

3-7 April 2022

Documentation of the Work of the International Organization for Migration (IOM) NMUN Simulation\*



## Conference A

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# International Organization for Migration

## Committee Staff

**Director**  
**Assistant Director**  
**Chair**

Marleen Schreier  
Markus A. Bianchi  
Anushree Chauhan

## Agenda

- I. Migration and Racial Discrimination
- II. Ensuring Access to Preventative Healthcare for Migrant Workers

## Resolutions adopted by the Committee

CODE	TOPIC	VOTE (FOR-AGAINST-ABSTAIN)
IOM/1/1	Ensuring Access to Preventative Healthcare for Migrant Workers	69 votes in favor, 5 votes against, 26 abstentions
IOM/1/2	Ensuring Access to Preventative Healthcare for Migrant Workers	Adopted by acclamation
IOM/1/3	Ensuring Access to Preventative Healthcare for Migrant Workers	Adopted by acclamation
IOM/1/4	Ensuring Access to Preventative Healthcare for Migrant Workers	Adopted by acclamation
IOM/1/5	Ensuring Access to Preventative Healthcare for Migrant Workers	60 votes in favor, 17 votes against, 23 abstentions
IOM/1/6	Ensuring Access to Preventative Healthcare for Migrant Workers	68 votes in favor, 8 votes against, 24 abstentions

# Summary Report for the International Organization for Migration

The International Organization for Migration held its annual session to consider the following agenda items:

- I. Migration and Racial Discrimination
- II. Ensuring Access to Preventative Healthcare for Migrant Workers

The session was attended by representatives of 86 Member States and 2 non-governmental organizations (NGOs) also attended the meeting.

On Sunday, the committee adopted the agenda in the order II, I beginning its discussion on the topic "Ensuring Access to Preventative Healthcare for Migrant Workers". Present Member States and NGOs engaged in diplomatic negotiations and developed comprehensive ideas to address the healthcare needs of migrant workers in its many facets. By Monday evening, the Dais received a total of 11 proposals covering a wide range of sub-topics including universal health coverage, mainstreaming gender and addressing the specific healthcare needs of female migrant workers, protecting migrant workers from Covid-19, and improving data collection methods to address the topic. Throughout all committee sessions Member States and NGOs engaged in inspiring debates and heated negotiations to come to solutions together.

On Wednesday, six draft resolutions had been approved by the Dais, two of which had amendments. The committee adopted six resolutions following voting procedure, three of which received unanimous support by the body. The resolutions represented a wide range of issues, including access to mental healthcare for migrant workers and building capacity of Member States to successfully ensure access to preventative healthcare for migrant workers. The committee worked tirelessly over the course of the conference to take decisive action and build consensus around all proposals developed.



**National Model United Nations • NY**

**Code:** IOM/1/1

**Committee:** International Organization for Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Guided by the 2030 Agenda for Sustainable Development, especially SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”) that seeks to ensure good health and well-being for all,*

*Mindful of the United Nations Charter (1945) and particularly Article 55, which outlines the universal respect for human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion,*

*Emphasizing the importance of International Organization for Migration’s (IOM) Mental Health and Psychological Support (MHPSS) campaign which has taken actions to help working migrants with the psychological struggles they are coping with in more than 85,000 interactions by 2022,*

*Welcoming the cooperation between the IOM’s MHPSS and educational institutions like the University of Essex and others,*

*Taking into consideration the success of IOM’s Migration Health Assessment and Travel Assistance Programmes that helped evaluating the physical and mental health of nearly 3 million migrants by 2015, however recognizing there are many more migrants in need of this service,*

*Referring to the WHO Special Initiative for Mental Health (2019-2023) emphasizing that mental healthcare must be an integral part of Universal Health Coverage and supporting the vision that all people including migrant workers should achieve the highest standard of mental health and well-being,*

*Noting with grave concern the increased risk of migrant workers for mental illnesses such as depression and post-traumatic stress disorder in comparison to local workers due to aggravations such as financial restraints and lack of access to physical healthcare as stated in the Systematic Review of the Prevalence of Common Mental Health Issues Among Migrant Workers (2021) by Hasan et al.,*

