CHAPTER 26

World Health Organization

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The World Health Organization (WHO)[1] is a specialized agency of the UN system whose primary objective is "the attainment by all peoples of the highest possible level of health."[2] It acts as the directing and coordinating authority for health within the UN system. The Organization's core functions are to provide leadership on matters critical to global health and engage in partnerships where joint action is needed; shape the global health research agenda; set norms and standards and promote and monitor their implementation; develop evidence-based policy options; provide technical support to countries; and monitor and assess health trends.[3]

The collective health needs and implications of today's sizable migration flows have become of paramount importance to health systems and to the concerted efforts of WHO at reducing health inequities and protecting public health. The health of many migrants is at risk due to abuse, violence, exploitation, discrimination and barriers to accessing health and social services.[4] At greatest disadvantage are migrants in an irregular situation and those forced to migrate, as they often have no equal access to health care and thus need to be monitored, especially in the quest for universal health coverage. WHO works for migrants' greater access to social protection and social services; more equitable access to migrant-sensitive health services; and greater financial protection in health to enable migrants to afford vital services. Addressing these factors can help migrants better attain their human development potential, and reduces the health costs of migration for both migrants and societies.

1. Migration and development activities since the 2006 High-level Dialogue

In 2008 building on the longstanding commitment of WHO to tackle inequity in health and the determinants of health, the sixty-first World Health Assembly (WHA) adopted Resolution WHA61.17 on the Health of Migrants.[5] The resolution urges Member States and WHO, inter alia, to promote the inclusion of migrant health into health strategies; to develop and support studies and share best practices; to strengthen service providers' and health professionals' capacity to respond to migrant needs; and to engage in bilateral and multilateral cooperation. To enhance their capacity in the migration and health domain and improve joint programmes, IOM and WHO entered

[1] WHO was established as a specialized agency of the UN system on 7 April 1948, with its headquarters in Geneva, Switzerland. The Organization currently has 194 Member States and is a member of the UN Development Group. Its predecessor, the Health Organization, was an agency of the League of Nations. The official website of WHO (English) is www.who.int/en.

[2] As stated in Article 1 of the Constitution of the World Health Organization.

[3] These core functions are set out in the Eleventh General Programme of Work, which provides the framework for the Organization-wide programme of work, budget, resources and results. Entitled "Engaging for health," it covers the 10-year period from 2006 to 2015.

[4] Barriers include high costs, language and cultural differences, administrative hurdles, inability to affiliate with health insurance schemes and lack of information about entitlements or legal status.

[5] The resolution is available from: http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf.

into a cooperation agreement, which included the secondment of an IOM staff member to WHO as a senior migrant health officer for a period of two years.

In March 2010 WHO organized the Global Consultation on Migrant Health in Madrid, in collaboration with IOM and the Ministry of Health and Social Policy of the Government of Spain. This multi-stakeholder event took stock of recent actions and reached consensus on an operational framework which guides the work of WHO in the migrant health domain.[6] During the sixty-third WHA in 2010, outcomes of the global consultation were reported at a side event organized by the Governments of Portugal and Spain. In addition, a progress report was submitted on the actions taken by WHO to implement resolution WHA61.17 on the Health of Migrants.

Resolution WHA61.17 recalls the relevance of other resolutions on the migration of health professionals and the importance of strengthening health systems in low- and medium-income countries. While migration of health personnel can bring mutual benefits to origin and destination countries, migration from those countries already experiencing a crisis in their health workforce is further weakening already fragile health systems.

In order to provide a global response, the WHA adopted a resolution in 2004, which requested the Director General to develop a code of practice on the international recruitment of health personnel, in consultation with Member States and all relevant partners.[7] The WHO Secretariat subsequently developed a comprehensive programme on the issue of health worker migration. In May 2010 the sixty-third WHA adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA63.16).[8]

In addition, the sixty-fourth session of the UN General Assembly in 2009 examined the important linkages between global health and foreign policy, in particular with respect to the control of emerging infectious diseases, the determinants of migrant health and human resources for health.[9]

[6] WHO, *Health of migrants, the Way Forward: Report of a Global Consultation* (Geneva, WHO, 2010), available from www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf.

