



## II Taller sobre Salud y Migración / II Migration Health Workshop San José, Costa Rica, 6 & 7 marzo / March 2019 Resúmen y Conclusiones / Summary and Findings

The II Migration Health Workshop of the Regional Conference on Migration (RCM) took place 6-7 March 2019 at the Park Inn Hotel in San Jose, Costa Rica. The event was co-sponsored by Costa Rica and Canada, with the support of the International Committee of the Red Cross (ICRC) and the International Organization for Migration (IOM), with two or more representatives from each of the 11 member states of the RCM. Observer and international organizations that presented and attended included the Pan-American Health Organization (PAHO), the United Nations High Commissioner for Refugees (UNHCR), the UN Office on Drugs and Crime (UNODC), the RCM's Regional Network of Civil Society Organizations on Migration (RNCOM), and the Executive Secretariat of the Council of Health Ministers of Central America and the Dominican Republic (SECOMISCA).

What follows is a summary of key findings, presentations and highlights.

### Key findings

- The changing nature of migration streams and health risks demands a **strengthening of communication and coordination** between government agencies, international and civil organizations, and between countries. There is wide interest and willingness for such collaboration and delivering timely interventions; **what is needed is the venues and bridges for linking** them (this Workshop being one such, but far from sufficient, particularly for domestic/internal links).
- **Timely interventions and health assessments**, including mental health, critical to prevent adverse situations from becoming far worse; this requires wider **awareness of diversity of individuals and needs, effective networks for interventions and referrals**, to facilitate access to available services. Equal access is not enough; adaptability and availability of services to fit specific needs is critical for successful outcomes.
- The **critical value of developing networks even at a very local scale** was repeatedly noted, along with the benefits of improving **data collection, health surveillance and information sharing** to better understand flows and needs.
- There was **wide recognition of the need for some portable form of critical health information** (immunizations, health conditions/needs) that can follow a migrant or refugee, ideally starting at countries of origin, and which can be understood and used throughout the migration continuum as

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needed and ensure **continuity of care**. Mexico, Guatemala, El Salvador and Honduras are already working on a transferrable health card; it was noted that cross-border movements can see documents lost, so there would be benefits from electronic repositories which can be linked to an individual regardless.

- **Aligning new initiatives with existing tools and programs** where possible can avoid duplication, waste and unnecessary costs. It was noted with specific examples how **reviewing existing systems to identify possible efficiencies and savings** has led to significant reduction of costs without reducing services or outcomes.

- **Preparing for outbreak responses, prevention and mitigation** save money and are crucial for avoid major or uncontrollable situations. **Timely, useful health information for migrants is an investment** that can contribute significantly towards prevention and mitigation. **Organizing local networks and working groups** enables both timely and more effective responses.

### Presentations

The opening remarks included words from Costa Rica's Vice-Minister of Health Dr. Denis Angulo Alguera, SECOMISCA's Executive Secretary, Dr. Alejandro Solís, H.E. James Hill, Canada's Ambassador to Costa Rica, Honduras and Nicaragua, and the Director General of Migration and Foreign Status of Costa Rica, Raquel Vargas Jaubert. Their remarks noted how the evolving modalities of migration and the associated health impacts and risks demand a comprehensive approach to migration management, and greater cooperation and coordination for better health outcomes within and between countries, international organizations and civil society; discussions should always keep in mind the positive contributions of migration, including in health-related matters, the adverse health impact of stigma and exclusion on individuals and society, and how seemingly small but timely interventions can have profound impact that becomes evident only long after the interventions.

Presentations included Canada's approach to migration health risks and its Global Public Health Intelligence Network. The former explained the evolving risk factors taken into account and possible interventions that can be effectively undertaken within the various streams of an ongoing, large scale managed movement of people; the latter explained and offered access to an online network that looks out globally for possible assesses and reports on potential outbreaks or health issues of international concern.

