

**Regional Conference on Migration
2016 Migration Health Workshop**
San José, Costa Rica, September 28 & 29, 2016

Conclusions and Findings

The following are key thoughts, conclusions and findings that emerged from the two days of presentations and discussions of the 2016 Workshop on Migration Health of the Regional Conference on Migration (RCM), indicating areas for possible advancement by governments, international organizations and civil society, where applicable, and by the RCM in its future work.

The workshop was hosted on September 28 – 29 by the Government of Costa Rica at the Crowne Plaza Hotel of San José, co-sponsored by Canada and with the support of the International Organization for Migration (IOM) and the Pan-American Health Organization (PAHO). The event included participation by the RCM member countries, observer organizations and its Regional Network of Civil Society Organizations for Migration (RNCOM), as well as the International Labour Organization (ILO) and the Central American Health Ministers Council (COMISCA).

Themes and areas requiring attention and for possible future work:

1. The divide between migration and health areas (of government, and society) has to be bridged.

These are areas whose responsibilities intersect in multiple ways; advancing safe, orderly and secure migration in full respect of human rights requires close cooperation between organizations and government bodies responsible for migration management and public health. This will require:

- Awareness and identification of converging or intersecting issues
- Finding simple/common/lay language and framing issues so they can be understood well by all areas
- Using a common language/terminology across health areas themselves, to ensure information (statistics, data collection, etc.) measures and means the same for all.
- Ongoing effort by both areas, migration and health, to develop and strengthen cooperation

2. Areas of work

Proper identification of issues and specific attention through its parts/separately can help address situations that are connected and interdependent/mutually beneficial:

- 1) Awareness (public, political, internal, intra and inter-governmental)
- 2) Prevention
- 3) Detection
- 4) Treatment/assistance
- 5) Outbreak control

- 6) Mental health – a crucial area that is only recently gaining recognition and requires attention; it relates not just to migrants but, quite importantly, to those delivering programs and services, who often face workload issues and encounter horrific and heartbreaking situations.

Key Considerations:

- Identify conditions that most affect migrants and which should be prioritized (Tuberculosis, workplace/Occupational Safety and Health, maternal + sexual health)
- Gear attention and information collection systems to allow data collection/health information to be collected and maintain continuity to follow the person/migrant from as early on as possible
- Assess and have an understanding of one's own capacity.

Despite convergence of interests and responsibilities, specific functions/roles often should be separate; for example, it may be counterproductive to join security/enforcement with caregiver/health support.

3. Identifying goals and challenges

- There are overarching goals to be pursued (Sustainable Development Goals, World Health Assembly and PAHO priorities and resolutions, International Health Regulations), and specific goals that will define projects and programs (identifying and defining populations at risk, context, needs, timelines and scope of action).
- A range of challenges will meet new initiatives and efforts, including funding, political interest, and how to reach target populations, and strategies are needed to address them successfully.
- Complicated problems should be broken into smaller components to start tackling these quickly and more effectively; complex problems require viewing from higher levels to identify the context and factors that contribute to a situation or problem.

4. Information development

Information needs to be collected, analyzed, prepared and shared effectively. This includes:

- Research /Data Collection – Addressing data gaps on populations, determinants of health, disease burden and impact analysis; sometimes basic pieces such as adding country of birth in a form can go a long way for subsequent analysis.
- Analysis – This will help set work parameters, establish goals and needs, identify challenges.
- Sharing – Fast, in common/useful format; this holds true for alerts across health and migration actions, as well as for outreach and advocacy.

Key Considerations:

- Frame and use language that is appealing, compelling and/or useful beyond one's area; start moving towards use of standard/shared language across domestic actors and countries.
- Identify things that have already been done, can be used, to avoid duplication and build on/innovate.
- Identify patterns of risk, migration populations, possible communication channels.
- Information and data denominators can shift, as migrant populations are often in flux.
- Don't seek perfection; first work with quick, practical measures, then build on these and improve over time.