[7] WHO, Resolution WHA57.19 on International Migration of Health Personnel: a Challenge for Health Systems in Developing Countries (2004), available from http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R19-en.pdf.

[8] WHO, Resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), available from http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R16-en.pdf.

[9] United Nations, , General Assembly Resolution A/64/L.16 on Global Health and Foreign Policy, available from: http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N09/634/37/PDF/N0963437.pdf?OpenElement.

Development of indicators measuring the impact of international migration in countries of origin and destination

Monitoring migrant health

Health and migration has attracted a considerable amount of interest and investigation. However, much of the traditional research on migrant health occurs at the national level, focused mainly on the health of newly arrived immigrants, and tends to be disease-based, frequently emphasizing communicable conditions and the spread thereof.

In collaboration with experts and partners, in particular IOM, WHO is pursuing ways to identify the essential data gaps and needs to analyse trends in migrant health; take stock of indicators and models that have been used effectively; and formulate key indicators that are acceptable and useable across countries. In addition, mechanisms to harmonize migrant health indicators with existing data collection and dissemination methods, for instance the Migration Profiles, are being explored.

The development and wider application of key health indicators directly related to or resulting from migration will contribute to: (a) standardization and comparability of migrant health data; (b) increased understanding of health and disease trends among migrant groups, migrant health-seeking behaviours and utilization of health services; and (c) evidence to better support programme and policy development. The work will also build the capacity of WHO, IOM and others to provide technical support to Member States on migrant health monitoring.

Monitoring international recruitment of health personnel

In light of the growing magnitude of health worker migration, improving the availability and international comparability of statistics on the migration of health personnel is crucial if countries are to develop evidence-based policies.[10] Ideally, international migration of health personnel should be monitored by tracking the number of individuals with the education and training to practice a health profession moving from one country to another on an annual basis. In reality, few countries are currently able to provide such data. Improving data collection in this area should therefore be a high priority and requires consensus on key indicators to collect data, strengthen national health workforce information systems, develop innovative approaches to evaluate and analyse international health worker migration and facilitate the dissemination and sharing of information.

Of particular importance is the development of guidelines for a Minimum Data Set to monitor international health worker migration, which is done in collaboration

[10] OECD and WHO, (2010). *International Migration of Health Workers*. OECD Observer (Paris). Policy Brief, February 2010. Available from: www.who.int/hrh/resources/oecd-who_policy_brief_en.pdf

with the (OECD). The objective of the Minimum Data Set is to provide guidance for data collection, notably on the type of data to be collected by Member States, and to facilitate data collation and comparability of data among them.

Recent capacity-building initiatives on international migration and development

Migrant-sensitive workforce

Societies have become increasingly multicultural and multi-ethnic. The consequent increased diversity in health determinants and health needs among society members is challenging the capacity of health systems to deliver affordable, accessible and migrant-sensitive services.

Health professionals increasingly find themselves treating patients with symptoms that are unfamiliar to them or not well understood. Delayed or deferred care and lack of appropriate preventive services are associated with the progression of diseases and the subsequent need for more extensive and costly treatment. Hence, the need to redirect health-care models to develop the capacity of the health and non-health workforce to understand and address the health and social issues associated with migration; develop standards for health service delivery, organizational management and governance that address cultural and linguistic competence, epidemiological factors, as well as legal, administrative and financial challenges; and include migrant health in graduate, postgraduate and continuous professional education training of health personnel, including support and managerial staff.

In collaboration with academia and partner agencies, WHO has been pursuing the development of a migrant-sensitive workforce through recommendations for Member States, universities, health providers and relevant institutions to harmonize the inclusion of migrant health topics and intercultural competence in the training of all public health professionals; research the effectiveness of training programmes; and involve migrants in the design, implementation and evaluation of training programmes.[11] Regional briefings on selected policy issues have focused on improving health intelligence and building capacity and know-how for policymakers and practitioners on tackling socially determined health inequalities as part of health system performance.[12]

[11] Gijón-Sánchez, Mariá-Teresa et al., (2010), available from: www.migrant-health-europe.org/files/Capacity%20Building%20in%20Healthcare_Background%20Paper(2).pdf. Also, see IOM (2009) at: www.migrant-health-europe.org/background-papers/capactity-building.html.

