GUIDANCE FOR COUNTRY IMPLEMENTATION

MAY 2019

REGIONAL FRAMEWORK FOR MIGRANT HEALTH AND RIGHTS (R2H Framework) 2018

The PANCAP REGIONAL FRAMEWORK FOR MIGRANT HEALTH AND RIGHTS is a roadmap for equitable and non-discriminatory access to health care services across the Caribbean for mobile and migrant populations regardless of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV and AIDS), sexual orientation, gender identity and civil, political, social or other status.

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ACRONYMS

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AIDS	Acquired Immunodeficiency Syndrome
CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms Discrimination Against Women
CDB	Caribbean Development Bank
CCJ	Caribbean Court of Justice
CSME	Caribbean Single Market and Economy
CSO	Civil Society Organisation
COHSOD	Council for Human and Social Development
DR	Dominican Republic
ECLAC	UN Economic Commission of Latin America and the Caribbean
EU	European Union
GAM	Global AIDS Monitoring Report
GCM	Global Compacts for Migration
GDP	Gross Domestic Product
HCP	Health Care Professional
HIV	Human Immunodeficiency Virus
IDB	Inter-American Development Bank
ICMW	International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
IDP	Internally displaced person
IECSR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organisation
IOM	International Organization for Migration
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MiGOF	Migration Governance Framework
NCD	Non-communicable Diseases
NGO	Non-Governmental Organisation
OECS	Organisation of Eastern Caribbean States
OHCHR	Office of the High Commissioner for Human Rights
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PLHIV	People Living With HIV
RMRP	Refugee and Migrant Response Plan
SDH	Social Determinants of Health
SDG	Sustainable Development Goals

STI	Sexually transmitted infection
TB	Tuberculosis
TIP	Trafficking in Persons
UHC	Universal Health Care
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
US	United States
UWI	University of the West Indies
WHO	World Health Organisation

1. INTRODUCTION

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REGIONAL FRAMEWORK

FOR MIGRANT HEALTH AND RIGHTS

(R2H Framework) 2018

In 2018, PANCAP developed the **Regional Framework for Migrant Health and Rights** as an evidence-based approach based on assessments and research to advance the health of the region by setting a framework to guide countries in expanding access to essential health services within the commitments to universal health.

Increasingly prompted by the public health challenges related to HIV and AIDS, TB and other infectious and communicable diseases, it has become evident that migration represents significant challenges for public health, not because migrants pose a public health risk, but because the risks that the process of migration can impose on migrants may threaten their right to health and other health-related fundamental rights with corresponding implications for the health of the rest of the population.[1]

While migration in the Caribbean is characterised largely by intra-regional flows, in the last two years, the migration of Venezuelans into other Latin American and Caribbean countries is one of the most significant contemporary examples of large migratory movements into the region.[2]

According to UNHCR data, the global number of asylum-seekers from Venezuela stands at 167,653 as of August 2018, an increase of over 50,000 from the total number of Venezuelan asylum-seekers for the entire year of 2017. According to UNHCR, out of this global number, there are 4,847 Venezuelan asylum-seekers in Trinidad and Tobago as of July 2018.

In response the region has developed a coordinated approach reflected in the landmark **Quito Declaration on Human Mobility of Venezuelan Citizens in the Region**, adopted in September 2018.[3] On 22-23 November 2018 at the second meeting on Human Mobility of Venezuelan Citizens in the Region, an Action Plan of the Quito Process on Human Mobility of

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[1] International Labour Organisation. (2016). Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action. Geneva, Switzerland, International Labour Office, p. 9. Retrieved from https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/Right-based-Approach-to-Migration-Health-and-HIV-AIDS.pdf
See also, UNAIDS. (2018). Global AIDS Monitoring Report - Miles to Go, Closing Gaps Breaking Barriers Righting Injustices. United Nations Joint Programme on HIV/AIDS. Geneva, Switzerland. p. 15. Retrieved from

http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf
[2] International Organisation for Migration. (2018). Migration Governance in the Caribbean, Report on the Island States of the Commonwealth Caribbean. San José, Costa Rica, p. 19. Retrieved from https://caribbeanmigration.org/sites/default/files/reporte_regional_web_2.pdf
[3] Declaration of Quito on Human Mobility of Venezuelan Citizens in the Region (September 2018), Retrieved from: https://www.cancilleria.gob.ec/wp-content/uploads/2018/09/declaracion_de_quito_en.pdf

Venezuelan citizens in the Region was approved.[4] Also, in December 2018, UNHCR and IOM jointly launched the **Regional Refugee and Migrant Response Plan (RMRP)**, an operational blueprint, coordination template, and strategy for responding to the needs of Venezuelans on the move and securing their social and economic inclusion in the communities receiving them.[5]

Women engaging in survival sex, sexually exploited, and trafficked are reported as key concerns in most of the countries, especially in the Caribbean and in border areas with Venezuela. Increasing incidents of GBV and human trafficking are among the key protection concerns, primarily impacting women and girls but also men and boys, and vulnerable minorities such as lesbian, gay, bisexual, transgender and intersex (LGBTI) persons.[6] The Response Plan includes country plans and a **Caribbean Sub-Regional Refugee and Migrant Response Plan** which covers receiving countries of Venezuelan migrants: **Aruba, Curaçao, the Dominican Republic, Guyana, and Trinidad and Tobago**.

In relation to access to health, **RMRP** calls for the provision of HIV prevention and treatment services and mapping of health and other social services to identify and address gaps for access by Venezuelan migrants. These actions do not specially address health but at the country level can be guided by the **Framework on Migrant Access and Rights** and this Guidance Document for country implementation.

Such a large influx of migrants and refugees has posed certain challenges to small island nations which do not have comprehensive mechanisms for migrant protection or infrastructure to manage such shifts in the population.

The region has also in the last few years seen an increasing number of forced movements both in terms of emigration and internal displacements due to natural disasters. In particular, the 2010 earthquake in Haiti and the 2017 Hurricane season which ravaged, Puerto Rico, Dominica, Haiti among other countries and territories in the region. It is estimated that in 2017, approximately, two (2) million persons were displaced by these natural disasters.[7]

Human migration is not a new phenomenon, but it has changed significantly in number and nature with the growth of globalization, including the ease of international transport and communication, the push and pull factors of shifting capital, effects of climate change, periodic political upheaval, including armed conflict and natural disasters. As a result, migrant networks that facilitate mobility and circular migration, in particular, have expanded in unprecedented ways. The growing trend of migration, therefore, demands a reorientation of health policies to better protect migrants' health.

Internationally, policy-making on migration has generally been conducted from policy sector ''silos'' (for example, security, immigration enforcement, trade, and labor) that rarely include the health sector, and which often have different, if not incompatible goals with little consideration for the recognition of migrants as persons and holders of fundamental rights.[8]

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[4] Action Plan of the Quito Process on Human Mobility of Venezuelan citizens in the Region (November 2018), Retrieved from: https://www.cancilleria.gob.ec/wp-content/uploads/2018/11/plan_de_accion_de_quito.pdf

[5] IOM. UNHCR. (2018). Regional Refugee and Migrant Response Plan (RMRP). Retrieved from: https://www.iom.int/sites/default/files/press_release/file/rmrp_venezuela_2019_onlineversion_final.pdf

[6] Ibid at p. 18

[7] International Organisation for Migration. (2018). Migration Governance in the Caribbean, Report on the Island States of the Commonwealth Caribbean. San José, Costa Rica, p. 21. Retrieved from https://caribbeanmigration.org/sites/default/files/reporte_regional_web_2.pdf

[8] Zimmerman, C., Ligia Kiss, and Mazeda Hossain. (2011). "Migration and Health: A Framework for 21st Century Policy-Making." *PLoS Medicine* 8.5:

In the majority of countries of the region with the notable exceptions of Barbados, Suriname and the Dominican Republic, foreign nationals or migrants can access medical services, at least at the primary level and HIV services in most countries. Secondary and tertiary level care are accessible under the same terms as nationals.[9] **While there appear to be few de jure restrictions specifically denying or excluding migrant access to health** by most countries in the region**,** the **lack of a cohesive and comprehensive policy correspondingly means** that there is **no policy of inclusion.**

The laissez-faire approach also means that the barriers to health may be arbitrarily applied with no redress and result in no or limited access.[10] For example, the **no policy route** means that there are **no proactive schemes** to target migrant populations which may be at high risk or present high risks to others. This must be of concern to policymakers who are keen to reduce the impact of HIV in the country.

Given the challenges outlined above, PANCAP**,** with funding from the Global Fund**,** developed a regional rights-based framework to increase the access of migrants and mobile populations to HIV prevention, care, treatment and support.

The Framework sets out a **roadmap** for **equitable and non-discriminatory access to health care services** across the Caribbean for mobile and migrant populations regardless of *race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV and AIDS), sexual orientation,* *gender identity and civil, political, social or other status.*

The Framework responds to the findings of 2 multi-country studies conducted by PANCAP over the period 2011 – 2015 which highlighted the barriers to access HIV services by migrant and mobile populations. The outcomes of the studies were consistent on two issues; (1) that the Caribbean is a multi-cultural, multi-lingual region with high levels of intra-regional migration and that; (2) it is necessary to tailor health programmes to migrant and mobile populations and make them accessible to anyone regardless his/her legal migration status and his/her ability to pay for health services.

