

Forum: HEALTH & YOUTH (Conference Special Committee)

Issue: The Question of Right to healthcare for migrants

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Introduction

According to the IOM World Migration Report 2020, as of June 2019 the number of international migrants was estimated to be almost 272 million globally, 51 million more than in 2010. The health problems of refugees and migrants are similar to those of the rest of the population, although some groups may have a higher prevalence. The most frequent health problems of newly arrived refugees and migrants include accidental injuries, hypothermia, burns, gastrointestinal illnesses, pregnancy and delivery-related complications, diabetes and hypertension. Female refugees and migrants frequently face specific challenges, particularly in maternal, child health, and violence.

When people are on the move and reach geographical areas different from those of their home country, they are more likely to experience disrupted or uncertain supplies of safe food and water, especially under difficult and sometimes desperate circumstances. In addition, basic public services – such as electricity and transport – can break down. In these conditions, people may be more prone to use inedible or contaminated food ingredients, cook food improperly or eat spoilt food. Refugees and migrants typically become ill during their journey, especially in overcrowded settlements.

There is a need to improve healthcare for migrants so that, in line with the right to health, migrants are able to have "the enjoyment of the highest attainable standard of health" (1946 WHO Constitution).

Definition of Key Terms

Migrant: The UN Migration Agency (IOM) defines a migrant as any person who is moving or has moved across an international border or within a State away from their habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.

Healthcare: The organised provision of medical care to individuals or a community.

UHC: Universal health coverage ensures that all people are able to access effective, good-quality health services when they need them, without experiencing financial hardship.

WHO: Founded in 1948, the World Health Organisation (WHO) is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable.

IOM: Established in 1951, IOM (International Organization for Migration) is the leading intergovernmental organisation in the field of migration and works closely with governmental, intergovernmental and non-governmental partners.

UNHCR: The UN Refugee Agency (UNHCR) is a global organisation dedicated to saving lives, protecting rights and building a better future for refugees, forcibly displaced communities and stateless people.

UNRWA: Following the 1948 Arab-Israeli conflict, UNRWA was established in 1949 to carry out direct relief and work programmes for Palestine refugees.

Background Information



The 2030 Agenda for Sustainable Development recognizes for the first time the contribution of migration to sustainable development. 11 out of the 17 Sustainable Development Goals (SDGs) contain targets and indicators relevant to migration or mobility. The Agenda's core principle is to "leave no one behind," not even migrants.

International migrants comprised 3.5 per cent of the global population in 2019. This compared to 2.8 per cent in 2000 and 2.3 per cent in 1980. While many individuals migrate out of choice, many others migrate out of necessity. According to UNHCR, the number of globally forcibly displaced people worldwide was 79.5 million at the end of 2019. Of these, 26 million were refugees (20.4 million refugees under UNHCR's mandate, 5.6 million Palestine refugees under UNRWA's mandate). 45.7 million people were internally displaced, 4.2 million were asylum-seekers, and 3.6 million were Venezuelans displaced abroad.

In 2019, the number of international migrants worldwide – people residing in a country other than their country of birth – reached almost 272 million (from 258 million in 2017). Female migrants constituted 48 per cent of international migrants. There were an estimated 38 million migrant children, three out of four international migrants were of working age, meaning between 20 and 64 years old. 164 million were migrant workers. Approximately 31% of the international migrants worldwide resided in Asia, 30% in Europe, 26% in the Americas, 10% in Africa and 3% in Oceania.

WHO contributes to achieving the Thirteenth General Programme of Work 2025 target that 1 billion more people benefit from UHC, whilst also contributing to the 2 other billion targets of 1 billion more people better protected from health emergencies and 1 billion more people enjoying better health and well-being.

Timeline of Events

1946

Constitution of the World Health Organization: defines health and the right to health.

1948

Universal Declaration of Human Rights: defines the right to health in Article 25.

1965

International Convention on the Elimination of All Forms of Racial Discrimination: references "The right to public health, medical care, social security and social services."

1966

International Covenant on Economic, Social and Cultural Rights: In Article 12, the UN further defines the right to health.

1979

Convention on the Elimination of All Forms of Discrimination Against Women: Article 12 outlines women's protection from gender discrimination when receiving health services and women's entitlement to specific gender-related healthcare provisions.

1989

Convention on the Rights of the Child: Article 3 calls upon parties to ensure that institutions and facilities for the care of children adhere to health standards. Articles 23 and 24 also mention health.

1990

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

2015

The European migrant crisis occurred: a period of significantly increased movement of refugees and migrants into Europe, when 1.3 million people came to the continent to request asylum.

2018

December: International Migrants Day – launch event of the Migration and Health Technical Guidance series and pre-launch of the "Report on the health of refugees and migrants in the WHO European Region".

2021

October: WHO Global School on Refugee and Migrant Health

Relevant UN Treaties and Events

The preamble of the 1946 World Health Organization (WHO) Constitution defines health broadly as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The Constitution defines the right to health as "the enjoyment of the highest attainable standard of health," and enumerates some principles of this right as healthy child development; equitable dissemination of medical knowledge and its benefits; and government-provided social measures to ensure adequate health.

In 1948, the Universal Declaration of Human Rights was passed. Article 25 states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."

In 1966, the ICESCR (International Covenant on Economic, Social and Cultural Rights) treaty was adopted. It ensures rights including the right to an adequate standard of living and the highest attainable standard of health.

Achieving UHC was one of the targets set by world nations when adopting the SDGs (Sustainable Development Goals) in 2015. Countries reaffirmed this commitment at the UN General Assembly High Level Meeting on UHC in 2019.

In 1990, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families detailed the rights of migrant workers, including with regard to health. Article 9 states that "The right to life of migrant workers and members of their families shall be protected by law." Article 28 states that "Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment."

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