

Committee: GA3

Issue: Access to healthcare for the migrant population

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INTRODUCTION

In recent years, the migration crisis has been an issue that is concerning the global community. Migrants – either with uncertain legal status in the host countries or with acquired legal status – are influenced by social inequalities and are likely to experience several difficulties, which are most likely to put their well-being – physical, mental and social – at risk. With it, come difficulties ensuring right of migrants aren't violated. One of the most basic right is the right to health and access to healthcare, as the consequences of the absence of such a right are fatal. Specifically, the health of migrants is influenced by the availability, accessibility, eligibility and quality of health care services in the host countries. Simultaneously, it is one of the hardest rights to sustain when it comes to migration.

Social determinants of health are usually perceived to be correlated with the overall context, namely living and working conditions, gender, education, socioeconomic status, social cohesion and integration. Specifically, as far as integration is concerned, given the difficulties experienced by the migrant population regarding their right to health, such as but not limited to the lack of sufficient coverage of health care services by national health systems, cultural barriers or lack of awareness on health care services and health-related issues. These constitute severe challenges for migrants, irrespective of their legal status within the host country, since they are either renounced access to public health care services or are not willing to use available health care services, due to fear of prosecution or deportation. Yet, and more importantly, migrants with legal status in the host countries may come up against numerous obstacles to accessing these services.

As migration flows escalate globally, the social determinants of health surround the populations on the move preventing the migrant population realize their right to health while impeding them to access healthcare.

DEFINITION OF KEY TERMS

Right to health

The idea of the right to health was first introduced in the Universal Declaration of Human Rights, Article 25(1): “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, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.

Health Care

The human right to health care is related to clinics, hospitals, clinics, doctors and medical services. The abovementioned elements are evaluated on terms of accessibility, availability, acceptability and quality for everyone on an equitable basis and timely manner. The development of a health care system must be pervaded by the following key standards:

- Universal access: Access to health care must be universal and guaranteed for everyone on an equitable basis. Moreover, it should be affordable, comprehensive and physically accessible.
- Availability: Competent health care framework, such as hospitals, health facilities, qualified health care professionals; goods, namely drugs, equipment; and services, including primary care and mental health, must be feasible to all geographical areas and all communities.
- Acceptability and Dignity: Both health care facilities and professional must respect patients’ dignity, maintain culturally competent health care, be receptive to needs based on gender, age, culture, language, abilities, etc., to respect medical ethics and preserve confidentiality.
- Quality: All health care must be appropriate and of high quality, led by quality standards and control mechanisms, which are provided in a timely, intact and patient-centered way.

Migrant

Any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country. “IOM defines a migrant as any person who is moving or has moved across an international border or within

a State away from his/her 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. IOM concerns itself with migrants and migration-related issues and, in agreement with relevant States, with migrants who are in need of international migration services."

Refugee

A person who, "owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country."

Asylum Seeker

"A person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments. In case of a negative decision, the person must leave the country and may be expelled, as may any non-national in an irregular or unlawful situation, unless permission to stay is provided on humanitarian or other related grounds."

Social determinants of health

The social determinants of health consist of the conditions in which people are born, grow up, work, live and age. The extensive set of forces and systems regulating the conditions of everyday life are also included. These forces and systems involve economic policies, political systems, development agendas, social norms and policies .

BACKGROUND INFORMATION

In 1946, in the Constitution of the World Health Organization (WHO), the right to health was articulated for the first time in global history.¹ According to the constitution of WHO, health is defined as "a state of complete physical, mental and social well-being" and the access to the highest attainable standard of health is stated to be one of the most basic human rights.² On December 10th 1948, the Declaration of Human Rights was established³.

