

Forum:	Health Committee
Agenda:	On measures to ensure universal access to healthcare for migrant workers
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Introduction

In this globalized and mobilized era, migration is a choice for people to gain higher income, through taking jobs with higher treatment. Many migrants leave their countries of origins to increase their purchasing power, health conditions and quality of life. However, the current unadopted and unfit policies and legislation limit them to the inferior health conditions and thus created the in-mobility of climbing upwards the economic ladder, solidifying the stratification, and harming the vitality of societies. Many go from young and healthy states to mentally and physically harmed, without enough access to health services. Migrants, therefore, would be much more susceptible of the risks during and after the migration process. The great socio-economic achievements acknowledged through huge contribution to the local labour forces, is not proportionate with the rewards.

The main sufferings they go through include massive exploitation, poor living and working conditions, a range of adaptive problems, danger of trafficking, socio-cultural differences, lack of social networks, low financial conditions, legal differences in rights, large differences in access to healthcare schemes compared with the local population, not enough risk protection from work resulting to occupational accidents, and excessive working time. For irregular migrants who have constant fear of being deported and revealed, seldom report their health conditions and attend regular medical checks at hospitals. These frustrated actions are causing themselves tremendous potential of chronic diseases, weakness and malnutrition.

Throughout the world, sectors like mining, farming and construction still lack enough standard and regulation on workers. Moreover, migrant workers are prohibited from owning trade unions, therefore silenced in voicing their need and declaring their workers' rights. Furthermore, sexual harassment and gender discrimination are more prominent among the female migrant groups working in the domestic economy.

Especially with the heavy strike of pandemic, the health conditions of migrant workers deteriorated, as it is economically and socially harder for them to access healthcare services. They are unable to afford the services by themselves, and are not provided equitable help as other citizens. They are estimated to remain the most vulnerable, and the situation was intensified especially for women migrant workers.

The health of people in all countries is fundamental to any aspect of development of the world, and it is a collective goal and consensus that any citizen within the country, including migrant workers, have a fundamental right to attain the highest possible state of health. Only with the equitable and fair provision of healthcare service to people could the nations prosper and eliminate socio-economic crisis, and the goal requires a finer global governance to be achieved.

Key Terms

Health - According to World Health Organization (WHO), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable

standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Healthcare - The provision of treatment and prevention to physical and psychological diseases, and the enhancement of the health conditions, by certain governmental or non-governmental organizations, institutions or personnels.

Universal Health Coverage (UHC) - According to WHO, Universal Health Coverage means that all people have access to the health services they need, when and where they need them, without financial hardship.

Primary Health Care (PHC) - According to WHO and UNICEF, "PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."

Informal Economy - Informal economy is a system with economic activities (production, distribution, exchange, consumption) that are not under government regulations and legislations, and therefore pay no tax to governments.

Migrant Workers - A Migrant worker, different from a migrant, is defined by The United Nations Convention on the Protection of the Rights of all Migrant Workers and Members of their Families as “a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a citizen”. the 169 million international Migrant workers constitute of 62% of the total migrants (272 million).

Irregular migrants - Irregular migrants are migrants with not officially authorized documentations in the destination country or with non-legal binding prolonged time staying within the border.

Seasonal Migrant Workers - Seasonal Migrant Workers are specifically defined as Migrant workers working in the agricultural sectors.

General Overview

The international migrant population had been growing to as high as 3.4% of the whole population in 2017 compared to 2.8% in 2000, from 173 million to 258 million, an increase in proportion of 49%.

It is worth noticing that there are still 10 million stateless population globally, and 24.5% refugees. The stateless people get no legally protected basic rights, such as healthcare, medical checks and education.

Migrant children, especially unaccompanied ones, lack extra health support from national health schemes and communities.

Migrant workers face larger barriers in working situations, communication, information transmission, unaffordability, cultural differences and stigmatization.

Upon the arrival or before departure to host countries, migrant workers often have to pay for the expensive compulsory health checks in order to meet the employment requirements. Some of the medical assessments are lack of diagnostic practices, and have little contact or information sharing with the healthcare system of the host countries, both creating large wastage, administrative inefficiency and no real benefits to the health of migrant worker by the process.

Providing health services to migrants benefits not only the situation of migrant worker themselves and their families, but also the global healthcare improvements as a whole, dislodging diseases at an early phase.

The housing situation added to the harshness of health condition, which in the long run harms the immunity systems of the migrants. They often live in over-crowded, temporal, substandard households provided by the employers, with difficult access to clear water, disinfecting objects such as masks and hand sanitizer. This put them at a higher risk of becoming susceptible individuals.

Migrant sex workers may be disintitled of accessing employees' healthcare support and have more troubles accessing the treatment services, especially in countries where sex work is illicit, and legislation do not protect their rights.

The fear of job losses, xenophobia and stigmatization have always been contributors to migrant workers' mental illness. The pandemic disproportionately impacted migrants. The death loop of being paid lower and facing more unaffordable essential goods as well as basic medication, further deteriorates their well-being.