*Taking into account the usefulness of existing technical guidelines by the World Health Organization (WHO) on mental health promotion and mental healthcare for refugees and migrants,*

*Reiterating IOM’s resolution 70/15 on “Promoting the health of refugees and migrants and its connected framework” (2017), with reference to clause 2(4), which invites Member States to provide health-related assistance through bilateral and international cooperation,*

*Alarmed by the traumatic events occurring around the world, such as military combat and violent assault, producing generational trauma to its victims, which includes migrant workers,*

*Appreciating the 230% increase of mental health consultations by Doctors Without Borders during the past 10 years which provided 349,500 individual mental healthcare consultations in 2020,*

*Stressing the importance of General Assembly resolution 46/119 on “Principles for the protection of persons with mental illness and the improvement of mental healthcare”,*

*Reaffirming the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families* (1990), which serves as a cornerstone for safeguarding rights of migrant workers,

*Taking note* of the WHO short report from March 2022 aimed at all Member States to strengthen mental health services highlighting the 25% increase in mental illness in the last two years,

*Concerned by* Human Rights Council resolution 26/21 on “Promotion of the right of migrants to the enjoyment of the highest attainable standard of physical and mental health”, which promotes accessibility to physical and mental healthcare of all persons regardless of their immigration status,

*Having regarded* the Special Rapporteur’s report 35/21 *The Right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, which underlines the importance of promoting mental health for all ages in all settings,

*Noting with grave concern* that past reports of the United Nations High Commissioner for Human Rights on migrants so far do not investigate mental health of migrant workers,

*Concerned by* the gap in research for preventative healthcare for female reproductive health, prenatal and infant care, HIV and AIS, and SARS-CoV-2,

*Bearing in mind* the presence of gender inequality of female migrant workers in access to SARS-CoV-2 vaccinations because the disproportionate suffering during the pandemic, especially in the increased levels of gender-based violence and women’s increased unpaid caretaking in the home,

*Recalling* IOM’s vaccination campaign for migrants located in stranded areas which allows migrant workers to gain easy access to emergency vaccinations,

*Reiterating* the continuation of advocacy for more efforts to protect vulnerable populations by ramping up vaccination efforts for people on the move,

*Acknowledging* work done by the Child Family Health International, in improving the lives of migrant workers through transformative Global Health Education programs, research, and thought leadership emphasizing community leadership, global citizenship, and ethical engagement,

*Alarmed by* the barriers to access preventive healthcare for female migrant workers with irregular status,

*Noting with concern* the constant hindrances to proper healthcare that female migrant workers are met with because of aspects including their race, ethnicity, social class, and legal status,

*Noting further* bodies and programs already in place, like the Forearms of Change Center to Enable a Community of the Hashemite Kingdom of Jordan which provides support and treatment for HIV positive patients and spreads awareness about HIV and other STDs,

*Recognizing* the Council of Nurses and Midwives of the Republic of Seychelles which regulates the education and practice of nurses and midwives by ensuring that set standards are maintained through the monitoring and evaluation of nursing and midwifery care,

*Expressing its concern* about the limited funding provided by government bodies to access healthcare and healthcare products for female migrant workers,

*Deeply disturbed* that undocumented female migrant workers face discrimination and legal barriers when in need of prenatal care, due to fear of deportation or legal consequence,

*Aware of* the capabilities of IOM's MiTA digital translation application, being a powerful tool for migrants,

*Contemplating* the sixty-fifth session of the Commission on the Status of Women (CSW65), which encourages the full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls regardless of legal status,

*Approving* the collaboration between IOM and the Special Rapporteur in the creation of the Human Rights of Migrants which recognizes its responsibility to ensure that when providing assistance to migrants, its activities must obtain full respect for the rights of the individual, its activities must be non-discriminatory, and must not diminish the human rights of others,

*Observing* that female migrant workers are less likely to have received language education than male migrant workers, and are therefore more likely to face a language barrier with healthcare officials,

*Expressing concern* that pregnant migrant workers may be unaware of proper healthcare necessary for healthy children due to lack of resources and education of topics,

*Affirming* the work that IOM has done to ensure migrant workers inclusion in vaccination campaigns including operations and logistical assistance, vaccination drives, and outreach programs,