¹ <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

² <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

³ <http://www.un.org/en/universal-declaration-human-rights/>

Ever since then, international treaties have recognized and/or supported the human right to health, examples of which are the Convention on the Rights of the Child⁴, the Convention on the Rights of Persons with Disabilities⁵, in the 1966 International Covenant on Economic, Social and Cultural Rights. So far, 171 international and regional international human rights treaties with 77 legally binding have referred or recognised the right to health or to elements of it, such as health care and health services

The right to health includes a large number of factors that lead to a healthy life, which are called the “underlying determinants of health” by the Committee on Economic, Social and Cultural Rights (ECOSOC). Among these are the building and access to hospitals (healthcare), the access to safe drinking water and food, and adequate sanitation, nutrition and housing. The right to health essentially means that each health protection system has the obligation to offer equal opportunities to everyone, despite social, economical or religious backgrounds enabling people to enjoy the highest attainable level of health. The health services and facilities must be available and of the best possible quality for everyone, and in sufficient quantity in each state. They ought to be accessible both physically and financially to the whole population, and they should be medically and culturally acceptable, respecting ethics and being gender-sensitive.⁶ Prevention of diseases is a very crucial aspect of the right to health. According to the general Comment No. 14, where this right is analyzed, prevention of diseases has to do with both prevention or education programs mainly for sexually transmitted diseases, especially HIV/AIDS, diseases harming sexual and reproductive health (also known as behavior-related health issues) as well as, with the promotion of social determinants of good health, for instance environmental safety, education, economic development or gender equity.⁷ Moreover, the right to health dictates the right to access essential medicines by everyone.⁸

The right to health, is established as a basic human right for the simple reason that it is necessary for survival. Starting from the very beginning of life (birth), lack of healthcare can be fatal. In developing countries nearly half of all mothers and newborns do not receive skilled care during and immediately after birth⁹. This, combined with the fact that 99% of all

⁴ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

⁵ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

⁶ <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

⁷ <http://www.humanrights.is/en/human-rights-education-project/comparative-analysis-of-selected-case-law-achpr-iachr-echr-hrc/the-right-to-health/the-right-to-prevention-treatment-and-control-of-diseases>

⁸ <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

⁹ http://www.who.int/pmnch/media/press_materials/fs/fs_newborndeath_illness/en/

maternal deaths occur in developing countries,¹⁰ is an indicator of the effects of lack of healthcare. And even in the cases when lack of healthcare doesn't result to death, the life quality of those who have access to healthcare facilities is significantly better than of those who don't, or who have access to a poorer health system. The prevention and treatment of diseases, does not only better the life of the individual, but of the population as whole, as spread of diseases is minimized, thus resulting to the rise of life expectancy and to better life conditions.¹¹

Some groups of people, such as migrants, face complications related to their right to health.¹²

Migration is the movement of people to a new area or country in order to find work or better living conditions.¹³ It includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification¹⁴. In recent years, migration has been one of the major issues concerning the global community, with the refugee crisis in Europe being the center of attention of many international discussions. But migration isn't limited to just Europe, as it has been a rising phenomenon all around the world.

As in most political or socioeconomic phenomena, migration comes with consequences that have to do with the implementation of human rights. With approximately 200 million international migrants worldwide, there is a growing need to minimize these negative consequences, as they affect an important, growing part of the global population.

Migration within itself poses various problems for the migrants which are usually linked to the specific status or situation of each individual. When it comes to their right to health, it proves that this is often limited and this is due to various reasons. A first obstacle migrants face is the very understanding of their rights, and thus of their right to health. People coming from different backgrounds than their host country, with different values, legislations, and levels of education are usually unable to figure out their rights in their host country.

Of course, this is a minor point when compared to the limitations to the enjoyment of their right to health due to discrimination or the legal status of the migrant.

Although the health issues migrants face are similar to those of non migrant population, due to lack of healthcare, they can be much more dangerous. Some of the most frequent health

¹⁰ <http://www.who.int/mediacentre/factsheets/fs348/en/>

¹¹ <http://www.globalissues.org/article/774/health-care-around-the-world>

¹² <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

¹³ <https://en.oxforddictionaries.com/definition/migration>

¹⁴ <https://www.iom.int/key-migration-terms>

issues among migrants are various injuries, hypothermia, burns, gastrointestinal illnesses, cardiovascular events, pregnancy- and delivery-related complications, diabetes and hypertension. Also, population movement will undoubtedly increase the risk and in this context, the vulnerability of migrants to noncommunicable diseases (NCDs) such as the use of drugs, nutrition disorders, exposure to violence or reproductive health issues. NCDs are also known as chronic diseases and are defined as “diseases of long duration that are the result of a combination of genetic, physiological, environmental and behaviour factors” by the WHO.¹⁵ The main problem migrants face with NCDs is the interruption of medical care, that is usually caused by lack of access or the decimation of health care systems and providers.

