

## Ensuring access to health to all migrant populations at all migration stages

Policy Lab on Migration and Health

September 12, 2024, 14:00 - 17:30 CEST (Online)

In Framework of UN Migration Network's Workstream 3 :

*Preparing for future health emergencies by mainstreaming public health considerations into migration policies and services, at national and local levels*

### Background

Health and safety are often the last priorities of people fleeing war, conflicts, disasters and adverse socio-economic circumstances. Migrants enroute perilous and irregular trajectories across endless deserts and choppy seas push their bodies to the extreme, using every last ounce of energy to fulfill their journey. Border towns and islands as the municipality of Lampedusa regularly act on the frontline of this reality, mobilizing local actors towards the rescue, safe disembarkment and mobile clinics for the urgent triage of those newly arrived. **All people, regardless of their migration status, have the human right to health, free of discrimination and stigma;** de facto, local and regional governments (LRGs) are at the forefront of deploying emergency as well as sustained responses to uphold this right, often with limited mandates.

[Going the social distance](#) during the COVID-19 outbreak, the municipalities of Sfax and Sousse collaborated with civil society and international organizations to realize efficient and realistic mapping of vulnerable migrant and refugee communities, and to coordinate support to them towards crisis management and recovery. Similarly, the Municipality of [Beirut's Municipal Mobile Health Clinic](#) facilitated free and non-discriminatory Covid-19 testing, vaccinations, and the provision of other basic medical services to hard to reach migrant, refugee and vulnerable marginalized communities, while engaging their local knowhow to identify best use cases and clinic locations. The municipality of Bogotá is gearing to establish a [Nutrition Reception Center for Migrant and Refugee Children and Mothers](#), ensuring food security for vulnerable urban migrant and refugee populations with a focus on young children, pregnant women, and breastfeeding mothers. Going beyond emergency responses, the municipality of Barranquilla facilitated the [inclusion of](#)

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[around 500 migrant and refugee families in their Mayoral Secretary of Health's programme](#), comprising a year's cover for mental health services. Catalonia's regional public healthcare system - [CatSalut](#)- enables the provision of the individual health card to all inhabitants, including immigrants from the moment of arrival in Spain, assisted by a translation service in more than 90 languages and dialects. In 2021, the City of Zürich committed a CHF 4.5 million investment in a [3 year pilot project to ensure secure medical care for all persons without health insurance](#) (including migrants with irregular status). Towards de-stigmatising mental health challenges, Boston's Mayor's Office for Immigrant Advancement (MOIA) awarded six \$6,500 [Mental Health Mini-Grants](#) to migrant-serving nonprofits to incorporate non-clinical, culturally and linguistically sensitive wellness practices within their programming. Complementary, Boston's MOIA and the Office of Workforce Development (OWD) partnered with the NGO African Bridge Network (ABN), to implement a [pilot program to provide training, career coaching, and fellowship placement to migrant healthcare professionals](#) from Africa and the Caribbean within local hospitals to alleviate their barriers to employment.

According to the [WHO](#), migrant populations are especially susceptible to various communicable and noncommunicable diseases, injuries, hypothermia, burns, unwanted pregnancy and delivery-related complications. Discontinuity of healthcare services, especially vaccination, owing to the high voluntary and involuntary mobility of migrants, coupled with environmental threats increase various pathologies and provoke long-term health damage, with the youngest and the oldest population groups at risk. Cohabitation in displacement camps amid inadequate sanitation and limited access to basic public services multiplies the health risks, especially for disabled and elderly individuals, women and newly born infants. Sexual and reproductive ailments often go undiagnosed for migrant women and girls, and clandestine treatments amid the surging criminalisation on abortion in many countries exposes them to long-term health risks. Moreover, health concerns unique to women - reproductive health, pregnancy and childbirth, sexual and domestic violence, cancers that disproportionately affect women, and especially poor menstrual health on the move - are often underreported and left unaddressed. Irregular urban migrants working in the exploitative informal sector, within the construction industry or precarious labor as delivery riders for platforms are exposed to constant occupational health hazards and lack access to public health services and traditional employment benefits such as insurance and sick leaves. Undocumented migrants also face the repercussions of escalating migration control overriding their right to health. Migrants lacking adequate paperwork and residence permits face the risk of their data being shared with immigration authorities, which also deters them from reporting abuse and exploitation at their workplace, for instance. While the nature and extent of this data sharing depends on the public authorities and sector, their [migration status, oftenly a key structural social determinant of health inequalities](#), hampers their access to healthcare.

The COVID-19 pandemic revealed the inequities prevalent worldwide in access to medicines and health services, and the challenges posed by increased infection and

mortality risks for migrants and vulnerable urban poor living in dense, informal and overcrowded housing and ghettos. Underlining the importance of the planning and designing of healthy spaces for all, the pandemic also highlighted the need for urban migrant and displaced communities to be in good health to protect both themselves and host populations. Moreover, migrants and refugees often endure traumatic events, are exposed to adverse stressful experiences of resettling in a new country and culture, and coping with discrimination and isolation away from home without familial support. Such experiences put them at a higher risk of poor mental health outcomes, and many newcomers struggle to access effective non-clinical mental healthcare due to language barriers and cross-cultural differences surrounding beliefs, practices, and stigma around mental health. Furthermore, these mental health issues are likely overlooked during urgent triage and perpetually neglected as local and international actors themselves struggle to address the bare minimum amid emergency situations, such as solving immediate and physical health problems.