*Conscious* of the lack of health resources available for female migrant workers, particularly those of which have not been taken notice of because of their legal status in different countries including sexual and reproductive health education, funding, and vaccinations,

*Overwhelmingly concerned* by the stigmatization caused by HIV infections, as well as the rate of new infections and mortality caused by HIV among female migrant workers,

1. *Appeals* to all Member States to ensure accessibility to mental healthcare for migrant workers by:
  - a. Participating in IOM's Mental Health and Psychological Support (MHPSS) program;
  - b. Safeguarding the right of migrant workers to mental healthcare in national migration law;
  - c. Arranging culturally and linguistically appropriate mental health services by training health workers to be prepared and respectful of health beliefs, cultural practices and needs of diverse patients;
  - d. Funding regional MHPSS programs and contributing resources to the corresponding networks;
2. *Strongly encourages* Member States to provide mental healthcare for migrant workers corresponding to the evaluation made of their mental health through the Migration Health Assessment and Travel Assistance Programmes program, by:
  - a. Instituting flexible and immediate counseling for migrant workers who suffer from severe depression, post-traumatic stress disorder, and other serious disorders;
  - b. Working together with the MHPSS program to create a closer local community of migrant workers;

3. *Directs* the Regional Offices of IOM to support the cross-country program International Mental Help Organization for Migrants to ensure a culturally appropriate mental health service for migrant workers in collaboration with the WHO's Special Initiative for Mental Health (2019-2023) anchoring Mental Health in Universal Health Coverage, which includes:
  - a. Following existing technical guidelines of the WHO on mental health promotion and mental healthcare for refugees and migrants;
  - b. Scaling up community-based services and interventions for quality mental healthcare;
  - c. Training community health workers on providing mental healthcare with existing training material and equip them to reach out to regional neighborhoods of migrant workers, reducing the shortage of quality mental healthcare;
  - d. Connecting migrant workers to free-time activities in their local neighborhood such as arts, music and sports to improve mental health;
  - e. Receiving funding from the Start-Up Fund for Safe, Orderly and Regular Migration;
4. *Suggests* Member States receiving migrant workers to provide special trauma care for the migrant workers in need by:
  - a. Collaborating with non-governmental organizations such as Doctors Without Borders, the Red Cross and Red Crescent and others to provide emergency mental healthcare for migrant workers that have been fleeing from unstable regions, to prevent manifestation of long-term mental diseases;
  - b. Integrating migrant workers that have fled from unstable regions in local civil groups where they are accompanied by local mental healthcare professionals to deal with traumatic experiences;
5. *Intends* to collaborate with IOM's MHPSS program and broaden the cooperation with educational institutions in more Member States by:
  - a. Involving students in psychology, who will be supported by their professors in giving free counseling to migrant workers:
    - i. Partnering university institutions will co-provide the needed spaces for the counseling sessions and inform the students about the project;
    - ii. Universities will involve students to take part in the program, through which students will earn credits for their studies;
  - b. Setting up regional advertisements about the program in public spaces and common workspaces of migrant workers will inform them about these services and ways to access it;
  - c. Funding required resources provided by the MHPSS network;
6. *Requires* the MHPSS Collaborative platform to set up the "Okay not 2B Okay" campaign in cooperation with local civil society groups and non-governmental organizations to break down mental illness taboos in society by:

- a. Using popular TV shows, big sport companies and events and to spread information about mental health services;
  - b. Destigmatizing to ask for help when needed by using the complementing hashtag #Okaynot2bOkay;
  - c. Organizing events with inspirational speakers and other migrant workers to establish a coping system;
  - d. Establishing a widely accessible website to act as a safe and inclusive platform for migrant workers to network, communicate, and share their experiences with mental health difficulties in order to reduce the impact of anxiety inducing issues;
7. *Welcomes* contributions from Member States towards the IOM Development Fund to support the “Okay not 2B Okay” campaign, and looks forward in working together with the UNICEF to realize the aforementioned campaign;
8. *Appeals* the United Nations High Commissioner for Human Rights to issue an annual report on the specific mental health issues and needs of migrant workers and the implementation of this resolution;
9. *Suggests* the creation of a comprehensive database on female migrant workers’ access to healthcare through a collaboration between IOM’s Migration Policy and Research Division and the Special Rapporteur on the Human Rights of Migrants;
10. *Calls for* Member States to collaborate on advanced programs, including but not limited to the Migrant Health Program and Migrant Farmworker Health which push the agenda for access to healthcare for all migrants and migrant workers;
11. *Directs* Member States to utilize cultural competency programs offered by IOM to train healthcare personnel on the cultural accommodations required to treat female migrant workers in order to avoid cultural discrimination, such as IOM’s Break the Chain Campaign;
12. *Recommends* Member States to adopt a gender mainstreamed perspective on all migration policies as decreed in CSW65 and the implementation of the Beijing Platform for Action, which supports the full development of women and their equality with men in areas of concern;
13. *Fully supports* governments to provide psychological support counseling to migrant workers, both in person and through the use of technology by:
  - a. Supplying psychological support for all migrant workers following an inclusive and human rights-based approach that guarantees the availability and accessibility of psychosocial support and mental healthcare for migrant women workers prenatal and postpartum through the implementation of IOM’s MHPSS which:
    - i. Offers community stabilization, social cohesion, and peace building;
    - ii. Aids with direct assistance to victims of trafficking, migrants going back to the country of origin, and other vulnerable migrants;
    - iii. Strengthens health systems and responses in migration crises;



- iv. Promotes the consideration of cultural diversity in mental healthcare delivery;
  - v. Mainstreams MHPSS into migrant workers' protection;
  - vi. Addresses the psychosocial components of reparations needed;
  - vii. Creates a database of information pertaining to psycho-social support focused on female migrant workers;
- b. Serving with mental healthcare for migrant workers with infectious diseases like COVID-19 or HIV through counseling and mental health medications;
14. *Instructs* governments to ensure access to vaccinations and other healthcare services to infants of female migrant workers by continuing the work of the IOM which has begun a SARS-CoV-2 vaccination campaign for migrants in over 74 countries;
  15. *Emphasizes* governments to ensure parents have freedom from retribution or discrimination for seeking healthcare for their infants by forbidding healthcare facilities from requesting documentation status;
  16. *Stresses its desire for* governments to create organizations, such as Justice for Migrant Women, that specialize in ensuring that the healthcare needs of female migrant workers are fulfilled which provides accessibility to local health clinics regardless of legal status in a nation;
  17. *Urges* governmental and non-governmental bodies to help fund programs like the Migrant Farmworker Health, the Office of Women's Health, and others relating to healthcare programs for female migrant workers including but not limited to, prenatal health, vaccine roll outs, mental health resources, sexual and reproductive health, and programs for postpartum care and:
    - a. Advocates non-governmental organizations and the International Labour Organization to expand across the globe in order to help assist with all forms of care for female migrant workers along with organizations, including but not limited to Doctors Without Borders, CARE International, and Population Services International;
    - b. Vitalizes governmental organizations to fund programs relating to healthcare for female migrant workers;
  18. *Appealing* multilateral and bilateral agencies to provide funding for the protection of female migrant worker's access to healthcare including the World Health Organization the Pan American Health Organization, the Center for Disease Control and Prevention, and the World Bank;
  19. *Advises* government bodies to address the language barrier between female migrant workers and health officials by:
    - a. Assessing local language needs in specific communities through research initiatives;
    - b. Expanding the use of MiTA, IOM's digital translation application and apply this technology to health needs;
  20. *Further invites* Member States to work with the IOM in developing a program titled Migrant Women Obtaining Access to Healthcare which will be similar to Child Family Health International, a health education program that works to inform individuals on the existing health systems within reach;

21. *Encourages* the development of educational courses from Member States to educate female migrant workers about the prenatal requirements for healthy children through:
  - a. Courses offered from Member States about proper prenatal nutrition for pregnant mothers;
  - b. Courses offered about reproductive health;
  
