

2nd GLOBAL CONSULTATION ON MIGRATION AND HEALTH
21-23 February 2017
Colombo, Sri Lanka,

RAPPORTEUR'S BRIEF SUMMARY

Theme I «**Global Health**», Discussion session 1: *actionable policy objectives*
(21 February, 11h15-12h45)

Some 50 conference participants joined the discussion session focussing on *actionable policy objectives* for Conference Theme I «Global health». Co-facilitators offered opening remarks and invited participants to share experiences, good practices and policy successes. Participants reflected the range of regional and country representation at the 2nd GCHM and diversity of institutional affiliations and positions. Some 25 comments were shared in the 90 minute session, highlighting *on the ground* experiences to national policy debates to concerns with global policy challenges. A number of key policy principles were articulated and generally supported. That migration health policy should be rights-based –explicitly the right to health and health related rights-- echoed from plenary presentations. Similarly, the notion that Migration Health Policy should be inclusive of all with Universal Coverage was reiterated. A contribution explicitly urged that Social Protection Floors incorporate all migrants, as reflected in ILO and UN recommendations. Equality of access and treatment for all was articulated as a corollary principle for health policy for migrants and refugees.

It was acknowledged that migration and health requires specific outreach and measures to reach migrant and refugee populations to reach populations in isolated places and address language barriers and cultural differences. Implicit in experiential examples was need to mainstream migration and health in governance. The notions of Whole of Government and Whole of Society Approach were characterised as essential for addressing migration and health, which requires multisectoral approaches and planning. Concern was expressed that the determinants of health of migrants, refugees and IDPs – social determinants, discrepancies etc be more substantially identified and addressed. This should involve determining indicators, measures and a progress monitoring framework. Several interventions insisted on need to explicitly address xenophobia and toxic narratives around migration.

Situations in Africa, Asia and inter-regionally demonstrated need to ensure continuity of care across borders and throughout migration processes as well as to address discrepancies in health coverage between origin and destination countries. Other observations stressed that internal migrants including particularly IDPs, as well as returnees and families left behind need to be recognized and included in migration and health approaches. Greater migrant inclusion and representation, indeed their participation, was strongly evoked, urging deliberate support for engagement of migrant organizations and advocacy groups . The term «vulnerability» was questioned as inaccurate and inappropriate; most health risks and pathologies migrants and refugees face resulting not from their own characteristics but from social, economic, environmental and experiential factors, many of which must be resolved by legal, policy and practical measures. A strong recommendation was to mainstream **refugee** health into national health systems and public health policy. Several comments underlined that financing is critical, meaning need to insist on the obligation of states and others to ensure healthy conditions and health access. Concern was raised about finding ways to address inter-policy contradictions, such as certain national policy approaches that explicitly restrict and/or intimidate access to health by migrants by linking with immigration enforcement. Finally, it was acknowledged that actionable policy objectives and recommendations should be adapted to different contexts of migration.

Rapporteur :