The Framework is guided by 5 Thematic Areas:
1. **Health, Health Systems and Regional Health –** guided by commitments to Universal Health Coverage (UHC), Primary Health Care (PHC), and Health System Strengthening (HSS) concepts
2. **Vulnerability and Resilience -** guided by the Social Determinants of Health (SDH) and equity in migrant health
3. **Development** - guided by the Sustainable Development Goals (SDGs)
4. **Advocacy for conducive, cross-sector Policy and Legal Framework Development**
5. **Research, Monitoring and Evaluation**

10 Guiding Principles including:
1. **Equality and non-discrimination**
2. **Equitable access to health services**
3. **People-centered, migrant-sensitive health systems**
4. **Gender-sensitive health systems**

e1001034. *PMC*. Web. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3101201/

[9] PANCAP (July 2018) Desk Review for the Development of a Regional Rights-Based Framework to Increase the Access of Migrants and Mobile Populations to HIV Prevention, Care, Support and Treatment. CARICOM Pan Caribbean Partnership Against HIV/AIDS, Georgetown Guyana. pp. 45-50

[10] PANCAP. (July 2018). Desk Review for the Development of a Regional Rights-Based Framework to Increase the Access of Migrants and Mobile Populations to HIV Prevention, Care, Support and Treatment. CARICOM Pan Caribbean Partnership Against HIV/AIDS, Georgetown Guyana

5. **Evidence-informed approaches**
6. **Multi-sectoral and Multi-country response**
7. **Address health vulnerabilities of each stage of the migration continuum**
8. **Participation and social inclusion of mobile and migrant populations**
9. **Privacy and confidentiality**
10. **Social determinants of health**

The Operational Framework – Strategic Actions Importantly at the Operational level, the Framework has adopted the 2010 IOM Madrid Operational Framework on migrant access to health revised in 2017. **The Strategic Lines of Action** were informed by the IOM Operational Framework. It identified four priority areas for action:

1. **Developing systems and sharing good practices related to monitoring migrant health;**
2. **Implementing supportive policy and legal frameworks across sectors and across countries, including financial models;**
3. **Creating migrant-sensitive, inclusive health systems supported by appropriate professional competencies;**
4. **Organizing partnerships and mainstreaming migration health within relevant multidisciplinary frameworks**

Utilizing these priority areas, key interventions were identified at a meeting involving representation from Government, (Ministry of Health, Chief Medical officers, National AIDS Programmes, Immigration Officers) Civil Society (Migrant groups and other key population groups) and international and regional organisations including, PANCAP, UWI, IOM, UNHCR and UNAIDS in Trinidad and Tobago from the 26 - 27 June 2018. The meeting also determined the thematic areas, guiding principles and regional and national level activities in line with the four (4) Strategic Lines of Action and the key elements of the Right to Health including Accessibility (including Economic Accessibility), Availability, Acceptability and Quality.

The Framework is rationalised within a **VISION OF REGIONALISM** as adopted by the Revised Treaty of Chaguaramas and sets out **guiding principles** and **recommended strategies** for **regional and national action.**

When the Governments of the Region adopted the Revised Treaty of Chaguaramas and brought into effect the Caribbean Single Market and Economy (CSME), the vision was for, among others, a single economic space where CARICOM nationals would be entitled to the full enjoyment as citizens of all Member States in respect of production and trade in goods, the provision of services, the movement or transfer of capital, the freedom to move, to seek work and compete for employment in any geographical part of the CSME.

CARICOM has achieved **Progressive Realisation of this vision.**
- Caribbean Community (CARICOM) Agreement on Social Security
- Free Movement and CCJ expansion of free movement in the **Myrie v Barbados** case
- Protocol on Contingent Rights extending the right of establishment, provision of services, movement of capital or free movement of skills to spouses and immediate dependants opened for adoption at the 39th Regular Meeting of the Conference of Heads of Government of the Caribbean Community held in Montego Bay, Jamaica on 4-6 July 2018.

The Regional Framework for Migrant Health and Rights has been endorsed by the Priority Areas Coordinating Committee (technical committee of the PANCAP Executive Board), PANCAP Executive Board and the Council for Human and Social Development (COHSOD) – Ministers of Health.

The Priority Areas Coordinating Committee recommended that PANCAP should identify a model that can be used to guide countries in

operationalizing **the Framework** to their county context. A second meeting to inform the development of the Guidance Document was convened by PANCAP with all key stakeholders from the June 2018 meeting was convened from the 10th -11th April 2019. This document seeks to respond to the mandate of the PANCAP Executive Board as guided by the participatory process involving, government, civil society and development partners.

Following the adoption of the Framework the General Assembly of the United Nations on 19th December 2018 adopted the landmark The Global Compact for Safe, Orderly, and Regular Migration, [Global Compact for Migration](#), which seeks to ensure that all aspects of international migration are dealt with by countries in a safe and orderly way.[11] Objective 15 calls for states to provide basic services for migrants including, *inter alia*, health by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote physical and mental health of migrants and communities overall.

This document also acknowledges that Frameworks and principles are instruments for common understanding and concerted actions but that country leadership, the identification of multiple stakeholders, and benchmarks for monitoring advancement are key elements to achieve success in addressing the health of migrants.

Using this Guide

This Guidance document is designed to serve government actors and civil society in the development of country specific implementation of the Regional Framework with a resultant national policy to address the access of migrant and mobile populations to health. Implementation of the Framework should take account of national contexts in terms of financial, human, and infrastructural resources, as well as legislative constraints in line with the thematic areas, guiding principles and strategic lines of actions contained within the Regional Framework.

The Guidance document is also intended to promote increased partnership and multi-sectoral planning in addressing mobile and migrant populations and not fall prey to the "silo" effect of considering only health but considering the whole person and indeed promotes a whole of government approach. According to the International Organisation for Migration (IOM) referencing the IOM's Migration Governance Framework (MiGOF), a State moves towards ensuring that migration is humane, orderly and benefits migrants and society when it:
- adheres to international standards and fulfills migrants' rights;
- formulates policy using evidence and a 'whole-of-government' approach;
- engages with partners to address migration and related issues;

As it seeks to:
- advance the socioeconomic well-being of migrants and society;
- effectively address the mobility dimensions of crises;
- ensure that migration takes place in a safe, orderly and dignified manner.[12]

Implementation Process

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[11] On 19 December 2018, the [United Nations General Assembly](#) endorsed the compact through a vote. 152 countries voted in favor of the resolution to endorse it, while the United States, Hungary, Israel, Czech Republic and Poland voted against it. 12 countries abstained from the vote.

[12] International Organization for Migration (IOM) and UN Joint Migration and Development Initiative (JMDI). (2015) White Paper: Mainstreaming migration into local development planning and beyond. IOM/JMDI

For the purposes of this guide, the process for implementing the Framework on Migrant Access to Health and Rights has been divided into six steps:

1. **Kick-start – identifying or establishing multi-sectoral framework to manage the process and raise awareness by engaging various government sector representatives and civil society organisations, private sector and development partners where possible**;
2. **Assessment and analysis** – following the establishment of the institutional framework to guide the process, the conduct of four (4) assessments on the following:
   a. Situational analysis of migration in the country
   b. Legal and policy framework affecting migrant health priorities
   c. Existing health financing mechanisms
   d. Priority national health imperatives
3. **Prioritization of interventions based on identified gaps and Cross Sector Consultation** – some countries including, Guyana and Antigua and Barbuda have good practice examples. Each country will prioritize interventions based on the situational analysis of migrant and mobile populations in-country, the existing gaps identified by the assessments and in keeping with national health and development goals.
4. **Implementation Structure, partnerships and multi-sector collaboration.**
5. **Development of country specific policy with Plan of Action.**
6. **Monitoring and Evaluation.**

This guide also includes a tool designed to guide the assessments to be conducted. The process outlined in this guide does not need to be carried out sequentially and not every step will be relevant to each implementation process. Implementing bodies are encouraged to adapt this process to fit their unique context.

Structure of the Document

Section 2 of this Guidance Document provides an easy recall version of the Framework on Migrant Access to Health and Rights which is set out in tabular format and a graphic illustration of the key elements of the Framework.

Prior to considering the process for implementation, the Desk Review which guided the development of the Framework was updated to take account of new data on the access to health by mobile and migrant populations in the Caribbean conducted by the IOM as part of its annual analysis of migration governance in the Caribbean in 2018.[13] **Section 3** also condenses the identified gaps in access.

The following **section 4** details the key considerations and principles guiding a rights-based policy on health and migrants including, the right to health for all regardless of status, universal health coverage and equitable access to quality, comprehensive, people-centered health care that recognizes the social determinants of health; multi-sectoral partnerships and collaboration for policy coherence, a whole of government approach and financing.