[12] WHO, *How Health Systems can address Health Inequities linked to Migration and Ethnicity*. Copenhagen (2010), available from www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf.

WHO Global Code of Practice on the International Recruitment of Health Personnel

The WHO Global Code of Practice on the International Recruitment of Health Personnel promotes voluntary principles and practices for the ethical international recruitment of health personnel as part of strengthening health systems, taking into account the rights, obligations and expectations of countries of origin and destination and migrant health personnel.[13] To facilitate monitoring of the implementation of the Code, guidelines for Member States and non-State stakeholders are being developed, in consultation with Member States, international organizations, professional associations, civil society organizations and other interested stakeholders. The Code forms part of the WHO global approach to strengthening health systems.

Alongside the Code, WHO is developing complementary strategies and activities to strengthen national health workforces. These include: (a) expansion of health workforce education; (b) improvement of standards of accreditation; (c) implementation of global policy recommendations to improve retention of health workers in remote and rural areas; and (d) improvement of human resource information systems.[14]

Other initiatives on international migration and development

Extending social protection in health for migrants

Despite existing and ratified international human rights standards and conventions that protect the rights of migrants, including their right to health, many migrants still lack access to health services and financial protection in health for themselves and their family members. Lack of coverage can lead to excessive costs for migrants, many of whom pay out of pocket for health services. This prevents many from accessing services, which exacerbates health conditions that could be prevented, often at reduced costs, if services were available. Neglecting access to primary health care and leaving migrant health to be managed at the level of emergency only runs counter to economic and public health principles.

Current approaches to improve access to health services for migrants are often fragmented and costly, operate in parallel to national health systems, depend on external funding and lack sustainability. As part of WHO efforts to promote universal coverage, and in the context of launching the 2010 *World Health Report on Health Systems Financing*, a technical brief was prepared entitled "Ensuring access to health services and financial protection for migrants," which, inter alia, calls upon policymakers to mitigate the burden of out-of-pocket health spending and move towards pre-payment

[13] WHO, *The WHO Global Code of Practice on the International Recruitment of Health Personnel* (Geneva, WHO, 2010), available from www.who.int/hrh/migration/code/code_en.pdf. See also the User's Guide at: whqlibdoc.who.int/hq/2010/WHO_HSS_HRH_HMR_2010.2_eng.pdf.

[14] WHO, *Global Policy Recommendations to improve Retention of Health Workers in Remote and Rural Areas* (Geneva, WHO, 2010), available from whqlibdoc.who.int/publications/2010/9789241564014_eng.pdf.

systems that involve pooling of financial risks across population groups.[15] The focus on social protection in health was closely related to the Mexico GFMD outcome in 2010, which called for the assessment of cost-effective health-care models for various types of migration scenarios.[16]

At the regional level, initiatives that give priority to existing gaps in access to affordable and appropriate health services for migrants and new approaches to social protection in health, have included:

(a) the Regional Dialogue on the Health Challenges for Asian Labour Migrants, in Bangkok, July 2010, organized by IOM and UNDP, in cooperation with the ILO; the Joint UN Initiative on Mobility and HIV/AIDS in South East Asia; the Joint UN Programme on HIV/AIDS and WHO; and

(b) the second Ibero-American Forum on Migration and Development, in El Salvador, in July 2010, called by the Ibero-American General Secretariat and co-organized by the Government of El Salvador, ECLAC, and IOM. WHO is supporting initiatives to extend social protection in health for migrants in the Ibero-American region, as well as at the global level, in close collaboration with partners.

Global Migration Group membership

Staying abreast of the discussions and emerging international governance structures on migration has become essential to the work of WHO and its dedication towards the early achievement of internationally agreed development goals and objectives, including the Millennium Development Goals. WHO has been a member of the GMG since September 2010 and intends to work closely with GMG members, as well as Member States, other organizations and civil society, since improving the health of migrants cannot be achieved by the health sector alone.