22. *Adopts* the new initiative, Services, Opportunities, and Support (SOS), which will serve as a specialized umbrella program inside IOM that brings together existing programs in an exchange to support medical care for female migrant workers in a variety of ways including:
  - a. An executive committee consisting of elected representatives from participating organizations and members of IOM who collect, distribute, and manage new information, recruit and consult with new organizations and programs, establish contacts, and collect and allocate funds;
  - b. Services for HIV positive patients as well as postpartum or prenatal mothers and their children that do not have access to larger scale doctors;
  - c. Opportunities for midwives and nurses to gather training experience in order to take care of these patients as well as modernized solutions:
    - i. Guaranteeing high quality of nursing and midwifery services by providing nurses and midwives with the opportunity of further training at educational institutions abroad to get medical degrees they cannot obtain in their home countries and with which they would be allowed to perform much needed medical treatments, to further support female migrant workers;
    - ii. Informing the public, and especially female migrant workers, about the services offered by nurses and midwives through a steady flow of up-to-date information to all hospitals and medical facilities, as well as through an enhanced presence of validated informational websites, printed material for areas where access to the internet is inaccessible, and in-person lectures at facilities that register a need for such;
    - iii. Giving female migrant workers the opportunity to train in the medical professions as midwives or nurses;
  - d. Providing services including psychological health and information about disease to spread awareness through MHPSS, an IOM program which guarantees the availability and accessibility of psychosocial support and mental healthcare for all migrants irrespective of their status;
  - e. Assist female migrant workers to find vaccination centers in other countries, get information about vaccinations, and get vaccinated.



## National Model United Nations • NY

**Code:** IOM/1/2

**Committee:** The International Organization for Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Acknowledging* the status of the International Organization for Migration (IOM) as an independent organization which must communicate its intents and needs to the United Nations (UN), Member States, and other international organizations to receive logistical assistance, financial support, and international cooperation on issues pertaining to migration,

*Affirming* the independent sovereignty of Member States in matters pertaining to domestic immigration standards and procedures on the basis of the *Declaration on the Inadmissibility of Intervention in the Domestic Affairs of States and the Protection of their Independence and Sovereignty* (1965),

*Recognizing* the right to healthcare services for migrant workers outlined in the *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families* (1990),

*Recognizing* the existence of vulnerable migrant segments and portions of migrant populations that have concerning lapses in the availability of data among these being, but not limited to: women, children, and infants, internally displaced persons (IDPs), forcefully displaced people, racial minorities, and religious minorities,

*Reaffirming* the importance of providing access to appropriate healthcare in different developmental areas including but not limited to urban and rural regions,

*Taking into account* that everyone has the right to affordable and essential health services under the World Health Organization (WHO) draft global action plan *Promoting the Health of Refugees and Migrants* (2019) and keeping in mind the unjustified obstacles in place that prohibit migrant workers from sustainable preventative healthcare,

*Distressed by* the barriers migrant workers are facing regarding access to preventative health services, including vaccinations, namely the dispossession of citizenship or residence status documentation, a lack of understanding of how to navigate the healthcare system of the new country, discrimination, and financial barriers as a consequence of the wage gap between migrant workers and local workers,

*Concerned by* the lack of attention afforded to migrant workers in relation to the implementation of the UN's Sustainable Development Goals (SDGs) referred to in the General Assembly resolution 70/1 on "Transforming our World: The 2030 Agenda for Sustainable Development" (2030 Agenda) (2015), despite being mentioned in SDGs such as 8.8 ("Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment") and 10.7 ("Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies") and the creation of the Migration Governance Framework (MiGOF) to help define relevant policy, and the forsakenness of migrant health needs when the state health system is overall progressing,

*Recognizing* SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”) of the 2030 Agenda (2015) by acknowledging the particular vulnerability migrant workers face in relation to communicable diseases and the prevention thereof because of unsafe working conditions and in some cases undocumented status,

*Re-emphasizing* the Constitution of the WHO (1946) that health is a fundamental human right that can be ensured by utilizing technology to better predict and increase efficiency in providing access to preventative and proactive healthcare, which will aid in achieving the highest attainable standard of health for migrant workers,

*Mindful of* Article 12 of the 1948 *Universal Declaration of Human Rights* and Article 17 of the *International Covenant on Civil and Political Rights* (1966),