Section 5 details a suggested process for implementation and **Section 6** provides an example of a structure of a national or country policy on migrant access to health.

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[13] International Organisation for Migration. (2018). Migration Governance in the Caribbean, Report on the Island States of the Commonwealth Caribbean. San José, Costa Rica, Retrieved from

https://caribbeanmigration.org/sites/default/files/reporte_regional_web_2.pdf

2. THE ELEMENTS OF THE FRAMEWORK ON MIGRANT HEALTH AND RIGHTS
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The sections of the Framework which are set out in Table 1 below are those elements which will guide the development of country implementation of the Framework. The rationale, in particular, the human rights, economic and public health imperatives or arguments and the firmament of the Framework, the vision of regionalism within the Caribbean, provide the impetus for its development and are not indispensable in structuring an implementation model at the country level.

Table 1: Framework on Migrant Health and Rights

FRAMEWORK ON MIGRANT HEALTH AND RIGHTS		
Thematic Areas	**Goals**	**Areas of Focus**
Health, Health Systems and Regional Health	**To promote preventive and curative health approaches to reduce disease burden for migrants and host communities** Guided by - UHC, PHC and HSS concepts	Regional health goals 🔖 Universal health care. Cross Border Health 🔖 Data sharing. People-centered health systems 🔖 Organisation of health services to consider the needs of migrants. Health Needs of Migrants 🔖 Communication and sensitivity to different culture and language backgrounds.
Vulnerability and Resilience	**To reduce vulnerability and enhance the resilience of migrants, communities and systems** Guided by - the Social Determinants of Health (SDH) and equity in migrant health	Contextual factors 🔖 Economy, employment livelihood, housing, cost of health care Structural and policy factors 🔖 Availability of critical data for policy change Societal and systemic factors 🔖 Access to migrant-sensitive health systems, availability, accessibility, acceptability and affordability Individual factors 🔖 Language and cultural barriers, gender norms

	Development	**To ensure the health of migrants and mobile populations are made an integral part of human and sustainable economic development** Guided by - the Sustainable Development Goals (SDGs)	Migration Health & SDGs 🔖 reduce inequalities
			Technological & Social Innovation 🔖 Surveillance
			Healthy Migrants for Development 🔖 Remittances 🔖 Investing in health for development
			Socioeconomic impact of health on migrants and Families 🔖 Continuity of care across borders and health systems
	Advocacy	**Advocacy for conducive, cross-sector Policy and Legal Framework Development**	Legal Framework 🔖 National health policies that incorporate a public health approach to the health of migrants
			Human Rights 🔖 Equal access to health services for migrants, regardless of their status
	Research, Monitoring and Evaluation	**Increase data collection for trends and outcomes through appropriate disaggregation and analysis** Monitor national and regional level progress	Define and agree on key terminology 🔖 Common definitions, migrant-specific ethical guidelines
			Data collection 🔖 Accurate information on status and impact of migration 🔖 Negative perceptions towards migrants
			Research 🔖 Research and quantify the costs of not responding to the health needs of migrants 🔖 Capacity development, and adequate, long-term funding commitments.

GUIDING PRINCIPLES		
	People-centered	Health systems should deliver cultural, linguistic, gender and age responsive services.
	Participation and social inclusion of mobile and migrant populations	Participation of mobile and migrant populations in the design, implementation and monitoring of policies, strategies and plans across the migration cycle and in countries of origin, transit, and destination.
	Evidence-informed approaches	Policy development and decision making need to be based on the best available data and the collection and disseminating of good practices.
	Social determinants of health	Addressing the social determinants of health that generate inequalities is essential to meet the immediate health requirements of migrant and mobile populations, particularly as migration is itself considered a social determinant of health.

	Equitable access to health services	Equity in health implies that ideally, everyone should have a fair opportunity to attain their full potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided. The health of migrants and mobile populations should not be considered separately from the health of the overall population. Where appropriate, it should be considered to include refugees, mobile and migrant populations into existing national health systems, plans and policies, with the aim of reducing health inequities.	
	Equality and Non-Discrimination	An effective response requires that the rights to equality before the law and freedom from discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV and AIDS), sexual orientation, gender identity and civil, political, social or other status are respected, protected and fulfilled.	
	Dignity	Human dignity is inviolable. This principle has not changed since 1948 when it was formulated by the United Nations in the Universal Declaration of Human Rights. It does not stop at national borders and applies to everyone.	
	Privacy and Confidentiality	Health services have a duty to respect, protect and fulfill the right of migrants and mobile populations to the privacy and confidentiality of their information subject to such exceptions as are allowed by law, court proceedings and where the patient has given consent.	
	Gender-sensitive health systems	Health systems need to take account of gender norms, structural conditions that create vulnerabilities, and institutional failures to address gender inequality and discrimination.	
	Addressing health vulnerabilities of each stage of the migration continuum	The migratory process model has five phases: (1) pre-departure, (2) travel, (3) destination, (4) interception (affecting a minority of migrants), and (5) return. At each stage there are varying health concerns and vulnerabilities, a multi-country response is essential to address the health challenges over the migration continuum.	
	Multi-sectoral and multi-country response	The management of migrant health is a shared responsibility and requires close cooperation and collaboration among countries, as well as among sectors.	

OPERATIONAL FRAMEWORK

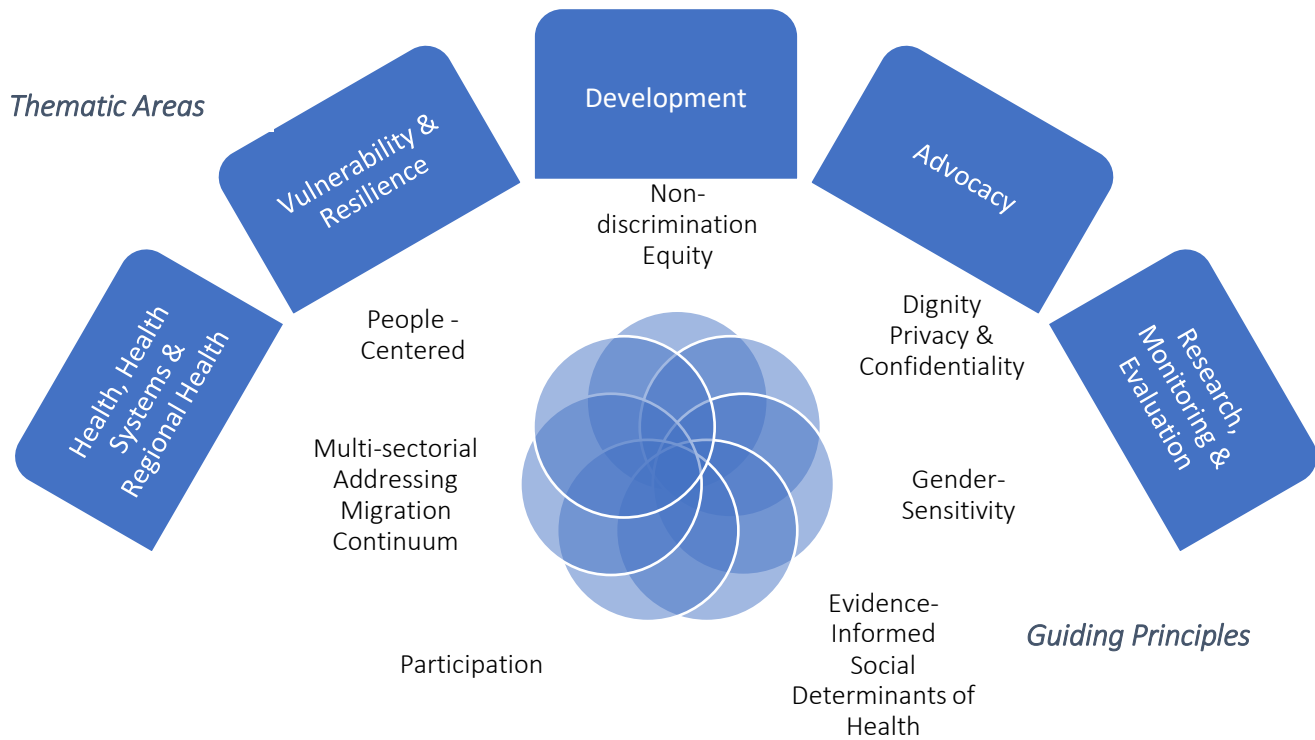| **Opera tional Fram ewor k**		**STRATEGIC OBJECTIVES**	**STRATEGIC LINES OF ACTION**
	Securing an Enabling Environment (Conducive cross-sector policies and legal framework)	To implement international standards that protect migrants right to health and monitor the implementation of relevant national policies, regulations and legislation responding to the health needs of migrants. To develop and implement policies that promote equal	1. Reinforce, review or amend national policies and legal frameworks to ensure that measures are adopted to remove formal and practical obstacles that hinder or prevent the enjoyment of the right to health. 2. Reinforce national policies and legal frameworks to ensure that migrant rights are protected by incorporating into domestic law key international legal instruments on migrant rights and human rights. 3. Ensure that migrants who are detained by public authorities are treated humanely and fairly. 4. Ensure that all migrants have access to the courts, lawyers, judicial system.