2. Support provided to the Global Forum on Migration and Development

WHO took part in a 2007 GFMD round table entitled "Highly Skilled Migration: Balancing Interests and Responsibilities", with a focus on the health sectors in Malawi and Ghana, and strategies to address the loss of trained health professionals in those countries, including the then-pending global Code of Practice on recruitment. The Organization also participated in the 2010 Forum and its preparations, providing advice and inputs to the background documents for various round tables. It has also been an active participant in GMG chair-organized events, contributing to documents and providing speakers and financial support to speaker participation.

[15] WHO, "Ensuring Access to Health Service and Financial Protection for Migrants," Technical Brief Series-Brief no 12 (2010), available from www.who.int/healthsystems/topics/financing/healthreport/MigrationTBNo12.pdf.

[16] Report and papers from the 2010 GFMD are available at www.gfmd.org/en/docs/mexico-2010.

As a recent GMG member, and guided by the outcomes of the GFMD fora and existing GMG materials and deliverables, WHO has made efforts to analyse the substantial health angles of migration and development. Contributions to GMG-organized events and meetings, including working-level meetings and various thematic events, provided the opportunity to widen the scope of the health-related debate, and, in particular, highlighted the health rights, needs and vulnerabilities of migrants; the challenges for countries and communities to address the health of migrants and related public health concerns and recommended directions for health systems and policy planners.

WHO contributions have focused the debate beyond the migration of health workers to address the broader and complex issue of health of migrants and extending social protection in health to migrants in support of development. This enlarged focus is well reflected in the various deliverables of the GMG.

Albeit severely limited by budget restraints, WHO has been able to support civil society and take active part in the organization of events with GMG partners, such as seminars by UNITAR and Labour Migration Academy training by ILO. Moreover, WHO has been promoting migrant health and the importance of integrating health into migration and development policy in its own work with Member States and partners, as reflected in numerous ongoing initiatives across the WHO regions, covering issues ranging from the management of infectious diseases to social health determinants, human rights and health, health financing, social protection, the code of practice for international recruitment of health personnel, and many others.

WHO is keen to take a more active part in and further support the GFMD in the future.

3. Identified good practices

Among its many good practices in this field, WHO counts the 2010 Global Code of Practice on the International Recruitment of Health Personnel as a global response to the shortage of health personnel in many Member States, particularly low-income countries.

Another good practice is the operational framework and action plan for all stakeholders to promote the health of migrants agreed at the Global Consultation on Migrant Health in Madrid, organized by WHO, IOM and the Spanish Ministry of Health and Social Policy. This operational framework has guided the work of WHO and its partners on migrant health, with a focus on these four major pillars: (a) monitoring migrant health; (b) policy and legal frameworks; (c) migrant-sensitive health systems; and (d) partnerships, networks and multi-country frameworks. The framework has guided various regional dialogues, research and programmatic approaches on the topic ever since.

The full range of WHO good practices are covered in WHO publications around this topic, in particular the WHO flagship *World Health Reports* and special reports by its regional offices, such as the chapter entitled[17] "Migration and the Health of Migrants" in *Poverty and Social Exclusion in the WHO European Region: Health Systems Respond* by the WHO European Office for Investment for Health and Development in the WHO Regional Office for Europe, in 2010.[18]

One of the most notable good practices is the PAHO listserv site, which, inter alia, lists all WHO publications relating to migration health. The site reaches tens of thousands of readers globally and includes extensive migrant health-related information covering more than a decade of archives and daily announcements.[19]

4. Challenges identified in carrying out WHO work

WHO key findings in implementing WHA resolution 65/170

The health of migrants needs continuous promotion

Despite all the positive developments described above, WHO has witnessed an increasing challenge to promote migrant health in global health and development debates. Political and financial arguments are often at the basis of the low priority given to migrant health. As a result, access to health services for vulnerable migrant populations remains largely unaddressed.