*Highlighting* Principle 19 of the Office of the United Nations High Commissioner for Human Rights Principles and Guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situation, which emphasizes the need for qualitative and quantitative research on migrant workers’ experiences to raise awareness of risks,

*Upholding* the General Assembly resolution 70/130 on “Violence Against Women Migrant Workers” (2015), which requests that governments acknowledge the rights of migrant workers, and provide them equal access to emergency healthcare including proper HIV testing,

*Recognizing* that intersectional discrimination puts some groups of migrant workers, such as female migrant workers, in a particularly vulnerable position at the risk of not receiving the preventative healthcare that they need,

*Mindful of* gender inequalities in data collection of migrant women worker’s healthcare history given that only 23% of accessible data on women has been obtained after 2010,

*Affirming* the efforts of WHO’s and the UN Children’s Fund’s (UNICEF) Providing Vaccinations for Newly Arrived Refugees and Migrants program, which provides needed vaccine doses, such as MMR and polio, through door-to-door vaccinations and vaccinations provided at local health clinics,

*Drawing attention to* the General Assembly resolution 74/2 on "Universal Health Coverage: moving together to build a healthier world" (2019), where Member States committed themselves to further action to guarantee access to healthcare for all,

*Acknowledging* the Displacement Tracking Matrix, which collects data on refugees, IDPs, stateless persons, and asylum seekers, and seeing the need to go more in-depth with the collection of data with regard to migrant workers,

*Reconfirming* IOM’s Migration Policy Research Division (MRPD), which gathers data on migrant healthcare issues and migrant workers,

*Fully aware of* the gaps in data collection of migrant workers’ healthcare history, vaccination access, mental health, and other preventative healthcare information,

*Realizing* the opportunity biometric technology as a tool for registering migrant workers’ healthcare history to facilitate healthcare provision across borders,

*Highlighting* the collaboration between IOM and the International Fund for Agricultural Development (IFAD) and their focus on the drivers of migration, such as poverty and employment, as outlined in the *IFAD Joint Progress Report on RBA Collaboration (2018)*,

*Considering* the healthcare standards set forth in the report *Refugee and migrant health: Global Competency Standards for health workers*, created by WHO in 2021 concerning person-centeredness, communication, collaboration, evidence-informed practice, and personal conduct,

*Reiterating* the importance of capacity building to ensuring access to preventative healthcare for migrant workers living in low-middle income countries, which are more vulnerable in light of the COVID-19 pandemic,

*Highlights* the importance of information about healthcare factors (prevalent diseases, notable health concerns within the population, etc.) in accordance with the health index for migrant workers,

*Referring to* the Global Migration Group *Handbook for Improving the Production and Use of Migration Data for Development 2018*, which seeks to improve the monitoring of healthcare sought out by migrant workers as well as their utilization of health services,

*Acknowledging* that remittances provide migrant workers and their families with access to adequate healthcare, while simultaneously serving as a metric for data collection, as stated in the IOM *Global Compact Thematic Paper: Remittances 2017*,

*Reaffirming* Article 25 of the Inter-American principles on the *Human Rights of All Migrants, Refugees, Stateless Persons, and Victims of Human Trafficking (2019)* highlighting migrant workers' right to the highest attainable standard of physical and mental health,

*Bearing in mind* the limitations of data banks used in IOM's Displacement Tracking Matrix (DTM) in regards to the healthcare of migrant workers,

*Understanding* that the current categories of data collected do not sufficiently provide the information needed to ensure access to healthcare for migrant workers and looks to the Global Migration Database, which collects data focusing on factors like the place of origin, sex, and age,

*Acknowledging* the importance of collecting accurate data at the points of entry for facilitating evidence-based policy formulation, preparedness, and decision-making for the safe migration of migrant workers,

*Recalls* the importance of cooperation between countries on transparent information sharing regarding migrant workers' healthcare history,

*Recognizing* the value that forums such as the High-Level Meeting on health and migration organized by WHO Europe between Europe and Africa provide for migrant workers and policy discussion between regions,

*Noting further* that there is a need to address the preventative healthcare needs of migrant workers and their families on a multi-regional basis, in order to reduce difficulties of accessing healthcare, such as language barriers,