- Development of prompt, electronic notification of diseases is key to outbreak prevention.
- Use information for promoting awareness, garnering political will, and bridging divides between areas and organizations.
- Impact analysis can make a compelling case for action; for example, highlighting the cost-effectiveness of proactive work such as immunizations and Tuberculosis detection.

5. Target populations

Key Considerations:

- There is no "migrant" homogenous group: there are many sub-groups –not just regular and irregular categories, but also with individual, national, cultural, education, gender, age, occupational differences, which affect health profiles and priorities.
- Health impacts go beyond migrants themselves –including families, those left behind, surrounding community.
- For information, advocacy and network/support work, include:
 - Government areas + levels
 - Civil society
 - Business + employment sectors
 - Migrant populations + families
- Key principle: One can achieve the greatest impact and be far more cost effective when working upstream, as early as possible, before departure where possible.

6. Networking + Partnerships

- Develop collaboration networks and partnerships for awareness/promotion, development and delivery of programs and services; also for funding, teamwork and synergies, given limited resources and reach of any one organization.
- This requires long, steady work, with transparency and honesty a must; make sure credit is shared; come to the table, not with a list of one's needs first, but with what one can offer.
- Across governments, and across society – NGOs have greater flexibility. Also, some migrant groups may be more receptive to non-government actors for critical screening or support.
- Involve others early on, proactively. Health crises are an opportunity to raise awareness and develop partnerships.

7. International Health Regulations –Developed after the SARS experience and reaffirmed after the Ebola outbreak of 2014.

Key considerations for future work and for PAHO and the RCM, with health and migration authorities:

- All WHO member states (includes all RCM member countries) are expected to abide by the IHRs.
- PAHO has offered to work with government representatives on ways to champion and effectively promote the IHR among health and migration authorities.

- There is a clear need to promote awareness across governments for understanding, buy-in and participation in their implementation; waiting for a Public Health Emergency of International Concern to raise awareness may be too late for their effective use.
- Awareness and information must be communicated and made available in a common language, understandable by those who are not necessarily familiar with IHR-specific terminology.

A country carrying out a technical and regulatory response to an outbreak or other Public Health Emergency of International Concern will have to address the other two concurrent "epidemics":

- Fear by those who are not infected, and
- Prejudice against perceived carriers (often travellers and/or migrants),

usually with public awareness efforts that will demand cooperation from other government areas, business and civil society.

8. Other Next Steps

The Workshop's presentations have a wealth of information –useful concepts, best practices and lessons learned, including issues such as: health services for detainees, child shelters, mobile health units, pre-departure screening, services for refugees and torture survivors, and mental health. Workshop participants are urged to share them, promote them, and use them extensively to advocate and action changes.

There is a need to sustain the current interest on migration health to ensure progress across the region.

Some key considerations and possible next steps for the RCM process:

- **Migration Health is now a standing agenda item for the RCM's twice-annual technical meetings** (Regional Consultation Group on Migration/RCGM) that precede the annual Vice-Ministerial Conference (RCM proper). The designated space on the agenda should be used regularly by member countries and observers to brief on projects, news and progress to date; for this purpose, the RCM Technical Secretariat should advise RCM Focal Points with enough advance notice to allow members and observers sufficient time to coordinate and prepare interventions.
- **A simple mechanism for recording progress** (new policies, programs, projects) by RCM members and observers could be established, in the form of a table or grid. The Workshop's organizers will work on a proposal for possible consideration at a future RCM meeting.
- **PAHO could be invited to brief the Vice-Ministerial and RCGM plenaries on the IHR**, to ensure the region's migration authorities at the highest levels are provided a clear understanding of the IHR's responsibilities and implications for their areas.
- **At the next RCM (XXI RCM) Canada and Costa Rica will debrief the RCGM plenary** on the outcomes of this Workshop.
- **The RCM should consider holding a Migration Health Workshop in two years** to allow members and observers in-depth follow up of the issues covered, assess progress, provide mutual updates and exchange information on lessons learned in their efforts to advance issues until then.