		access to health services for all migrants.	5. Provide migrants with adequate and free administrative support with regard to government services and national laws in a language they understand.
		To promote coherence among policies of different sectors.	6. Promote, develop and conduct gender-sensitive human rights training for law enforcement, and correctional institutions, health-care providers, schools and migration authorities.
		To extend social protection in health and improve social security for all migrants and family members.	7. Integrate a gender perspective in all national and regional migration management policies, strategies and programmes.
			8. Reduce negative perceptions and discrimination by advocating for evidenced-based media reporting and public education.
			9. Promote the integration of migrants into host societies, including through public information and education campaigns.
			10. Promote coherence among the policies of the various sectors, other than health, that may affect the ability of migrant and mobile populations to access health services.
	Migrant Sensitive Health Systems	To ensure continuity and quality of care in all settings.	1. Promote continuity and quality of care delivered by public and private providers, in particular for children, persons with disabilities, pregnant women, people living with HIV, tuberculosis, malaria, mental health and other chronic health conditions as well as those with physical trauma and injury.
		To enhance the capacity of the health and relevant non-health workforce to address the health issues associated with migration.	2. Ensure the minimal healthcare service package for refugees and displaced persons, including prevention, treatment and health education, with special regard for the needs the populations identified at number 1.
		To ensure health services are culturally, linguistically and epidemiologically appropriate.	3. Increase the availability of health services by addressing geographic and other issues of availability.
			4. Provide cultural and linguistical appropriate services.
			5. Secure the meaningful participation of migrant and mobile populations in policy and strategy development.
			6. Leverage the comparative advantages of CSOs to deliver services to migrants using a social contacting model.
			7. Mobilise resources to fund migrant health responses within national healthcare schemes by:
			a. improving cost effectiveness at the country/ regional level
			b. purchasing/ accessing approved generic medication
			c. increasing domestic funding ('sin' taxes e.g. alcohol and tobacco)
			8. Scaling up low-cost high-volume health care services to increase available, affordable services accessible to migrants.
			9. Develop guidance manuals/ tools/ training sessions to explain entitlements to migrants and health care providers.

Coordination and Partnerships	To establish and support migration/health dialogues and cooperation across sectors and countries of origin, transit and destination To address migrant health in global and regional processes. To develop an information clearinghouse of good practices.	1. Review existing regional strategies for health and advocate for coherence with the Framework. 2. Enhance cross-border cooperation and partnerships to harmonize policies and practices and ensure continuity of care and health responses. 3. Ensure the mainstreaming of migration health issues in bilateral, regional and multiregional dialogues on health, migration, development, labour, and foreign policy. 4. Enhance cooperation among countries of origin, transit and destination. 5. Maintain commitments and advocate globally to ensure that regional perspectives are reflected in global dialogues and instruments. 6. Promote the development of an operational plan in conjunction with CDEMA and other regional disaster management entities to activate a regional response for the resettlement and other assistance including provision of essential medications including ARVs for persons displaced by natural disasters in the region. 7. Strengthen partnerships, intersectoral, intercountry and interagency coordination and collaboration mechanisms to achieve synergies and efficiency. 8. Mobilise resources to enable countries and communities to respond to both the immediate and the medium/longer-term health needs of refugees and migrants; identify gaps and innovative financing to ensure a more effective use of resources.
Monitoring Migrant Health	To ensure the standardization and comparability of data on migrant health, useable across countries. To increase and support a better understanding of trends and outcomes through the appropriate disaggregation and analysis of migrant health information. To identify and map: 1) good practices in monitoring migrant health; 2) policy models that facilitate equitable access to health for migrants; and 3) migrant-inclusive health systems models and practices.	1. Strengthen research and data collection initiatives on the relationship between health and migration and enhance co-operation between countries and relevant agencies including WHO, UNAIDS, IOM, UNFPA and ILO. 2. Foster the exchange of best practices and lessons learned on the health of refugees and migrants among relevant actors. 3. Conduct research on the cost of non-inclusion; cost of current needs within migrant response; impact studies, Ethical issues and net migration, and co-morbidity and public health implications. 4. Conduct robust gender-responsive research and enhance data collection, acquisition, analysis and accountability measures at all stages of migration, including at borders and upon return. 5. Harmonise the collection of migration data, including definitions of migration, data collection tool and methods at the regional level so that data are comparable across countries and the region.

Thematic areas prioritized for the Framework   *Principles* of the Framework

Thematic Areas

Guiding Principles

Vulnerability & Resilience

Development

Advocacy

Health, Health Systems & Regional Health

Research, Monitoring & Evaluation

Non-discrimination
Equity

People - Centered

Multi-sectorial
Addressing Migration Continuum

Participation

Dignity
Privacy & Confidentiality

Gender-Sensitivity

Evidence-Informed
Social Determinants of Health

Operational Framework

*Primary components identified from the **2010 IOM Operational Framework revised in 2017**, which were applied to this Framework include the following four (4) components contained below. The Framework is designed to address regional and national level activities in line with these four (4) components and the key elements of the Right to Health including Accessibility (including Economic Accessibility), Availability, Acceptability and Quality.*

Policy & Legal Framework

Migrant-sensitive Health Systems

Coordination and Partnerships

Monitoring Migrant Health
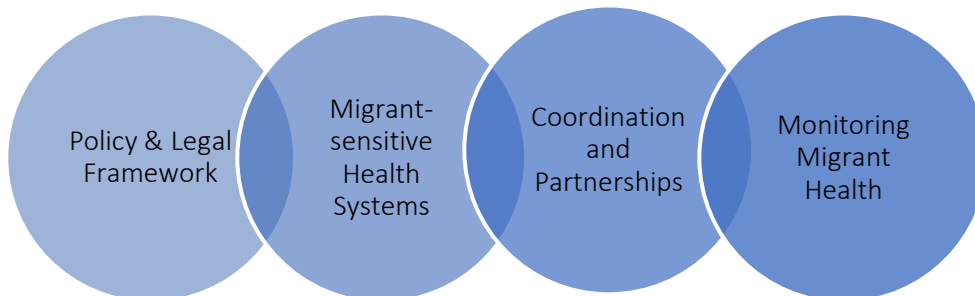
3. SITUATIONAL ANALYSIS – MIGRANT ACCESS TO HEALTH IN THE CARIBBEAN

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The Caribbean is both a region of origin, transit, and destination of extra-regional and intra-regional migration flows, and experiences considerable return migration. Furthermore, as it is situated between North and South America, the Caribbean serves as a transit point for irregular migrants from South America and elsewhere trying to reach the United States which consistently attracts large numbers of Caribbean migrants – both regular and irregular – from most of its different islands and territories. In short, migration in the region is anything but linear, rather characterised by complex, reciprocal flows.[14]
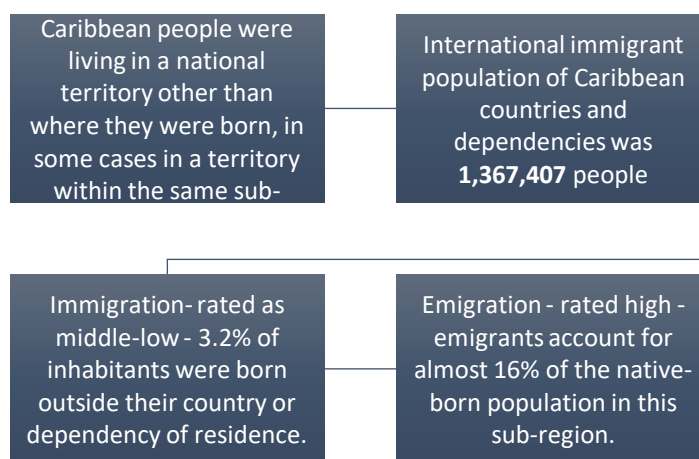
Caribbean people were living in a national territory other than where they were born, in some cases in a territory within the same sub-	International immigrant population of Caribbean countries and dependencies was **1,367,407** people
Immigration- rated as middle-low - 3.2% of inhabitants were born outside their country or dependency of residence.	Emigration - rated high - emigrants account for almost 16% of the native-born population in this sub-region.

While migration in the Caribbean is characterised largely by intra-regional flows, in the last two years, the migration of Venezuelans into other Latin American and Caribbean countries is one of the most significant contemporary examples of large migratory movements into the region. According to UNHCR data, the global number of asylum-seekers from Venezuela stands at 167,653 as of August 2018, an increase of over 50,000 from the total number of Venezuelan asylum-seekers for the entire year of 2017. According to UNHCR, out of this global number, there are 4,847 Venezuelan asylum-seekers in Trinidad and Tobago as of July 2018.[15]

In response, the region has developed a coordinated approach reflected in the landmark **Quito Declaration on Human Mobility of Venezuelan Citizens in the Region**, adopted in September 2018.[16] On 22-23 November 2018 at the second meeting on Human Mobility of Venezuelan Citizens in the Region, an

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[14] International Organisation for Migration. (2017). Migration in The Caribbean: Current Trends, Opportunities and Challenges. San Jose, Costa Rica. p. 7 citing United Nations Department of Economic and Social Affairs (UNDESA) (2015). Trends in International Migrant Stock: The 2015 revision (United Nations database, POP/DB/MIG/Stock/Rev.2015). The countries covered in the Report include: Antigua and Barbuda, The Bahamas, Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago.