Within the migrant workers, The disparity of medical opportunity in terms of age, gender, occupation type and ethnicity still exists. 67% of them have occupations in the services sector, followed by industry and agriculture. such as , m Those in the essential sectors such as the social care sector are less likely to be in layoff than workers in infrastructure construction sectors.

The incompatible feature of immigration laws and COVID-19 regulations of host countries dragged them into a conflict of being stranded in the host country due to travel restrictions and soaring air ticket prices while violating the legislations, in which situation they might risk human-trafficking or dangerous scenarios.

Regarding the distribution, more than two thirds of them reside in higher-income countries, with both genders contributing to nearly 20% of the labour force.

The Association of South-East Asian Nations (ASEAN) Region

Global public health emergencies are provoked due to the higher vulnerability of migrant workers, such as influenza, avian influenza virus and monkeypox. The health security situation is worsened in ASEAN region, largely due to the high vulnerability of its migrant workers. The difficult situation is faced in higher frequency by female migrant workers, who are in continual lack of legal and official migrant protection, for being immigrated through underground means. In response, the ASEAN Declaration on Strengthening Social Protection claims that it is fundamental to provide social protection for the migrant group, who is categorized as the more vulnerable.

European Regions

Migrants lost jobs more easily as higher rates of job loss, at 12.3% for the 20-64 years olds born outside of the European Union, compared to 6% for the natives, before the pandemic. Adding to other European regions, the influx or refugees from Ukraine to its neighboring countries are adding burden to its

healthcare system. Higher risks of communicable diseases in reception centers and community shelters impose a big threat to international health concerns.

The Russian Federation

It is estimated that around 14 million people constitute the migrant workers in Russia, including up to five million irregular ones. There has long been a history of portraying migrant workers as “unwanted aliens”, causing healthcare personnels refusing to provide basic support. With the pandemic, the situation in the country is becoming especially serious. As high as 30% of migrant workers went unemployed after the COVID-19 lockdown policies, who also suffered more from discrimination than before the pandemic. The double shackles worsened their physical and mental health situations, deteriorating many’s trauma disorders. Also, the non-communicable diseases were less concentrated, and deaths or severe symptoms of migrants occurred more frequently due to the lack of medical coverage on it.

The Arab States

The migrant working population has the largest proportion in this region, at as high as 41.4 per cent. It also is one of the areas with the highest proportion of migrant workers amount (14.3%). However, all of the Gulf Cooperation Council is operating the “kafala” system, namely, to bind the rights and duties of migrant workers completely to their employers, throughout the span of their employment. This system opens larger amount of exploitation, oppression of the employers, as it gives overly substantive power to the employers. Workers need to be permitted only by their employers to leave their duties or change jobs, or they would be deported or confiscated of passports.

The United States (US)

Employer-sponsored coverage is not included in many of the migrant workers to the US. There has been combined states endeavor for better collaboration, opportunity and networking for migrant farmers. As the government has been implementing lower direct taxation and less welfare system compared to European countries, migrant workers have more barriers to healthcare, especially for seasonal agricultural workers, due to combined factors such as being overall less able than residents to afford private insurance.

The United Kingdom (UK)

The National Health Service have entitled the rights of all citizens of getting basic healthcare that are vastly listed, including COVID-19 tests and emergency checks. However, due to other social factors, the statistics in 2019 shows that there is a huge difference between high-skilled immigrant workers and the low-paid groups. Those who arrived earlier are more likely to have long-term health problems than those who just arrived. As for the COVID-19 susceptibility, the results differ between different ethnic groups. Migrant workers are more likely to participate work in the sectors with higher potential of pre-existed risks. The health risks are not due to the identities of migrants, but due to status of them being new to and unfamiliar with the British working and social systems.

Major Parties Involved

International Organization of Migration (IOM)

IOM was established in 1951 with the aim of promoting international cooperation on migration. Aware of the relation between migration situations and social, economic and cultural status, it constantly works with various organizations to achieve its goal. It supports the policy making and humanitarian support such as aids to the relevant countries.

World Health Organization (WHO)

World Health Organization (WHO), the United Nations agency, is working to promote health, keep the world safe and serve the vulnerable. It had released extensive researches and reports regarding the healthcare of migrant workers, and have provided humanitarian support to the group.

International Labour Organization (ILO)

ILO is a UN agency that works for conducting and devising policies, standards and suggestions for member states, in keeping decent and just working of labour. It had released several conventions and recommendations regarding the claim of justice and basic rights of migrant workers, such as Transition from the Informal to the Formal Economy Recommendation in 2015, back to the earliest Convention in 1925.

Timeline of Events

Date	Description of event
1919	International Labours Organisation was established at the Peace Conference in Paris, with the vision of “the protection of the interests of workers when employed in countries other than their own”
1948	The Universal Declaration of Human Rights includes the basic human rights, including “the right to a standard of living adequate for the health and well-being” including “medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability”, all the humans in all countries.
1949	The ILO declared Migration for Employment Convention that demands member staes to guarantee “free and adequate employment assistance” as well as “equal treatment of migrant workers in terms of labor rights”
1975	The ILO adopted the Promotion of Equality of Opportunity and Treatment of Migrant Workers. A migrant worker was explicitly defined by ILO according to the Article 11.
1985	UN General Assembly adopted the Declaration on the Human Rights of Individuals Who are not Nationals of the Country in which They Live.

