

Side Event

Health and Labour Mobility



Permanent Mission of Thailand



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of the Federal Republic of Germany
to the Office of the United Nations and
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Geneva



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المملكة المغربية
الوزارة المتدبة لدى وزير الشؤون الخارجية
والدبلوماسية والتعاون
المغربيين المقيمين بالخارج
بمقر الأمم المتحدة



Schweizerische Eidgenossenschaft
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Permanent Mission of Italy
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Mission permanente du Grand-Duché de Luxembourg
auprès de l'Office des Nations Unies
et des organisations internationales à Genève



International Labour Office
Bureau international du Travail
Oficina Internacional del Trabajo



World Health
Organization



International Organization for Migration (IOM)
The UN Migration Agency



Source: ILO

Opening Remarks: Co-sponsoring Country, WHO, IOM and ILO

Panelists: Ass. Prof. M. Brunette, Ass. University of Massachusetts Lowell, USA

Mr. S. Pokharel, Under Secretary, Foreign Employment Division, Ministry of Labour and Employment, Nepal

Mr. T. Sissou, Head of Multilateral Cooperation, Ministry in charge of Moroccans living abroad and Migration Affairs, Morocco

Representative from EU Agency for Safety and Health at Work, EU

Prof. J.kullo, Medical and Dental Practitioner Council, Uganda

Moderator: Dr Edward Kelley, WHO

Organized by the Governments of Argentina, Ecuador, Germany, Italy, Luxembourg, Morocco, Nepal, Portugal, Switzerland, and Thailand
WHO, ILO, and IOM

Venue: Room XXVII, Palais des Nations, Geneva

12 October 2017, 13.15-14.45

Join the conversation : #migration



Health and Labour Mobility

Side event organized by the Governments of Argentina, Ecuador, Germany, Italy, Luxembourg, Morocco, Nepal, Portugal, Switzerland, Thailand

WHO, IOM, and ILO

12 October 2017, 13.15 – 14.45, Room XXVII, Palais des Nations, Geneva

Introduction

The 2030 Sustainable Development Goals (SDGs) recognize positive contribution of migrants. The \$575 billion in global remittances transferred by international migrants to their families in 2016 - of which \$429 billion were remitted to developing countries - are one of the most tangible economic contributions of migrants to achieving the SDGs. But migrants cannot contribute to the society at their full potential unless they are healthy.

While the majority of migrant workers are healthy, many of them, especially those in vulnerable situations, experience indecent living and working conditions, and social exclusion. Over a third of all migrant workers perform tasks with high risk of work-related diseases and accidents and often with insufficient labour protection and occupational safety. Consequently, they have twice the injury and mortality rate of non-migrant workers. Irregular migrants face particularly high risk for their health and safety, often exacerbated by poor working and living conditions, language and cultural barriers, low/over qualification and psychosocial stress.

The resolution 70.15 on 'Promoting the health of refugees and migrants' endorsed in 2017 encourages Member States to use the Framework of priorities and guiding principles to promote the health of refugees and migrants at all levels and to ensure that health is adequately addressed in the Global Compacts. This Framework includes a priority calling for occupational health and safety measures for migrant workers, including training on prevention of health hazards and access to treatment, rehabilitation and compensation for occupational diseases, injuries and deaths. This is in line with the resolution 60.26, "Workers' health: global plan of action", endorsed in 2007 that urged the 194 Member States to work towards coverage of all workers, including migrant and contractual workers, with essential interventions and basic occupational health services.

Under SDG target 8.8, countries have pledged to "Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment." In addition, International Labour Standards, such as the Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143), offer the same safety and health protection to migrant workers as to national workers of countries of destination. The rights inherent in ILO occupational safety and health instruments, while not referring specifically to migrant workers, envisage that workers enjoy the same rights without discrimination. But bilateral labour agreements rarely include provisions ensuring the occupational safety and health protection of migrant workers and do not mention monitoring mechanisms of compliance.

The health impact on families left behind is especially salient for the majority of labour-sending nations. Many of these nations are low- and middle-income countries that lack adequate resources to respond to broad public health outcomes linked to migration and its cascading reverse impact. Changing demographics and shifting epidemiological profiles of disease can compound changes brought on by increased international migration in labour-sending countries. Balancing human rights (for instance, the right of a single mother to migrate) with health consequences and social protection needs for children left behind and their caregivers remain a policy challenge.

The international migration of health workers is accelerating with an estimated 40 million additional jobs to be created in the health and social sector by 2030. The WHO Global Code of Practice on the International Recruitment of Health Personnel is a key global governance instrument to contribute to better understanding and managing health worker migration, aiming to maximize benefits for health workers at countries of origin and destination. There is the need to establish an international platform on health worker mobility and support to the WHO Global Code to advance international recognition of health worker's qualifications to optimize skills use, increase the benefits from and minimize the negative effects of health worker migration, and to safeguard migrant's rights.

Addressing the health needs of migrant workers and their families left behind as well as health worker mobility requires multi and bilateral partnerships, cooperation and coordination among a wide constituency within and across countries. This side event aims to provide a unique multisectoral dialogue for international cooperation and governance with regards to the public health of migrant workers, facilitate the sharing of current perspectives and provide specific examples, including existing instruments, initiatives and activities aimed at promoting the health needs of migrant workers and their family left behind and in skills recognition.

Proposed format

This 105-minute moderated session will include presentations from countries, IOM, ILO, WHO followed by a Q&A session.

- I. Opening remarks and introductions by co-sponsoring country, WHO, IOM and ILO (30 mins)
- II. Panel (50 mins)
 - A. Public health aspects of labour migration
Ass. Professor Maria Brunette, Project Director 'A Socio -Technical Systems Approach to Improve TB Diagnostics in Peru', University of Massachusetts Lowell
 - B. Regional process and country experience in dealing with the protection of migrant workers, experience from the Colombo Process
Mr. Shivaram Pokharel, Under Secretary, Foreign Employment Division, Ministry of Labour and Employment, Nepal
 - C. Financial coverage and social health protection for migrant workers :
Mr. Tarik Sissou, Head of the multilateral cooperation division, Ministry in Charge of Moroccans Living Abroad and Migration Affairs, Morocco
 - D. EU Agency for Safety and Health at Work
(ILO to confirm)
 - E. Skills recognition of migrant health workers
Prof. Joel Okullo, Chairman, Uganda Medical and Dental Practitioners Council, Uganda
- III. Moderated discussion (20 mins)
- IV. Closing remarks (2 mins)

Moderator: Dr Edward Kelley/WHO (confirmed)

The distinguished panel will assist in responding to questions such as:

1. What health-related commitments could be included in the Global Compact for Safe, Orderly and Regular Migration in the context of international cooperation and governance, to protect and promote the health of migrant workers?
2. How can the health, labour and other sectors jointly ensure decent conditions for working and living and occupational health of migrant workers, what kind of platform/mechanism should be established / strengthened?
3. What are good practices by countries of origin and destination in providing health insurances for migrants and families (left behind), including examples of bilateral and multilateral social protection agreements for migrants?
4. How can countries pool resources to finance health of migrants and mitigate the burden of out of pocket health spending?
5. How can migrant health be mainstreamed in the Global Compact on Migration and formulate actionable objectives to extend social protection in health and employment injury for migrants?