[15] International Organisation for Migration. (2018). Migration Governance in the Caribbean, Report on the Island States of the Commonwealth Caribbean. San José, Costa Rica, p. 19. Retrieved from https://caribbeanmigration.org/sites/default/files/reporte_regional_web_2.pdf

[16] Declaration of Quito on Human Mobility of Venezuelan Citizens in the Region (September 2018), Retrieved from: https://www.cancilleria.gob.ec/wp-content/uploads/2018/09/declaracion_de_quito_en.pdf

Action Plan of the Quito Process on Human Mobility of Venezuelan citizens in the Region was approved.[17] Also, in December 2018, UNHCR and IOM jointly launched the **Regional Refugee and Migrant Response Plan (RMRP)**, an operational blueprint, coordination template, and strategy for responding to the needs of Venezuelans on the move and securing their social and economic inclusion in the communities receiving them.[18]

Women engaging in survival sex, the sexually exploited, and trafficked are reported as key concerns in most of the countries, especially in the Caribbean and in border areas with Venezuela. Increasing incidents of GBV and human trafficking are among the key protection concerns, primarily impacting women and girls but also men and boys, and vulnerable minorities such as lesbian, gay, bisexual, transgender and intersex (LGBTI) persons.[19] The **RMRP** includes country plans and a **Caribbean Sub-Regional Refugee and Migrant Response Plan** which covers receiving countries of Venezuelan migrants: **Aruba, Curaçao, the Dominican Republic, Guyana, and Trinidad and Tobago**.

In line with national priorities, four areas of intervention, and regional strategic outcomes have been defined.[20] The Caribbean Response Plan defines activities under each area of intervention referred to below in Table 1.

Table 1: Areas of Intervention and Strategic Outcomes of the RMRP

	Area of Intervention	Strategic outcomes
1.	Direct emergency assistance	Refugees and migrants are provided with life-saving goods and services
2.	Protection	Refugees and migrants enjoy rights and protection
3.	Socio economic and cultural integration	Refugees and migrants are socially, economically, and culturally integrated in empowered communities
4.	Strengthening the capacity of host government	Government institutions capacity to manage situations of refugees and migrants from Venezuela is strengthened

In relation to access to health, the plan calls for the provision of HIV prevention and treatment services and mapping of health and other social services to identify and address gaps for access by Venezuelan migrants. These actions do not specially address health but at the country level can be guided by the Framework on Migrant Access and Rights and Guidance document being formulated.

Such a large influx of migrants and refugees has posed certain challenges to small island nations which do not have comprehensive mechanisms for migrant protection or infrastructure to manage such shifts in the population. The region has also in the last few years seen an increasing number of forced movements both in terms of emigration and internal displacements due to natural disasters. In particular, the 2010 earthquake in Haiti and the 2017 Hurricane season which ravaged, Puerto Rico, Dominica and Haiti among other countries and territories in the region. It is estimated that in 2017, approximately, two (2) million persons were displaced by these natural disasters.[21]

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[17] Action Plan of the Quito Process on Human Mobility of Venezuelan citizens in the Region (November 2018), Retrieved from: https://www.cancilleria.gob.ec/wp-content/uploads/2018/11/plan_de_accion_de_quito.pdf
[18] IOM. UNHCR. (2018). Regional Refugee and Migrant Response Plan (RMRP). Retrieved from: https://www.iom.int/sites/default/files/press_release/file/rmrp_venezuela_2019_onlineversion_final.pdf
[19] Ibid at p. 18
[20] Ibid at p.19
[21] Ibid at p. 21

The need to focus on the health of migrants and mobile populations in situations of mass movements has not typically been addressed in the region. However, the current realities require that countries consider and plan strategically to address these challenges. It was therefore opportune that on the 29 November 2018, PAHO convened Ministers of Health and Health Authorities from 25 countries and territories across the Region of the Americas and representatives from United Nations, UNHCR, and IOM for a Regional Ministerial Meeting on Mass Migration and Health.

The high-level meeting was aimed at reviewing the regional health panorama within the context of mass migrations; addressing key challenges for improving the countries' health systems and services for migrants and host populations; identifying priority actions to address the health needs of migrants while protecting regional gains in terms of elimination and control of endemic and epidemic-prone diseases, and discussing challenges for resource mobilization and health services financing.[22]

The meeting identified a series of actions that seek to improve the health response to the mass migration that is occurring in the Region. A Guidance Document was developed detailing country-level actions on the priority areas which include:

(a) **Improving health surveillance and monitoring,**
(b) **Improving access to health services and systems for both migrants and the population of host countries,**
(c) **Ensuring communication and exchange of information to avoid stigma and discrimination, and**
(d) **Adapting policies and programs to promote and protect the health of migrants while continuing to provide for their local population.**

Current State on Access to Health by Migrants

A review of the PANCAP studies between 2011 – 2015 in **Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominican Republic, Guyana, Haiti, Sint Maarten, Suriname and Trinidad and Tobago** (border region) revealed that in the majority of countries of the region with the notable exceptions of Barbados, Dominica Republic and Suriname foreign nationals or migrants can access medical services, at least at the primary level and HIV services in most countries as detailed below in the same way as nationals. Secondary and tertiary level care are also largely accessible under the same terms as nationals. Table 1 details the findings of the studies.

Table 2: Access to HIV Prevention Treatment and Care in Select Caribbean Countries[23]

Country	Policy Position on Access to Treatment	Practice
Trinidad and Tobago	- no requirement for national or other legal status to be proved before access is granted.	In all countries, discrimination and limitations in access have been reported.

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[22] https://www.paho.org/hq/index.php?option=com_content&view=article&id=13708:migration-health-americas&Itemid=72502&lang=en

[23] PANCAP. (July 2018). Desk Review for the Development of a Regional Rights-Based Framework to Increase the Access of Migrants and Mobile Populations to HIV Prevention, Care, Support and Treatment. CARICOM Pan Caribbean Partnership Against HIV/AIDS, Georgetown Guyana p. 48

Country	Policy Position on Access to Treatment	Practice
	- no national health insurance scheme and anyone, regardless of nationality, may be legally treated in a public hospital, not simply for HIV, but for other illnesses free of charge.	- Reports of isolated incidents where officials from public healthcare facilities refused to treat non-nationals and more particularly, to perform surgery.
Antigua and Barbuda	- access to HIV prevention, treatment and care is free - medical care covered by the Medical Benefits Scheme. To access, migrants must have legal documented resident status, but HIV services are free - no requirement to declare immigration status to access health services - Antiretroviral medication and treatment for opportunistic infections is free regardless of nationality, immigration status or whether or not the person is a holder of the medical benefit card.	- Persons in Immigration Detention Centres reportedly had little or no access to HIV services. - For privacy reasons persons living with HIV from other countries access care in Trinidad - Lack of policy may result in arbitrary conduct by individual health or administrative personnel, as indicated above. - Some migrant populations limit access due to copayment requirements at the main hospital, Mount St. John Medical Centre (MSJMC) in Antigua and Barbuda. - Persons with a valid Medical Benefits card and who are under sixteen and over 60 have some services free or with a co-payment. Migrants who are undocumented are not
Belize	- access to HIV prevention, treatment and care at public clinics is free	- eligible to participate and must pay for services (with exceptions including HIV).
The Bahamas	- access to HIV prevention, treatment and care is free	- Lack of privacy and confidentiality in public clinics - scarcity of culturally and linguistically appropriate HIV educational materials and prevention messages designed specifically for migrant workers
Dominican Republic	- a medical card is required to access some public health services including HIV treatment.	
Guyana	- HIV testing and treatment including the provision of ARVs is free of cost to all persons regardless of resident status.	
Sint Maarten	- treatment is not free; one must be registered and have a health card or have health insurance	- Limited access to condoms - Fear of deportation for migrants in irregular situation limits their access - Limited knowledge about where to go obtain an HIV test or to access HIV treatment, if positive, particularly for non-English speaking migrants.
Suriname	- medical insurance is required	
Barbados	- HIV prevention services and certain levels of care are free regardless of immigration status in the public system. - citizens and permanent residents can access ARVs for free. - other migrants must undergo a means test to access free ARVs if they cannot afford to pay.	

Country	Policy Position on Access to Treatment	Practice
OECS with the exception of Antigua and Barbuda	- HIV testing and treatment including the provision of ARVs is free of cost to all persons regardless of resident status	- In Guyana, language barriers, particularly for Brazilians who access services in region 7 of Guyana limit their uptake of services (since Portuguese is not known by many of the Guyanese population).

