will continue to showcase and promote the exchange of practices – programs and policies – on migration and development, which could provide inspiration for policymakers.

53. Ms. Estrella Lajom, Head of the GFMD Support Unit, announced that the next preparatory meetings will be on March 11, 12 and 13 in 2014. She also mentioned that all presentations and background papers will be made available on the GFMD web portal ([www.gfmd.org](http://www.gfmd.org)) immediately.

54. The Chair then thanked the co-convenors, panelists and all the delegates for a successful and interactive thematic meeting, and the GFMD Support Unit for all the preparations. The meeting was adjourned at 17:00.

This Summary Report was prepared by the GFMD Support Unit.