*Noting with approval* the advantages of having internationally valid medical records, receipts, and treatments, to provide the highest quality healthcare to migrant workers,

*Mindful* that employers are encouraged to be aware of the health of employees, including migrant workers, as stated in the joint International Chamber of Commerce-IOM *Guidance on Protection for Migrant Workers during the COVID-19 Pandemic* (2020),

*Fully aware* that cooperation between Member States sending and receiving countries is beyond crucial to allow Member States and employers to be fully aware of incoming migrant worker flows as well as their preventative healthcare needs,

1. *Recommends* expanding IOM's Displacement Tracking Matrix into the Displacement and Migrant Workers Tracking Matrix (DMWTM) by:
  - a. Allowing migrants to opt in to depersonalized mobility tracking, flow monitoring, registration, and surveys, including a component specifically on healthcare of migrant workers by including encrypted information such as depersonalized biometric data and unidentified past health records, to be led by IOM's Global Migration Data Analytics Centre (GMDAC);
  - b. Establishing an accessible DMWTM data bank within the database of the original DTM to support stranded enroute migrant workers to obtain basic preventative healthcare by using the DMWTM data to act as a source of identity verification to evaluate needed preventative healthcare measure;
2. *Encourages* Member States to promote the data collection at the points of entry to collect accurate data and to strengthen the identification of migrant workers' information to analyze the specific needs and challenges of migrant workers by regularly publishing The Point of Entry Analysis to demonstrate its outcome and effectiveness;
3. *Proposes* that IOM collects data in collaboration with Member States and also advises Member States individually concerning progress in meeting the Global Competency Standards set forth by the WHO including but not exclusive to:
  - a. Supporting migrant workers in developing their healthcare literacy and awareness of their right to health;
  - b. Ensuring that all best practice guidelines are respective of cultural and socially sensitive practices;
  - c. Enabling ease of access to healthcare for legal migrant workers, reducing barriers, and promoting ease of accessibility to services such as healthcare screening, vaccinations, and other basic healthcare services;
4. *Suggests* cooperation between IOM and the Migration Policy Research Division (MPRD) as well as private sector companies to contribute to an extended version of the Migration Integration Policy Index that includes migrant workers and determines the most important indicators using existing and future research by:
  - a. Asking Member States to contact domestic national companies and furthering IOM relations with international private companies using the mentioned survey, encouraging them to provide information on the health of their workers;

- b. Conducting a survey for companies employing migrant workers on the health of migrant workers in respective workspaces, and the company's capabilities to support the wellbeing of these individuals;
  - c. Creating guidelines for the potential questions in the survey and the cooperation required to identify legal indicators of the health index;
  - d. Encouraging the use of IOM's Equi-Health for research and data collection processes;
  - e. Allowing data implementation from formally recognized and verified foreign entities like civil society organizations, non-governmental organizations (NGOs), other government bodies, and UN agencies, that are directly related to migrant workers and their unique situations;
  - f. Communicating the results to IOM and the DMWTM, so that actions and measures can be adjusted;
5. *Highly encourages* Member States to expand biometric technology to include healthcare history of migrant workers, bridging the gaps in data collection within the migrant worker populations by:
- a. Supporting development of fingerprint technology that links healthcare records to patient's fingerprints to overcome limitations in the transfer of health records due to lack of education, or incompatible domestic legal policies by:
    - i. Noting the existence of different biometric technology of notably but not exclusively fingerprints, voice recognition, and iris recognition;
    - ii. Supporting the existing framework to monitor and protect biometric collection of the UNHCR Biometric Identity Management System and its use to protect the healthcare records of migrant workers;
    - iii. Confirming that the use of biometric technology to access personal healthcare data will be protected between the healthcare worker and the patient;
    - iv. Stressing that migrant compliance with biometric technology recording of health history is optional;
    - v. Ensuring that access to IOM data will be limited to IOM, not individual Member States;
    - vi. Supporting the education of the safety and benefits of biometric technology to store migrant workers' healthcare history within migrant populations;
    - vii. Noting the option of paper leaflets as an alternative to the use of biometric technology to store healthcare history;
  - b. Equipping migrant workers with biometric documents to ensure all data is restored safely;
  - c. Stressing the need to prioritize marginalized groups of migrant workers such as undocumented women and dependents of migrant workers to have equal access to the technological resources;

