



Permanent Mission of Sri Lanka  
to the United Nations &  
Other International Organisations  
in Geneva

**Global Compact for Safe, Orderly and Regular Migration  
Informal thematic session on Human rights of all migrants, social inclusion,  
cohesion and all forms of discrimination, including racism, xenophobia and  
intolerance**

**Intervention by Sri Lanka at the panel discussion on Social Inclusion and  
Cohesion**

**8<sup>th</sup> May 2017**

Mr. Moderator, distinguish panelists,

Social inclusion and well managed integration into societies are important factors in countering the toxic narrative that the migrants are a 'burden' to the host society. Countries that have well planned and properly governed programmes for social inclusion and integration of migrants have in fact harnessed the potential of new skills and entrepreneurships and that they have added value to their host societies. However, countries that currently host the majority of the migrant population being in the developing world and are pressed with resources to provide services to their own citizens, naturally have serious practical issues in properly integrating migrants. Seclusion and discrimination against migrants not only undermines the development potential of a migrant, but could also start a vicious circle of poverty, poor quality of living, less opportunities, furthering vulnerability and increase the potential of them being misused by extreme forces, against the societies. Therefore, providing with necessary social and economic rights of migrants would be in the interest of all countries and societies. In this context, Sri Lanka considers this dialogue today on the social inclusion and cohesion of migrants timely, and we thank the panelists for their valuable insights.

Despite being an important element for both the individual migrants and to their host countries, public health assurances, health of migrant has not received its due attention in the international discourse. In fact, we note that the modalities resolution of the GCM also does not make any explicit reference to the health dimension of the migration, even though the New York Declaration had recognized it. Therefore we wish to recommend that migrant health be proposed as an important element or aspect to be considered in the 2018 final GCM outcome, and that the discussions today in this Panel will be a useful catalyst for it. The health status of a migrant throughout the migration cycle can largely influence the extent to which he or she can contribute to the respective societies. A healthy migrant could be an asset to the shrinking workforce of many developed and developing countries. Therefore, Sri Lanka pays a special attention to the issue of migrant health, at national, regional as well as international level and allow me to share our experience.

Sri Lanka is among the few countries that have developed a comprehensive '**National Migration Health Policy**'. We appreciate the support received from the IOM to conduct sectoral research studies leading to the development of this **evidence-based policy** which was launched in 2013 aiming at the promotion of health requirements of in-bound, internal, out-bound as well as families left behind. In this regard, we have made considerable strides in several aspects;

- comprehensive and standardized health assessment being introduced at the **pre -departure** stage that will ensure better health of outbound migrants
- ensuring health protection of Sri Lankan migrants through **bilateral arrangements with the host countries**,
- awareness raising and **integration of returnees to the community health services**, and strengthening existing public health system to respond to the health needs of those returnees who lived away from the country during the time of the conflict.
- Awareness raising of out-bound migrants,
- **Training** of port medical officers on migrant worker abuse, and management of public health emergencies of international concern (PHEIC) events.
- setting up of **special hospitals through a rapid response plan** to provide health care to the Internally Displaced Persons (**IDPs**) resulted by the 30 year old internal conflict, during their transition period,
- Developing a tool for a **coordinated care plan** which will look into the health and social issues of families, and those left behind. This will ensure that an informed judgment is made before migration and that access to health and other services can be met for family members.
- **Inbound health assessment for resident visa** applicants to be introduced affording health access whilst safeguarding the public health of the country.

Having launched the national policy on migrant health, we have noted the following **7 principles** as paramount to the success of any migrant health policy;

- i. Firstly, it should be inclusive to address all migration flows
- ii. Secondly, a whole of government approach, involving multi-stakeholder consultative process is needed,
- iii. Thirdly, it should be evidence-based approach, rather than 'opinion based' approach,
- iv. Fourthly, it should be able to respond to evolving migration health needs, including emerging cross border health threats (such as MERS -Cov, Ebola)
- v. Fifthly, an accountability framework, with regular monitoring and reporting of progress is required,
- vi. Sixthly, the health vulnerabilities of migrants should be seen as part of global / regional health stewardship,

- vii. Lastly, advocacy and engagement at international level, as what we are doing today, is crucial in addressing this cross border challenge.

Turning to Sri Lanka's advocacy role at regional and international fora on migrant health;

At **regional level**, during our Chairmanship, Sri Lanka has also taken the lead in bringing the migration and health issue into the agenda of the **Colombo Process**- a regional consultative process on contractual labour migration. While the Colombo Process has made efforts to address the issue of health aspects of labour migrants through its 'Pre -departure orientation', at the 5th ministerial Meeting of the Colombo Process held in Colombo in August 2016, Member States agreed on identifying 'Migrant Health' as a stand-alone agenda item.

In addition, the 69th regional committee meeting of the SEARO held in Colombo in September 2016 also held a dedicated discussion on the issue of migration and health, reiterating the collective interest in the region.

One of the key recent development in the **international arena** on migrant health was the **2<sup>nd</sup> Global Consultation on Migrant Health** which Sri Lanka had the honour to host, together with the IOM and WHO in February this year. The Consultation attended by more than 100 representatives from Governments, civil society and academia resulted in fruitful and pertinent technical discussions. The report of the Consultation will be made available by the IOM in the coming month. The key outcome of this consultation, the 'Colombo Statement' expressed the political commitment of the participating Governments to advance the migrant health agenda, at national, regional and international levels. The Colombo Statement outlined 10 key guiding principles, which the participating Governments endorsed as priorities, which included important elements such as (*inter alia*) ;

- right to health as a fundamental right of human beings,
- cross -border continuity of care at an affordable cost,
- importance of multi -sectoral coordination and inter - country engagement,
- engagement of migrants in policy formulation,
- positive dividend offered by the investment in migrant health,
- needs of migrants in vulnerable situations,
- relevance of migration and mobility in disease surveillance and response plans etc.

We hope that these Guiding Principles reflected in the Colombo Statement and the technical discussions of the 2<sup>nd</sup> Global Consultation could be of use in reflecting the health dimension of migration at the final document of the Global Compact. In this regard, Sri Lanka wishes to formally table the Colombo Statement, as an input to the GCM process.

**Before Concluding, we also would like to ask the panelists on their reflection of migrant health to be an element in the final outcome document of the GCM process, and possible challenges that need to be addressed in this regard.**

I thank you.