

## Statement

Peter Schatzer

*Director, External Relations Department and Senior Regional Adviser for Europe, International Organization for Migration – IOM*

Discussing migration and health issues here in Berlin this week is timely. Although historically measures directed at the health status of people on the move such as quarantine were among the first tools applied to control immigration, consideration of migration and health together is still very often overlooked. My Director General has thus asked me to emphasize how delighted he is that IOM is given this opportunity to speak at your important meeting.

The global number of migrants (although still only estimated to amount to 2.5 % of the world population) today is larger than at any time before in human history. Apart from ethnic violence and strife, economic constraints and opportunities (real or perceived), the growing relevance of ethnic networks, the population growth predicted for the next decades – even under recently downward-revised forecasts – that will occur mainly in the poorer and less developed parts of the planet and the ageing of populations in many industrialized societies, will certainly result in additional migration pressures and with them an increased need to find suitable and mutually acceptable arrangements to deal with them.

Cooperation on finding such solutions lies at the core of IOM's daily work. To be successful, partnerships between states involved in the same flows but also with organizations that can make useful contributions are thus imperative. In this context, the partnership between the Red Cross movement and IOM is a natural one. We are both concerned with the welfare of people, in particular the vulnerable, and often find ourselves working side by side in emergency or other complex situations.

IOM is committed to the principle that humane and orderly migration benefits migrants and society, and acts to encourage social and economic development through migration and to promote the effective respect of the human dignity and well-being of migrants.

The orderly and safe transport of people remains one of our core services. But the world, and the need for services associated with migration, have changed a great deal since 1951 when the Intergovernmental Committee for

European Migration was set up in Brussels by 16 member states with the stated aim to help relieve overpopulation in Europe through the transfer of migrants overseas. Although even today outward and return transportation continues to form an important element of our work, the associated services are now also receiving considerable attention such as in health, cultural orientation, assistance in integration or reintegration, and, for example in emergency and post conflict situations, measures to help communities cope with returnees and enable demobilized soldiers settle into civilian life. In addition, we also provide services in the areas of mass information. campaigns, measures to counter trafficking and assist the victims of trafficking, capacity building in migration management, labour migration, and the promotion of development through migration. The health aspect, including mental and reproductive health, is important in virtually every one of these. I will return to this shortly.

The Europe you represent has within its broad region all the push and pull factors of migration. All the different parts of Europe have experience of some of the elements, and have in place some of the measures to address them effectively. But many countries that used to be countries of origin are now finding themselves also countries of transit and of destination. Most governments are finding that they are having to look afresh at the whole range of policies and practices which have served for so long, but which are no longer relevant to the current and fast-evolving situation.

In addition to addressing the root causes of forced migration, governments and societies need urgently to put in place the necessary measures to manage migration effectively in order to reap the benefits. In practice this means adopting comprehensive and integrated policies and practices, both domestically and internationally

- to prevent smuggling, trafficking, abuse and exploitation of migrants,
- to put in place labour migration schemes which address the real economic and labour gaps, many of which are currently being filled by irregular migrants,
- to promote social and economic stability by implementing effective integration measures to avoid exclusion, and counter racism and xenophobia, and
- to address individual and public health aspects of mobile populations.

For IOM and the Red Cross Movement, this means that we need to work together to reduce vulnerability through a range of activities where we both have a significant role to play. Such as in *advocacy*, to influence decision makers on the need for consistent, positive and humane policies relating to

## STATEMENT

migration and migrants, particularly in the light of increased security concerns following the events of 11 September. Another area is *education and public information*, to ensure that people can make informed decisions, by telling them of their rights, of the dangers of irregular migration, smuggling and trafficking so that they can protect themselves from exploitation, abuse and marginalization, can obtain advice on regular migration channels, and can seek help. Education also plays a key role in the promotion and effective implementation of integration or reintegration measures as well as in countering xenophobia and racism. A third area is in providing *assistance* to those in need, such as trafficking victims, displaced or stranded migrants, and communities vulnerable to destabilization. Finally, a fourth area is in *building the capacity* of all relevant actors to address the various aspects.