Costa Rica presented on its approach to mixed migration flows, the response to Malaria outbreaks on border regions, and the universal coverage provided by the country's social security system. It was understood that avoiding prolonged stays of transient populations in border areas prevents overloading local resources and helps spreading and facilitating access to pertinent services; this requires prompt interventions, portable health information. Hidden movements increase risks, as do clandestine employment and work in inaccessible/very remote areas. The presentations included an epidemiological study of the recent Malaria outbreaks, including its broader context and the responses to date, and an overview of the social security services provided to nationals and immigrants alike. The latter explained the evolution of social services and their coverage; it was shown that a comprehensive review of the system had resulted in a 50% reduction in costs without reduction of services, and that a

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combination of incentives and enforcement helps both the enrollment and sustainability of its widely-available health services and other benefits.

Mexico presented on its new approach to migration flows and priorities, as well as the strengthening and adaptation of interventions along migration routes, and the challenges posed by new modalities such as the "caravans" crossing its territory. Its presentations showed the critical importance of timely interventions, awareness and sensitivity training for those involved in interviews, triaging and referral work, and the irreplaceable value of developing networks for cooperation between levels of government, non-government agencies and civil society groups; providing timely, useful health information to migrants had made a significant contribution towards addressing and preventing health problems. The more prevalent health conditions among caravans and other migrant groups were identified; the importance of health cards was noted, as was the versatility of mobile health units. In its follow-up interventions Mexico emphasized, among other things, the importance of using opportunities to establish information-sharing channels.

Honduras presented on its services for returnees with special needs, showing how life-saving and profoundly impacting interventions are made possible despite very limited resources, through dedicated work that builds networks that link families, national agencies, international organizations and local authorities and groups.

The Dominican Republic presented on the studies done to identify gaps and vulnerabilities in health services at border areas which receive pregnant Haitian women. The study is ongoing, but it's already clear that there are gaps in data and resourcing, as well as socio-cultural barriers (language, cultural practices) that require attention, and a shortage of health promoters. The vulnerabilities noted could be extrapolated to some extent to other areas and situations beyond the border locations studied.

UNODC presented on its work related to human smuggling and trafficking in persons, highlighting the health risks and conditions that have been identified in people who are victims of trafficking and among migrants who migrate through dangerous and abusive smuggling networks. Key points identified include the interacting and cumulative nature of both physical and mental health impacts, their diversity and complexity, the wide variation of needs among individuals, the need for awareness and sensitivity among those who interact and deliver interventions to assist, and the critical importance of understanding an individual's story to identify proper interventions.

UNHCR provided an overview of its operations –from the legal framework to the affiliated agencies it works with in the region, its guiding principles and the meaning of the Global Compacts for its work ahead. The presentation noted that an optimal framework for responding to refugee situations and advancing a resolution for refugees starts from the moment a claim for asylum or refugee status is made; it should include access to health and social services at the time a claim is made, and provide a work permit no more than three months after –not just for economic reasons, but also for the crucial impact on health and overall wellness that work can provide a refugee with. UNHCR noted difficulties often encountered when trying to define a person's status and needs, highlighting that despite many cases bearing similarities, individuals' stories and their health needs can vary widely.

PAHO provided an overview of regional trends, including a reduction in vaccine coverage and a rise in preventable diseases. Irregular and mass movements in the region have also increased the risks of

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gender violence, communicable and non-communicable diseases, and mental health issues. The presentation emphasized a number of lines of action for PAHO itself, and for countries to consider strengthening; these included: improving health surveillance and information management; improving access to health care; strengthen partnerships and networks (noting that there is growing attention to migration and health, but one must be mindful of agencies' different roles and mandates); adapt policies and programs to changing and foreseeable circumstances, improve communications and information exchange to counter xenophobia. A call was made for countries and agencies to bridge short-term emergency responses with long-term actions, and involve health authorities early in migration planning –and vice-versa. In its follow-up intervention PAHO emphasized the importance of assessing and measuring conditions and outcomes to better prepare for and assign resources, and offered its expertise to collaborate and provide technical assistance in various areas.