1990	The number of foreign laborers in Gulf Cooperation Council states reached around 5.2 million in 1990.
1991-2014	International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW) was adopted by the UN and gradually ratified by most countries around the globe.
2007	According to Belgium, Germany, Spain, Greece and the UK had the largest proportion of migrant population in 2007.
2013	The USA had the highest migration rate at 13%, a quadrupled number compared with its figure of 1970. In Europe, Germany, the UK, France, Italy and Spain were the top countries with the highest migrant workers rate in 2013.
2020	The unemployment reached a peak in April 2020 for the United States, a higher proportion of which was migrant workers. The world unemployment rate was at 6.57%, also an increase from the previous year.
2022	Due to the war between Russia and Ukraine starting from 24 February 2022, over 16.08 billion Ukrainians crossed its border since then till December 6, 2022, most of whom migrated to Poland.

UN Involvement, Relevant Resolutions, Treaties and Events

- UN International Organization of Migrants have held International Migration Review Forum from May 17 to 20 in 2022 to report and examine on the effectiveness of the 23 objectives of The Global Compact for Safe, Orderly and Regular Migration (GCM) set in 2018, and to propose future measures and prioritization of international migration governance for the next four years. The aims include the goal of eliminating harms put up on migrants, and the new objectives drew comprehensive blueprints for national policies to refer to. “Eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration” and “full inclusion” included in the objectives are both far-reaching measures for the issue.
- Sustainable Development Goals are part of the 2030 Agenda for Sustainable Development, which is an agenda that has set 17 SDGs focusing on tackling global issues such as climate change, poverty, and access to healthcare on a global scale. The third goal, “ensure healthy lives and promote well-being for all at all ages”, is partly aimed at the eradication of disparity of healthcare treatment in terms of the origins of the people.
- WHO Global Action Plan for Promoting the Health of Refugees and Migrants 2019-2023: With the aim of promoting health conditions of refugees and migrants requested in the 140th annual UN session, the

Director-General have reported the action plan in May 2019 considering the blueprints, motivations, as well as the executive guidelines for Member States to follow.

Possible Solutions

The following solutions are aspects and angles that can be considered in the resolutions, which should not be constrained to merely the listed topics.

Provide guidance on imminent, affordable, accessible and quality healthcare for migrant groups who may be more affected by the infectious diseases, according to respective national contexts. Settle relevant interim local departments in less developed areas free of charge, with references to the practices of United Kingdom. Also, utilize community centers as quick and essential medical check. Finally, simplify the process of investigation, diagnosis and treatment for infectious diseases.

Apply technology in developing regular risk evaluations, and corresponding administrative measures on surveillance and contact record tracing in areas with hierarchy of density where migrant workers are in. For example, subsidize related firms or entities, keep close track of the latest technological researches in order to put the newest technology into place, and constantly improve on the complete system. Prioritize nursing homes for food processing sectors and farms workers, through more sounded considerations on specified working conditions, to top the origination and spread of diseases. Base the assessments on more diverse factors like pre-diagnosed symptoms, chronic diseases and social-economic statuses, to create more comprehensive results. Inform migrant workers are of the medical treatments fully and timely they have access to, with the new technology and bulletins.

Implement clear policies to provide migrant workers with basic self-protective training and supply at no disparity. Provide enough amount of masks, disinfectant, and convenient hospitals or institutions for disease diagnosis. Play instructive videos or diagrams in neighbor communities.

Provide comprehensive job insurances and safety protections equal to other jobs. Conduct compensation policies for all ranges of jobs, including high-risk ones such as aerial work, building construction, and logging sectors, to alleviate the loss of income if they apply for sick leaves. Also, receive and analyze more accurate case reports by migrants, avoiding working with sickness and fear of leaving.

Increase the studies on migrant situations in ways such as providing special funds to relevant sectors for consultation of Member States on higher precision on situations of migrant workers, with valid and detailed recordings and including physiological changes. Moreover, document the sectors with no work injury compensations. It is also important to raise awareness of current situations of undocumented irregular migrants, and consider their needs while devising public health systems.

Recognize humanistic approaches in the healthcare services. States could build more groups of medical staffs on higher skills in understanding and realizing the need of migrant workers, and Offer moral teachings on no discrimination, no stereotype and social security as migrants' human rights to healthcare practitioners

Stress on strengthening and ensuring the protection of refugees from war-zones such as Ukraine. Provide essential needs such as food, water, secure shelters, mental health education and equitable healthcare access, emphasis on information dispersion on ways undocumented migrants could get the emergency healthcare as normal immigrants, and finally lessen migrant workers' psychological trauma and health risks

Share information between governments on the temporal or constantly-moving migrants to ensure their continuous healthcare protection. Focus on severe infectious diseases, Human Immunodeficiency Virus (HIV) and

tuberculosis. Also, advocate for social inclusiveness towards and adaptive integration for migrant workers especially in less international regions and areas.

Protect irregular migrant workers' basic human right including social security.

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