I turn now specifically to the work we do on health in relation to migrants and migration.

IOM Migration Health Services evolved in the early fifties as an integral part of the organization's work to complement the movement of migrants and refugees to resettlement countries by assessing migrants' health to prevent the importation of contagious diseases of public health interest. Public health risks remain a major international concern, with mounting evidence of a critical relationship between population mobility and emerging infectious diseases. A large part of the activities of IOM Migration Health Services still involves the provision of high quality migration health evaluation and assessment services for prospective migrants and refugees.

Our extensive experience in the delivery and practice of technical migration health services has enabled us to define some of the basic principles in this area. Based on that knowledge and perspective, IOM has defined a series of objectives designed to guide the international approach to migration health, which include:

- Exploring the function of the migration health assessment process to improve public health, both in terms of surveillance and increased provision of preventive and treatment services and interventions to at-risk groups;
- Increasing the knowledge and information related to the impacts and consequences of migration-associated disease and illness in regions of resettlement, asylum and return.

During the last twenty years, globalization has changed the parameters of infectious diseases' border control. Travel time is faster, often shorter than the incubation period of an infectious agent. The critical relationship between population mobility and emerging or re-emerging infectious diseases such as tuberculosis and HIV has been increasingly recognized. There is evidence both that migrants have a poorer health status and that they tend to have less

access to health care due to the different policies of the host countries. Migrants bring their health characteristics throughout the whole migration journey, which can potentially interact with and affect the public health profile – the “epidemiological parameters” – of regions of origin, of transit and of destination.

Migrants and mobile populations are among the most vulnerable people due to the conditions and structures of the migration process itself, including poverty, powerlessness, violence and social instability. Xenophobia, discrimination, sexual or labour exploitation, absence or paucity of socio-legal protection, and often lack of access to health care and social services in receiving countries enhance migrants’ vulnerability, which is compounded by language and cultural barriers. The behavioural patterns of mobile populations change, both because they are removed from their normal socio-cultural environment, and because they are subject to increased vulnerability. This is an important factor when addressing infectious diseases such as HIV.

Stress is an inevitable aspect of migration, even when it is legal and voluntary, but most particularly when the reasons for, or the nature of the movement are in themselves stressful. IOM recognizes the importance of early mental health care and psychosocial services in situations of displacement, and mental health activities have become an integral part of IOM's work in post conflict situations as well as for specific vulnerable groups such as trafficked populations, children and irregular migrants.

The challenge when addressing migration health is in the hands of policy makers, researchers and practitioners. All those involved in the health field need to work together to ensure that policy makers:

- Invest in the capacity-building of countries of origin’s public health programme, because in our era of globalization, destination countries cannot ignore the mobility factor of populations;
- Understand the public health justification for providing access to health care to all migrants, particularly for those who do not have a legal status;
- Reduce vulnerability by changing policies that marginalize migrants and by working to improve their living conditions;
- Develop health prevention strategies for mobile populations without increasing stigmatization and discrimination both within migrant communities and host countries.

We, at IOM, work on the premise that the health approach should be sensitive and tailored to the specific needs of migrants, while wider action and specific programmes should target source populations in order to reduce poverty and health differences that ultimately endanger the health of all.

#### STATEMENT

We have come a long way from the ideas that brought the 16 founding members of IOM together more than fifty years ago. IOM is now global, with 91 member states just over half of the IFRC's 178 member societies, but among member and observer states we cover practically your entire region. We now have more than 150 field offices, and with the growth in membership comes the enlargement of the scope of activities, both topical and geographical. To meet these challenges there is much that IOM and the international Red Cross and Red Crescent movement can do together, both in the general field of migration and in the specific field of migrant health. Our field offices and your national societies already cooperate in many ways, and a systematic review of lessons learned from such cooperation to be applied throughout our region could be of interest.

I am confident that you share our conviction that we all must work to strengthen our collaboration – for the good of migrants and of societies as a whole. Our stakeholders expect nothing less.