It is difficult to understand how a sizeable group of people who contribute to economic and social development could be excluded from accessing preventive and curative health services. As stated above, leaving migrants' health to be managed at the level of emergencies only runs counter to economic and public health principles. Late or denied treatment can be costly, does not respect human rights principles and is a threat to public health.

The migration of health professionals

The shortage of health personnel in many Member States continues to pose a major threat to health systems, especially in developing countries, and undermines the achievement of development goals. Migration of health personnel can bring mutual

[17] See, for example, the *World Health Report 2010* special brief entitled "Ensuring access to health services and financial protection for migrants," downloadable from www.who.int/healthsystems/topics/financing/healthreport/MigrationTBNo12.pdf.

[18] Available from http://bit.ly/cnZ0xU.
For further relevant publications on migration, development and health, see also: www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf; www.euro.who.int/__data/assets/pdf_file/0006/115485/E94018.pdf; www.migrant-health-europe.org/background-papers/capactity-building.html; and bit.ly/9hzyLs.

[19] Visit the PAHO/WHO website at http://listserv.paho.org/Archives/equidad.html, or visit the Twitter account at http://twitter.com/eqpaho.

benefits to origin and destination countries, but migration from countries with a crisis in their health workforce can further weaken already fragile health systems.

The implementation of the 2010 WHO Global Code of Practice on the International Recruitment of Health Personnel needs support and commitment from governments, partner agencies and other stakeholders, and remains one of the key challenges of health systems today.

5. Gaps evident within the migration and development sphere

Economic arguments appear to dominate the global debate on migration and development, including migrant health. For example, among the outcomes of the GFMD is the call to find "cost-effective ways to manage the health of migrants."[20]

(a) Health is not well integrated in the international development debates, despite the obvious link between health and internationally agreed development goals.

(b) Migration is not well integrated in the global health debates, such as on foreign policy and global health, social health determinants and non-communicable diseases, among others

This lack of a true multisectoral approach is evident in the dialogues, and in the absence of Ministries of Health or other health sector representatives, or even serious debate on migrant health, in the GFMD.

Also, the study of migrant health should be expanded, in view of the size and demography of migration today, including the great diversity in vulnerability levels among different migrant groups; and should give recognition to the role of socioeconomic determinants and inequities in health outcomes and health-care resource needs. Research and the study of migrant health continue to be hampered by a lack of agreed definitions and consistency of terminology and denominators. As a consequence, data comparison and analyses are limited, in particular with respect to determinants of migrant health.

[20] See the GFMD 2010 Report of Proceedings, available at: www.gfmd.org/en/docs/mexico-2010.

6. Recommendations for the 2013 High-level Dialogue

The recommendations from the aforementioned Global Consultation on Migrant Health provide an operational framework and comprehensive recommendations for the High-level Dialogue on International Migration and Development in the migrant health domain, inter alia:

(a) Develop and implement migrant-sensitive health policies that incorporate a public health approach and equitable access to health services (that is, health promotion, disease prevention and care) for migrants, regardless of immigration status and without discrimination and stigmatization.

(b) Ensure that migrant health services are culturally, linguistically and epidemiologically appropriate. This requires the development of the capacity of the health workforce to better understand and address the health issues associated with migration and the involvement of migrants in policy and programme planning and implementation.

(c) Promote coherence among the policies of different sectors that may affect migrants' ability to access health services, as well as among countries involved in the migration process, to guarantee continuation and effective surveillance.

Addressing the health needs of migrants improves migrant health, protects global public health, facilitates integration and contributes to social and economic development. Ensuring access to health services and financial protection can be effective tools to promote health equity in today's diverse societies. Strategies include:

(a) Mitigate the burden of out-of-pocket health spending and move towards pre-payment systems that involve pooling of financial risks across population groups;

(b) Develop or strengthen bilateral and multilateral social protection agreements between source and destination countries that include health-care benefits and the portability thereof;

(c) Explore the role of relevant sectors, including employers and private partners, in health security schemes;

(d) Raise awareness among migrants of their entitlements and obligations;

(e) Research the economic consequences of reduced health on the life expectancy and productivity of migrants, as well as the economic impact of current schemes that address migrant health, including those allowing equal access for all migrants.