These findings are echoed in an updated review undertaken by the IOM in 2018 on Migration Governance in the Caribbean in ten (10) Commonwealth Caribbean States including, **Antigua and Barbuda, The Bahamas, Barbados, Dominica, Grenada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago**. The report offers a comprehensive view of the current state of migration governance in the ten independent Commonwealth Caribbean States and identifies gaps and needs for future development.[24]

The review found that migrant access to the healthcare system of each respective country varies, ranging from unhindered access at the policy level without any payment across services, to the prohibition of access for primary and secondary care services for any foreign national who is not a citizen or permanent resident. Countries which offer primary care services free of cost regardless of migration status include, **Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago** The review noted that laboratory and hospital services require a small user fee that must be paid out of pocket by all users, including nationals. However, that officials in many countries stated that care would never be denied due to inability to pay. In other countries, for example in Barbados which significantly restricts migrant access to primary and secondary care services, exceptions allowing access to care are made in regard to communicable diseases, such as HIV and AIDS and tuberculosis, as well as for the provision of immunizations to children and prenatal care for pregnant women. Otherwise, in Barbados, a Barbadian National Identification is required in order to access the health system, only held by citizens and permanent residents.[25] See Table 3 below on Migrant Access to Primary and Secondary/Advanced Care Services by Country.

<div align="center">Table 3: Migrant Access to Primary and Secondary/Advanced Care Services by Country[26]</div>

COUNTRY	PRIMARY CARE SERVICES	SECONDARY/ ADVANCED CARE SERVICES
Antigua and Barbuda	Same access as nationals; payments for anyone not insured under Medical Benefits Scheme, including irregular migrants	Same access as nationals; payments for anyone not insured under Medical Benefits Scheme, including irregular migrants
The Bahamas	Same access as nationals, access not denied	Same access as nationals, access not denied
Barbados	Only accessible with Barbadian ID for citizens or permanent residents	Fees apply to certain foreign nationals
Dominica	Same access as nationals, no payment collected	Some restrictions may occur due to user fees

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[24] International Organisation for Migration. (2018). Migration Governance in the Caribbean, Report on the Island States of the Commonwealth Caribbean. San José, Costa Rica, Retrieved from https://caribbeanmigration.org/sites/default/files/reporte_regional_web_2.pdf
[25] Ibid at p. 75
[26] ibid at p. 76.

COUNTRY	PRIMARY CARE SERVICES	SECONDARY/ ADVANCED CARE SERVICES
Grenada	Same access as nationals, no payment collected	Same access as nationals, no payment collected
Jamaica	Same access as nationals	Same access as nationals
Saint Kitts and Nevis	Same as nationals; some restrictions may occur due to user fees	Same as nationals; some restrictions may occur due to user fees
Saint Lucia	Same access as nationals, no payment collected	Same access as nationals, no payment collected
Saint Vincent and the Grenadines	Same access as nationals, no payment collected	Small user fee for hospital care increased by 50% for non-nationals
Trinidad and Tobago	Same access as nationals, no payment collected	Same access as nationals, no payment collected

Sources: (Government of Antigua and Barbuda, 2011). (Government of the Republic of Trinidad and Tobago, n.d.). (PAHO, 2017). Government representatives.

Formal and Informal Barriers

Many of the countries in the region are in the process of developing a national health insurance scheme in order to ensure sustainable funding to cover the costs of the provision of health services to the population, which may result in significant changes in migrant access at a policy-level. The IOM review stated that "while many officials reiterated the commitment to universal care in their respective countries, many also voiced concerns about how an influx of migrants into the country may over-burden already under-funded health systems."

However, it has been frequently observed that these fears stem from a lack of accurate data. That migration and public policies are frequently developed on the basis of general, and often flawed, assumptions about migration. A common misperception is that ensuring the human rights of *all* migrants is impractical and would lead to a dramatic increase in the number of migrants with irregular status. This is at times linked to misperceptions about the number of migrants and how many are in irregular situations, the reasons why people migrate, and migrants' use of public services.[27]

Universal Health Coverage is intrinsically inclusive of the entirety of a population, including migrants. While this may be politically contentious and technically complex, particularly in developing countries that may already struggle to provide basic health services for the wider host population. Addressing this is essential to tackling the question of migration and health outcomes.[28] Access to more accurate data on the use of health services by migrant populations would allow decision-makers to calculate the actual cost of providing services to migrants, and to plan for health provision based on actual needs and resources.

4.   KEY CONSIDERATIONS AND PRINCIPLES FOR ADVANCING MIGRANT HEALTH
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Following a review of key documents contained in two desk reviews under this initiative by PANCAP, the first focusing on existing legislation, policy, international law principles and emerging health and migration policy initiatives on the access to health by migrant and mobile populations including barriers limiting access to health and specifically HIV services for migrants in the Caribbean and the second focusing on two country plans identified as good practices and two regional plans to distill key policy imperatives ought to be included in the guidance to countries for implementing the rights-based Framework on Migrant Health and Rights. These are contained in this section on Key Considerations and the following section on Principles for Advancing Migrant Health.

At the 2nd Global Consultation on Migrant Health: Health of Migrants, Resetting the Agenda which took place in Colombo, Sri Lanka from the 21st – 23rd February 2017, sponsored by the International

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[27] Ceriani Cernadas, P., LeVoy, M. and Keith, L. (2015). Human Rights Indicators for Migrants and their Families. Global Knowledge Partnership on Migration and Development (KNOMAD). P. 3. Retrieved from https://www.ohchr.org/Documents/Issues/Migration/Indicators/WP5_en.pdf

[28] Tulloch, O., Machingura, F. and Melamed, Claire. (2016, July) Health, Migration and the 2030 Agenda for Sustainable Development Retrieved from https://www.odi.org/sites/odi.org.uk/files/resource-documents/10759.pdf

Organisation for Migration (IOM) and other partners, it was recognised that in addressing the health of migrants, the principles for moving forward include:

- **the right to health for all, regardless of status**, that consistently with the 'health for all' imperative, the health sector should prioritize the individual beyond the definition of status with no distinction between migrants and refugees (as refugees are protected under international law while migrants have fewer protections) despite differentiated entitlements to protection;
- **universal health coverage and equitable access to quality, comprehensive, people-centered health** care that recognizes **the social determinants of health**; and
- **shared responsibility between all countries** to develop **policy and financing mechanisms** that are **harmonized and equitable**.

1. THE RIGHT TO HEALTH FOR ALL - REGARDLESS OF STATUS

Certain legal protection regimes have been created for groups of non-nationals, including refugees,[29] trafficked persons[30] and migrant workers,[31] to address particular situations and specific vulnerabilities.

In applying such regimes, care must be taken to avoid creating hierarchies of vulnerability based migrant status. **Fragmentation or compartmentalization of different categories of migrants may be counterproductive to the purpose of ensuring the human rights of all migrants**.[32]

The "categorisation" approach to the human rights of migrants is complicated by the cross-cutting nature of these categories; For example, migrant workers, refugees, trafficked persons and smuggled migrants can also be migrants with disability, children, pregnant women and women who have suffered sexual and other forms of gender-based violence, migrants, stateless persons, minorities and indigenous migrants, persons with HIV or AIDS, lesbian, gay, bisexual and transgender migrants, and victims of torture.[33]

Many migrants will be or may become vulnerable on more than one ground and may have suffered abuse of more than one type. Those who are victims of violence and trauma, in an irregular (or incorrectly referred to as "illegal") as well as in a situation of poverty, are more likely to be vulnerable to discrimination and exclusion. Migrants will pass through varying legal categories during their journey, particularly when migratory journeys are long and hazardous.

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[29] Convention on the Status of Refugees 1951 and Protocol Relating to the Status of Refugees 1967. The 1951 Convention and Protocol define a refugee as any person who, "owing to a well-founded fear of being persecuted 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 to or, owing to such fear, is unwilling to avail himself of the protection that country."

[30] UN Convention against Transnational Organized Crime (2000); Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; Protocol against the Smuggling of Migrants by Land, Sea and Air

[31] The International Convention on the Protection of Migrant Workers and Members of Their Families 1990, the most comprehensive instrument protecting the rights of migrants.

[32] Office of the High Commissioner for Human Rights (OHCHR). (2012). Migration and Human Rights - Improving Human rights-based Governance of International Migration Report on Global Governance. Geneva, Switzerland. P. 19. Retrieved from http://www.ohchr.org/Documents/Issues/Migration/MigrationHR_improvingHR_Report.pdf

[33] Ibid.