As local and regional governments are acting towards mainstreaming human mobility in public health responses and policies, numerous and multifaceted challenges prevail globally within the ambits of health and immigration, asylum and refugee protection frameworks, including family reunification and labor migration policies, regularization programmes, and many other issues. Depending on local contexts and capacities, as well as the mandates of the implementing humanitarian and aid organizations, prevalent responses and decision-making tools for healthcare are rooted in emergencies, often single-generational, overlook gender differences and lack continuity across borders and at all stages of the migration journey. Healthcare, especially the lack of it, and of crucial medicines, immunization and adequate health professionals is often a global driver of human mobility; health tourism is not an opportunity many underprivileged groups on the move can afford. Moreover, in many parts of the world, the health industry is understaffed and overworked, and paradoxically, many trained migrant and displaced physicians, nurses and healthcare workers struggle to get their skills and certifications recognised in their host countries. Amid pandemics and surging global health risks, migrant, refugee and IDP sensitive healthcare is an emerging public necessity - with equitable attention to all intergenerational, and vulnerable groups, with a greater mitigative focus.

**This policy lab focuses on the equitable, guaranteed and sustained local provision of health services for all generations and strata of migrant populations, within territories of origin, transit and arrival.** Within thematic groups of multi-stakeholders involved in the migration-health nexus, it will explore avenues for enhanced multilateral policies and action to ensure uninterrupted healthcare with privacy firewalls to all migrant and displaced communities, especially women and children, the disabled and the elderly, at all stages of their migration journey.

## Enhancing policy debate for effective action via Lampedusa Labs

Migratory phenomena occur in the territories, but a great diversity of actors and communities are involved in their management and impacts. Inspired by the experiences of the island of Lampedusa, and a part of the municipalist UCLG Pact for the Future, the [Lampedusa Charter for Dignified Human Mobility and Territorial Solidarity](#) was endorsed by the network's World Congress in Daejeon in October 2022. The Charter was an outcome of about two years of consultations with 300 municipalities and regions from over the world, along with 20 civil society and international organizations, supported by 15 city networks and the UCLG regional sections.

As a political document, the Charter renewed understanding of mixed migration flows and for increased competences and capacities for local governments to play a role in the governance of dignified human mobility. Arching beyond leadership commitment, the Charter proposes an action plan to implement the set of 35 thematic priorities that stem from its 7 driving principles, to address territorial realities and to guarantee the Right to the City for All. Based on this premise, designed around the Lampedusa Charter's 7 principles, the Human Mobility Policy Labs emerge as open spaces for discussion with diverse and multidisciplinary stakeholders to enhance solidarity and responsibility sharing within and among territories.

The first and previous February 2024 Euromed Policy Lab on the Charter's Dignity Principle deliberated practical approaches to address challenges to the provision of dignified treatment to deceased or missing migrants and their families. This September 2024 policy lab will focus on the Charter's Equity principle. The Equity Principle entrusts and calls LRGs and global allies to

**“Ensure universal and unconditional access to water and sanitation, social and health care services, decent housing, youth and children welfare and schooling, safe public space and enhanced avenues for participation, regardless of migration status”.**

Under the framework of the Dialogue pillar of the United Nations Network on Migration's Workstream 3 linking migration and health, this policy lab will be virtually hosted by the municipality of Lampedusa and Linosa and co-facilitated by UCLG, representatives from the World Health Organisation (WHO), the UN Major Group on Children and Youth (UNMGCY) and the Platform for International Cooperation on Undocumented Migrants (PICUM). The lab will convene stakeholders from varied levels of government and civil society spheres, international organizations, academia and migrants associations around **local barriers and opportunities towards a sustained provision of health services to all migrant populations, across borders and all migration stages.**

## Agenda

12 September 2024, 14:00 - 17:30 CEST (Online)

- **Opening**
  - Welcome and introduction to the UCLG Lampedusa Charter policy labs.
- **Zoom in: Post-rescue emergency healthcare to migrants in Lampedusa**
  - Virtual hosting city representative will set the scene by presenting their local reality and response.
- **Tour de table**
  - Interactive exercise and open floor to understand participants in the room, and to pre-empt practice sharing.
- **Group discussion: “How to effectively implement universal access to health coverage for all, regardless of migration status?”**
  - Participants will be split into thematic breakout groups divided by language
    1. **Addressing health-related migration drivers**  
*Facilitated by UCLG*
    2. **Strengthening local health information systems for all migrant populations**  
*Facilitated by WHO*
    3. **Prioritizing health of vulnerable groups at all stages**  
*Facilitated by UNMGCY*
    4. **Prioritizing health over migration control**  
*Facilitated by PICUM*
- **Report back**
  - Each group reports back on their discussions and conclusions.
- **Open floor for local practices**
  - Participants invited to take the floor to briefly share ongoing or forthcoming local practices
- **Wrap-up**
  - Concluding remarks