A big part of the migrant population becomes vulnerable to illnesses or infections due to poor living conditions in combination with poor hygiene. Thus, communicable diseases tend to spread between the migrant population.¹⁶ Communicable diseases are “all diseases that can be transmitted through direct contact with an infected individual or indirectly through a vector”.¹⁷ Therefore, they are diseases that naturally spread easily, and lack of healthcare dangerously increases the spread.¹⁸

As a result of lack of healthcare, hundreds of deaths occur between migrants, diseases and viruses spread rapidly and a big part of the world population lives in very poor living conditions¹⁹. It is therefore obvious why we need to address such an issue, in order to better the life of the migrants and to minimize the risks of spread of diseases.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Greece

Greece has been the main path for refugees who wish to search for a better life in some European country. During the past two years, over 1.3 million people have travelled through Greece, but due to the closure of the Balkan borders and the implementation of the EU-Turkey agreement in March 2016, refugees are no longer able to continue their journeys, and are forced to stay in Greek grounds. Greece has a suffering economy, and is therefore

¹⁵ <http://www.who.int/mediacentre/factsheets/fs355/en/>

¹⁶ <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues>

¹⁷ <http://www.dictionary.com/browse/communicable-disease>

¹⁸ <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues>

¹⁹ <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

unable to provide healthcare facilities for the migrants. Many organizations and/or individuals have made great efforts to assist the situation, providing medical help, medicines and vaccines to the migrants.^{20 21}

Germany

Germany is a major European country, receiving many migrants pre year. According to it’s legislation, healthcare for migrants is restricted to instances “of acute diseases or pain”, in which “necessary medical or dental treatment has to be provided including medication, bandages and other benefits necessary for convalescence, recovery, or alleviation of disease or necessary services addressing consequences of illnesses.”²² Although the term “necessary treatment” hasn’t been defined within the law, it is usually interpreted as the providing only of the absolutely unavoidable medical care in order to sustain life.

World Health Organization (WHO)

The WHO was founded in 1948, in order to sustain global health. It is one of the most important organization when it comes to health issues and crisis, and it’s actions towards providing equal health opportunities have been important and have shaped may international laws throuout the years.

United Nations High Commissioner for Refugees (UNHCR)

The UNHCR was founded in 1950, to aid Europeans who had fled or lost their homes. It is the official UN agency for refugees and migrants. Today, its actions on the refugee crisis, as well as on the global migration movement are of great significance.

TIMELINE OF EVENTS

Date	Description of Event
December 14 th 1950	Founding of UNHCR
July 22 nd 1946	Constitution of the World Health Organization
December 10 th 1948	Universal Declaration of Human Rights

²⁰ <https://www.rescue.org/country/greece>

²¹ <http://www.asylumineurope.org/reports/country/greece/reception-conditions/health-care>

²² http://www.asylumineurope.org/reports/country/germany/reception-conditions/health-care#footnote2_01l0u3w

December 21 st 1965	International Convention on the Elimination of All Forms of Racial Discrimination
2000	General Comment No. 14
2015	Refugee crisis
April 23 rd 2015	EU summit in Brussels
November 4 th 2015	EU resettlement scheme starts
February 4 th 2016	Syrians donors conference
March 18 th 2016	EU – turkey refugee deal