Human rights law thus provides that every person, without discrimination, must have access to his or her human rights. States are obliged to ensure that any differences of treatment between national and non-nationals or between different groups of non-nationals are enshrined in national legislation, serve a legitimate objective, and that any course of action taken to achieve such an objective must itself be proportionate and reasonable. States, committed by legal obligations, have the duty to respect, protect and fulfil the human rights of all migrants.[34]

> **The basic principle of human rights is that entering a country in violation of immigration laws does not deprive an irregular migrant of his or her most fundamental human rights, nor does it erase the obligation of the host state to protect these individuals. Differences in treatment must be;**
> **- enshrined in national legislation,**
> **– serve a legitimate objective, and**
> **– that any course of action taken to achieve such an objective must itself be proportionate and reasonable.**
> **Otherwise States may not draw distinctions between citizens and non-citizens in relation to fundamental rights.**

2. COMMITMENTS TO UNIVERSAL HEALTH COVERAGE

The countries of the region reaffirmed their commitment to universal health coverage at the 52nd PAHO Directing Council (2013) by giving the Pan American Sanitary Bureau the mandate to prepare a strategy to be presented to the 53rd Directing Council (2014). This commitment by Member States is expressed in the PAHO Strategic Plan 2014-2019, which recognizes universal health coverage as a key pillar, together with the social determinants of health.

The 2014 Regional Strategy for Universal Access to Health and Universal Health Coverage (Universal Health), which constitutes the overarching framework for the health system's actions to protect the health and well-being of migrants, adopted the right to health, equity, and solidarity as core values. The right to the highest attainable standard of health should be promoted and protected without distinction of age, ethnicity, sex, gender, sexual orientation, language, national origin, place of birth, or any other condition."

Universal Health imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability.

Universal access to health and universal health coverage require determining and implementing policies and actions with a multisectoral approach to address the social determinants of health and promote a

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[34] The Committee on the Elimination of Racial Discrimination which has advised that differences of treatment based on citizenship or immigration status will constitute discrimination if the criteria for different treatment, judged in the light of the objectives and purposes of the Convention, are not applied in pursuit of a legitimate aim or are not proportional to its achievement. CERD, General Recommendation No. 30: Discrimination against Non-Citizens, October 2004, para. 4.

society-wide commitment to fostering health and well-being. Increasing financial protection will reduce inequity in the access to health services.

Under the Strategy, states should advance towards providing migrants with access to the same level of financial protection and of comprehensive, quality, progressively expanded health services that other people living in the same territory enjoy, regardless of their migratory status, as appropriate to national context, priorities, and institutional and legal frameworks.

> **Where human rights obligations seek to realise universal health coverage for everyone, national policies on universal health coverage should ensure essential health needs independent of migrant status**

3. ACHIEVING THE SUSTAINABLE DEVELOPMENT TARGETS

Target 3.8 'Achieve universal health coverage, including financial risk protection, access to essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'.

Not only is this a target in itself, but it will be a contributory factor in the achievement of all the other targets in **SDG 3. Good health and well-being for people - "Ensure healthy lives and promote well-being for all at all ages. Universal Health Coverage** is intrinsically inclusive of the entirety of a population, including migrants. It is expected to cover all the promotive, preventive, curative, rehabilitative and palliative health services people need, with affordable services being understood as not exposing the user to financial hardship. Providing **Universal Health Coverage** is a major financial undertaking, it can be politically contentious and technically complex, particularly in developing countries that may already struggle to provide basic health services for the wider host population. However, it is essential to tackling the question of migration and health outcomes, at both individual and national level.

In terms of health, **Goal 3, Targets 3.1, 3.2, 3.7**, **Goal 5, Target 5.6** focus on sexual and reproductive health. and **Targets 3.3 and 3.4** focus on communicable (including TB, HIV and malaria) and non-communicable diseases and mental health respectively. **Goal 8, Targets 8.7 – 8.8** also support the health of migrants in the call that the distribution of the global health workforce should be improved, that understanding migration is crucial to strengthen health emergency preparedness, develop inclusive health policies and enhance access to migrant-sensitive health services, that the health of migrants will improve through progress in many other targets and that improving the health of migrants is a fundamental precondition to work, be productive and contribute to society, thereby contributing to other targets including **Goal 1** on poverty eradication.[35]

In relation to migration, **Target 10.7** under the **Goal 10** "Reduce inequality in and among countries" aims "to facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies". **Target 10.7** acknowledges that effective migration governance is key for safer, more orderly and more regular migration and the need for global, regional and national migration regimes and comprehensive policy frameworks to manage

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[35] International Organisation for Migration. (2018). The 2030 Agenda and Migration, A Guide for Practitioners. Geneva Switzerland, p. 32. Retrieved from:
http://www.migration4development.org/sites/default/files/en_sdg_web.pdf

migration for the benefit of all. This includes promoting regular migration that respects the rights of all migrants and leveraging the positive development impact of migration for migrants themselves as well as for all communities and countries.

Furthermore, migration and migrant rights are relevant to several Goals, such as **Goal 4** (quality education)**, Target 4.B** on increasing international student mobility, **Goals, 5** (gender equality)**, Goal 8** (decent work and economic growth) and **Goal 16** (peace, justice and strong institutions), **Targets 5.2, 8.7 and 16.2** on combating all types of trafficking and exploitation and addressing trafficking and exploitation of women and children, **Targets 8.5, 8.7,** in particular **8.8** on protection of labour rights and promoting safe and secure working environments for all workers, including migrant workers, **Goal 16** (citizenship, Rule of Law and inclusion) on expanding legal identity for all to help foster migrants' inclusion, improve their access to basic services and help counter human trafficking and organized crime, **Goal 17,** (global partnership on sustainable development) **Target 17.18** which includes data, monitoring and accountability including increasing disaggregation of data by migratory status and other variables.

4. MIGRATION AS A SOCIAL DETERMINANT OF HEALTH

The migration process can expose migrants to health risks, such as perilous journeys, psychosocial stressors and abuses, nutritional deficiencies and changes in lifestyle, exposure to infectious diseases, limited access to prevention and quality health care, or interrupted care. Migrants in irregular situations, those forced to move, the low skilled or low educated, and other vulnerable or disadvantaged migrants are more likely to suffer from a compromised health status as compared to others.[36]

Migrants often experience social conditions linked to poor health, such as poor living and working conditions, which place them at further disadvantage.[37] Difficult conditions of migration coupled with policies that do not contain any specific public health measures render migrants more susceptible to higher health risks, especially when they are combined with a lack of preventative health education, detection and treatment. As a result, health risks for migrant populations become exacerbated, as do those for host populations. Notable consequences of policy gaps or insufficiencies include diminished or no access to health care or to HIV preventative measures, including detection and treatment.[38] For these reasons the International Organisation for Migration (IOM) recognises migration as a social determinant for health. **Migration is, in and of itself, not a risk to health**.[39]

International Organisation for Migration 2017

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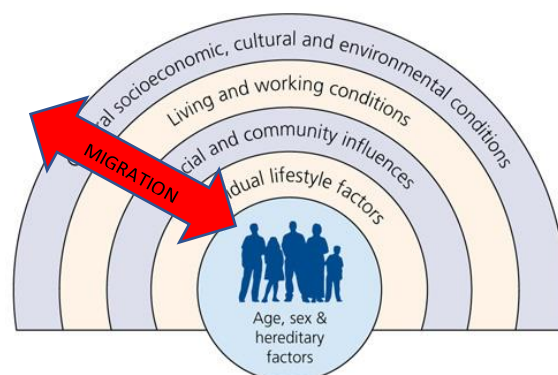
[36]ibid

[37] International Organisation for Migration. (2017). The Health of Migrants: A Core Cross-Cutting Theme. Global Compact Thematic Paper on the Health of Migrants.

[38] International Labour Organisation. (2016). Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action. Geneva, Switzerland, International Labour Office, p. 1. Retrieved from https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/Right-based-Approach-to-Migration-Health-and-HIV-AIDS.pdf

[39] International Organisation for Migration. (2017). Report of 2nd Global Consultation on Migrant Health: Health of Migrants - Resetting the Agenda. Colombo, Sri Lanka. p. 14. Retrieved from https://www.iom.int/migration-health/second-global-consultation

Improving access to needed health services is not the only consideration in achieving positive health outcomes for migrants. **Policies and practices related to education, gender, labour, development and migration governance are essential** in reducing the causes of negative health outcomes and promote healthy lives for migrants and communities.[40]

5. FINANCING

Health financing is an ongoing challenge for many countries of the region. In the Framework, a case was made for an economic imperative in advancing migrant access to health in that studies have shown that it is less expensive to offer preventive care than to pay for expensive emergency treatments.[41] Ensuring that migrants have access to basic primary and preventive care means that they can be treated before a catastrophic result occurs due to their lack of ability to seek earlier medical intervention and reduce the cost impact on the health sector by not requiring more expensive secondary or tertiary level care. A cost analysis will be important, taking account of the financing of the health systems in the Caribbean.

An approach to be considered is for some degree of prioritization within the NHI and UHC processes in country on a minimum basic package of health based on the global burden of diseases: (1) diseases that result in excess burden (communicable, nutrition, maternal and perinatal conditions), (2) diseases in group 1 plus a subset of non-communicable diseases and (3) diseases in 1 & 2, plus trauma diseases. That it is also important to assess the costs and implications of NOT addressing the needs of migrants as an integral part of a country's drive towards achieving UHC.[42]

Principles for Advancing Migrant Health

- **The right to health for all, regardless of status**, that consistently with the 'health for all' imperative, the health sector should prioritize the individual beyond the definition of status with no distinction between migrants and refugees (as refugees are protected under international law while migrants have fewer protections) despite differentiated entitlements to protection.