SECOMISCA presented on the Joint Initiative on Migration and Health for Migrants and their Families (INCOSAMI) and the efforts underway to develop and strengthen technical cooperation among the government agencies and international organizations with a role in migration health across much of the RCM region. It was noted that conditions at source countries can define health and be a driver of migration, noting that different afflictions can and do arise from travel, situation at destination and return. The Council of Central American Ministers of Health (COMISCA) is working on health surveillance and on health services, including health promotion and treatments; it is also evaluating the possible adoption of a single health card, based on IOM's ePHR/Electronic Personal Health Record; it is also drafting strategic guidelines and will be meeting in Guatemala in July to evaluate a number of recommendations that could provide for comprehensive policies that would re-define social protection and strengthen member countries' mechanisms.

ICRC delivered two presentations, explaining the work done regionally to help severely injured migrants and the assistance provided for returning and in-transit migrants. Its top priority is to ensure protection and access to essential services, and facilitate dialogue with authorities and security forces; key principles underpinning its approaches are prevention, protection and assistance, and making these available at different places both geographically and along the migration/refuge continuum. A key strength in the delivery of its services is its field presence/groundwork and the network of collaboration with national and local organizations. It explained an algorithm or decision tree for identifying migrants' needs; this approach can help identify not only health but also legal and other needs and situations that could be addressed.

IOM delivered four presentations, starting with an update on where migration health currently appears in the global agenda, including the Global Compacts on Migration and on Refugees, the UN Migration Network of which IOM is the Secretariat, and the various international forums and instruments which are touching on the subject in varying depth; upcoming opportunities for advancing migration health issues include the high level forum for reporting on the Sustainable Development Goals in July and September at the UN in New York and the 2019 Global Forum on Migration and Development (GFMD) to be hosted by Ecuador. Examples of and potential for cross-sector policies was noted, as was the importance of health in labour migration and of knowledge management. Another presentation focussed on the inter-agency response to the Venezuelan migration flows, including the priorities and approaches –these included an outbreak response framework based on the US CDC's experience with Ebola, an assessment of vaccination data and needs, the identification of people and

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needs, as well as health information and surveillance (the website R4V.info has been created as a repository of extensive information on the inter-agency response).

Two IOM presentations that drew significant engagement from participants were an overview of approaches to LGBTBI and gender health needs, and one on mental health and psycho-social response actions. The first presentation made clear the wide need for training in awareness, sensitivity and adequate responses for addressing specific needs and vulnerabilities related to gender and sexual orientation at all stages of the migration continuum and health services; the lack of safe spaces and safeguards at the various points of interaction was a topic for discussion that many participants noted will likely be followed up on internally after the Workshop. The presentation on mental health also prompted a number of questions and comments; key messages included the fact that inherent stressors and profound impact that migration, however safe and orderly, can have in personal circumstances and affect mental health; isolation and stigma, access to services, inclusion or roles in social structures, can all affect in varying degrees along the migration continuum; despite all this, migrants should not be automatically viewed as victims, as most have significant strengths and potential that under the right conditions can lead to very healthy mental and physical outcomes.

All countries provided valuable interventions in the form of questions, sharing of experiences and suggestions. Guatemala, for example, noted the importance of adapting existing tools and approaches where possible to avoid duplications or lengthy and costly replacements that might not be practical; Panama noted that mapping the location of migrant and refugee populations and their needs can prove an invaluable tool for resource allocation and addressing situations effectively. The importance of mapping or knowing where services are available, particularly specialized ones, was also emphasized, as was the benefit of portability of health information and coverage, and the importance of balanced public reporting to avoid stoking xenophobia.

The RCM Technical Secretariat is making all presentations available in both official languages of the RCM, through its Virtual Secretariat website. Many of the presentations' slides include links to sources of additional information, tools such as on-line courses, and details on the programs mentioned.