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

There have been many attempts to improve healthcare for the migrant population, especially in the recent years, with the refugee crisis being a worldwide concern. Specifically, the European Parliament has many times throughout the years talked about the importance of providing healthcare to migrants, despite their legal status. At a resolution on reducing health inequalities in the EU, published on 2011, the 'importance of healthcare services being provided in a manner consistent with fundamental rights' is underlined and Member States are called to ensure that the most vulnerable groups, including undocumented migrants, have access to basic healthcare. In its resolution on the impact of the crisis on access to care for vulnerable groups, on 2013, the European Parliament calls for effective access to health services for vulnerable groups, including migrants, urging Member States to adopt policies for health promotion and prevention by guaranteeing free, universal and quality for the most disadvantaged groups. In 2014, at a resolution on undocumented women migrants, the right to health is emphasized and pointed out as one of the most basic human rights, and it once more asks States to ensure access to healthcare for the migrants. On November 29th 2015, the President of the Parliament in his speech at the summit between EU and Turkey, underlined that the EU is willing and wants to aid Syrian refugees by funding access to healthcare, which is the goal of the €3 billion Refugee Facility for Turkey. Furthermore, the European Commission, in the European Agenda on Migration of May 2015, committed to mobilising €60million in emergency funding, inter alia to support

reception capacity, including healthcare, for migrants in those Member States facing particular migratory pressure.²³ In addition most countries are working towards providing access to healthcare for the migrants, and the majority of EU States have adopted legislations that ensure migrants are entited to basic healthcare.²⁴

POSSIBLE SOLUTIONS

Awareness

When trying to eliminate a problem, the first step is always raising awareness of the public. Awareness needs to be raised in two groups of the population. Firstly, the migrants themselves need to be informed of their rights in their host counties, so as to be able to enjoy them. Secondly, the general public should be informed of the issue, as the mass opinion is what shapes the policies of each state.

Legislation

States that have poor or no legislation towards providing healthcare to migrants should be pressured to reevaluate previous legislations or to create new, ensuring basic access to healthcare facilities for vulnerable groups, and especially migrants.

Health in All Policies (HiAP)

“Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity. A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.” WHO has spotted the following basic principles for the importance of a public health approach, when addressing the health of both the migrant population and host communities:

- Avoid inequalities in health status and access to health care services between migrant and host population;

²³[http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/573908/EPRS_BRI\(2016\)573908_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/573908/EPRS_BRI(2016)573908_EN.pdf)

²⁴ http://www.euro.centre.org/data/1254748286_82982.pdf

- Ensure migrants' health rights by reducing discrimination or stigmatization, and removing impediments to migrants' access to basic health entitlements;
- Implement lifesaving interventions in order to minimise morbidity and mortality among migrant populations, with due regard to refugees;
- Minimize the negative health outcomes of the migration process on migrants' health outcomes.

Universal Health Coverage

Universal health coverage means that all people receive the health and health care services they need without suffering any financial hardship when they pay for them. The full scope of fundamental, quality health care services should be covered, including health promotion, prevention, treatment, rehabilitation and palliative care. Universal health coverage requires coverage with decisive interventions, which focus on the main causes of disease and mortality. A main objective of the universal health coverage is for the quality of health care services to be good enough to enhance the health of those receiving these services. According to the Sustainable Development Goals, all UN Member States will try to achieve Universal Health Coverage by 2030, including access to quality essential health care services, financial risk protection, and access to basic medicines and vaccines for all. The reasons for including migrants in the Universal Health Coverage are numerous. First and foremost, addressing the health needs of migrants regardless of their legal status consists a matter of human rights and social justice. Second, the protection of the health of the migrant population shows the path toward collective social progress along with economic prosperity. Indeed, healthy migrants are able to contribute to the advancement of human capital, thereby they are able to create healthy communities and economies. Finally, the Universal Health Coverage could and should go beyond health protection and health care based on citizenship. Thus, it must guarantee the inclusion of non-citizens. In other words, the Universal Health Coverage could be reconsidered as systems that overstep national borders. Excluding migrants from the Universal Health Coverage agenda is certainly not universal and is, consequently, a really big step backward from accomplishing its main goal – access to affordable and quality health care for all under all circumstances.

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