- **Universal health coverage and equitable access to quality, comprehensive, people-centered health** care that recognizes **the social determinants of health**;

- **Country leadership with shared responsibility** between all countries to develop policies.

- **Financing mechanisms** that are harmonized and equitable providing coverage to nationals and migrants regardless of status.

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[40] Ibid.

[41] International Organisation for Migration. (2017). Report of 2nd Global Consultation on Migrant Health: Health of Migrants -Resetting the Agenda. Colombo, Sri Lanka. p. 28. Retrieved from https://www.iom.int/migration-health/second-global-consultation

[42] Roger McLean, Unpacking & Addressing the Health Financing, challenges related to the implementation of the Framework - Implications for UHC and NHI. Presentation at PANCAP Meeting on Guidance for Operationalising the Framework on Migrant Health and Rights, 10th -11th April 2019.

- **An inclusive health policy and planning process integrated into a larger whole-of-government and whole-of-society response** with the identification of multiple stakeholders and includes participation from civil society and migrant populations.

- **Policy, regulatory, legal, and institutional arrangements** supported by health monitoring and an **evidence-based health information system**.

- **Benchmarks for monitoring advancement** are key elements to achieve success in addressing the health of migrants.

- **Identification and dissemination of good practices and capacity-building**; and

- **A global (or regional) coordination mechanism** supported by partnerships and multicounty, multisectoral collaborations.

5.   IMPLEMENTATION PROCESS[43]
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The process Indicated in this section is not intended to be prescriptive or exhaustive, as any policy must respond to local and national migration dynamics and institutional contexts. The below process is a recommendation as implementation can take many forms. It does not need to be carried out sequentially and not every step will be relevant to each implementation process. Implementing bodies are encouraged to adapt this process to fit their unique context. For the purposes of this guide, the process for implementing the Framework on Migrant Access to Health and Rights has been divided into **six** steps:

1. **Kick-start – identifying or establishing multi-sectoral framework to manage the process** and raise awareness by engaging various government sector representatives and civil society organisations, private sector and development partners where possible. Implementing bodies should engage early with diverse stakeholders to gain perspectives on the migration situation in country, health priorities and actions. One of the first steps for implementing bodies is to identify a range of stakeholders to include in their implementation.

    1.1 These should include, government – health, gender, social services, children, UHC Committee, NHI Committee, National Health Insurance entity, immigration, border authority or national security, labour, judicial system, disaster management, human trafficking committees, civil society including the private sector, organisations of migrants or working with migrants, representative organisations, key health-focused and human rights NGOs and development partners.

    1.2 It may not be necessary or feasible to include all of the stakeholders in the multi-sectoral implementation team. It is recommended that the team include key government entities, including health, gender, national security, immigration, NHI or UHC committees and civil

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[43] This process has been adapted from the International Organisation for Migration. (2018). The 2030 Agenda and Migration, A Guide for Practitioners. Geneva Switzerland. Retrieved from: http://www.migration4development.org/sites/default/files/en_sdg_web.pdf

society participation of organisations working with or representing migrants or human rights organisations.

1.3 Technical assistance from IOM and UNHCR to assist in guiding the process and providing critical tools and expertise may be considered and this stage.

1.4 During this inception phase the implementation team may engage in a series of awareness building or capacity building exercises among the wider stakeholder groups. Examples of awareness raising activities include:

    1.4.1 **briefing sessions** with various ministries at different levels, civil society, the private sector,

    1.4.2 **using traditional and social media** to share information,

    1.4.3 **collaborating with civil society to utilize their linkages** to seek views and disseminate information,

    1.4.4 **media briefings and training**.

2. **Assessment and Analysis** – following the establishment of the institutional framework to guide the process, it will be necessary to conduct assessments on the following:

    a. Situational analysis of migration in the country

    b. Legal and policy framework affecting migrant health priorities

    c. Existing health financing mechanisms

    d. Priority national health imperatives

2.1. The situational analysis can be conducted in partnership with the IOM. The IOM may have already published or have access to the information required for the situational analysis of migration in the country.

2.2. **A tool** to assess the status of the country relative to the 4 strategic lines of action has been developed and is appended to this Guidance Document.

Enabling Environment	Health Systems and Services	Strategic Information	Partnerships
• Conduct a situational analysis of migration in the country with a profile of migrants. • Identify data gaps. • Conduct a legal environment scan of laws and policies related to migration and conformity with recommended international human rights standards.	• **WHAT** - Consider the services which are available and what services are migrants accessing.*1 • **WHO** - Who are the main providers of services accessed by migrants - State providers, private sector, FBOs, NGOs? • **HOW** - are the services provided in the same manner as nationals? Are they culturally. linguistically appropriate and available? • Identify the **GAPS-** information, acessibility, status, discrimination.	• Identify the health imperatives for the country • Determine a package of services based on the identified health imperatives. • Based on the package of services assess the cost implications - conduct cost analysis of inclusion and non-inclusion of migrants • Assess health sector capacity and training needs for delivery of migrant sensitive health services. • Identify the health financing mechanism	• Foster partnerships to promote coordination, efficiency and procure financing and other support resources. • Foster inter agency partnerships. • Financing and technical support- Inter American Development Bank, World Bank, European Union, Caribbean Development Bank, IOM, UNHCR, International Volunteer Org. United Nations, Red Cross.

2.3 *[1] Services available: at the meeting of key stakeholders on the 10th -11th April 2019 the following were identified as services being provided in the countries represented: sexual and reproductive health, primary care services, immunizations, vaccinations, HIV testing, ARVs, monitoring, surgery, neurology, STI prevention and treatment, speciality services – OBGYN. Social services including education up to secondary level, shelter, emergency care, and legal assistance.

3. **Prioritization of interventions based on identified gaps and Cross Sector Consultation** – some countries including, Guyana and Antigua and Barbuda have good practice examples. Each country will prioritize interventions based on the situational analysis of migrant and mobile populations in country, the existing gaps identified by the assessments and in keeping with national health and development goals.

   3.1 At this stage, it may be necessary to share the findings of the assessment with the wider stakeholder group for validation and to confirm that all relevant issues have been considered.
   3.2 These consultations may take the form of a national consultation, sector consultations or individual stakeholder meetings to inform the development of the policy.
   3.3 Of particular importance, will be the analysis on the cost implications and capacity assessment of the health sector in the delivery of migrant sensitive health services. Various assessments detailed in the Desk Review in preparation of this document and referenced in Section 3 above indicate that health services are accessible to migrants in many countries but that many gaps exist.

4. **Implementation Structure – partnerships and multi-sector collaboration**
   At this stage, the implementation team may determine the key agencies responsible for the implementation and monitoring of the policy.

   4.1. The Implementation team will also need to consider inter-agency collaboration and establish clear lines of communication among the various sectors.
   4.2 Coordination on mobilization of resources and technical assistance with National Health Sector financing teams, Health Planning Unit, NHI and UHC committees will be important to determine issues of cost and sustainability.
   4.3 Coordination on mobilization of resources through Ministries of Finance and Health sector Planning Units with identified financing partners – IDB, World Bank, Inter-ministerial partnerships, EU, CDB.

5. **Development of country specific policy with Plan of Action**
   At this stage the implementation team will draft the document to include a plan of action in order to translate the priorities into concrete interventions.

   5.1 As far as possible civil society organizations and migrants should participate in finalizing the design and implementing interventions.
   5.1 It should also be emphasised that in many cases strong political support will be needed to push forward the implementation process. Transparency and wide consultation, as well as ongoing awareness- raising, capacity-building and knowledge sharing may help towards this.
   5.3 A suggested layout of a plan of action is indicated below:

Intervention	Activity	Timeframe			Agency	Expected Outcomes and Outputs	Resources required
		Short	Medium	Long			
A description of the intervention, type of policy process, legislative change, programmes or projects. The rationale behind this intervention	Any supporting activities, such as training, capacity-building or advocacy				Roles and tasks of implementing actors at each stage of the intervention (including the relationship and coordination between them)		

6.   Monitoring and Evaluation.

The policy should indicate how monitoring and evaluation will take place.

6. SUGGESTED STRUCTURE OF A NATIONAL POLICY
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1. Introduction

10. Monitoring and Evaluation Framework

2. Situational Analysis of Migration and Health in the Country

9. Identified partnerships and roles of partners – IDB, World Bank, Inter-ministerial partnerships, EU, CDB

3. The International and National Legal and Policy context related to migrant access to health

8. The strategic lines of action for the progressive implementation of the Policy

4. Description of the process of construction of the Policy – Participation

7. Purpose and defined objectives, elaborated based on a reflection of each of the principles

6. Guiding Principles - the approaches and principles that guide the policy.

5. Implementation structure – Roles and responsibilities of relevant agencies - Intersectoral collaboration

For key definitions on migration see https://www.iom.int/key-migration-terms

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