- d. Referencing frameworks outlined in the DMTM and United Nations Platform for Space-Based Information for Disaster Management and Emergency Response as a foundation to develop migrant specific technology to better understand the causes of international migration and aid in efficient allocation of healthcare resource;
6. *Proposes* Member States to allocate funding from the current IOM budget to create centralized databases for medical information that are protected by healthcare programs to increase the security of medical and personal information of all migrant workers to be accessed by healthcare providers, and IOM oversees access requests to information in order to:
  - a. Encourage the provision for migrant workers to have virtual proof of medical history that is modified or optionally or shared only with the permission of the individual, or as a backup for medical information, birth certificates, and other medical information as they choose;
  - b. Bolster collaboration with WHO and the UN, to transfer information collected only by written consent of member nations' governments or individuals so as to not infringe on the sovereignty of that Member State or individual;
  - c. Update the protection of voice, biometric, and optic scans that are connected to any of the medical data;
  - d. Encourage Member States to partner with IOM and other NGOs under the protection of the security of health for Member Nations, and calls on the IOM Development Fund to increase funding for accessible testing and inoculations for communicable diseases to which legal migrant workers are particularly vulnerable in the light of the circumstances they are working in;
7. *Recommends* a partnership between IOM and the United Nations Conference on Trade and Development to ensure the respect of the Data Protection and Privacy Legislation Worldwide, in order to lessen the chance of migrant workers to be further marginalized, while also encouraging Member States to adhere and adopt the legislation;
8. *Calls for* the creation by Member States of Survey, Test, Analyze, Report, and Improve (STARI), an independent evaluation team of experts, through consultations, during the 2022 International Migration Review Forum that will:
  - a. Include a maximum of 15 members, each from a different Member State, nominated and approved by a majority of Member States at the next IOM annual session;
  - b. Be guided by a director who is elected by majority vote of Member States;
  - c. Convene annually, prior to the annual meeting of IOM, to issue ad-hoc reports and create awareness of deficiencies related to the aforementioned SDGs by:
    - i. Surveying statewide health data found in the DMWTM to assess overall progress in relation to all SDGs that mention migrant worker health, as well as reviewing the effectiveness of the changes in the categories of data collected by the Global Migration Database and searching for possible additional categories;



- ii. Testing the aforementioned high migrant worker population area data to measure the success rate of the migrant worker subsection and comparing it to the overall population;
    - iii. Analyzing collected data and comparing the progress of Member States' migrant worker health policies;
    - iv. Reporting problem areas directly to IOM Member States;
    - v. Improving highlighted insufficiencies to strengthen healthcare for migrant workers and achieve all relevant target indicators;
  - d. Recognize that the ability of Member states to provide access to healthcare for migrant workers is impacted by disparities in economic status and recommends potential financial assistance to IOM in order to achieve the established goals and make their recommendations accordingly;
  - e. Build off MiGOF by utilizing the already established Migration Governance Indicator (MGI) process;
  - f. Extend beyond MiGOF by:
    - i. Recommending multilateral plans of action to improve the deficiencies, as there is a shared responsibility to support host countries, and providing accumulating target goals to aid Member States in improving insufficiencies;
    - ii. Mandating a multilateral response effort, of any means to be agreed upon by Member States concurrent with response drafting, towards improving identified insufficiencies;
  - g. Continue to meet until it is concluded by the team that the target indicators of all relevant SDGs have been met;
9. *Recommends* the establishment of metrics monitored by the International telecommunication Union with criteria set by the WHO and IOM to provide evaluation of mobile applications that provide services for migrant workers such that Member States can use these metrics to evaluate which application suit their needs;
10. *Recommends* that Member States establish national systems modeled after the UNHCR's Digital Population Registration and Identity Management Ecosystem to digitize registration, improve local identity management, and facilitate migrant's cases, in turn facilitating migrant workers' registration and their access to preventative healthcare;
11. *Draws attention to* the need for further international collaboration to address the lack of access to preventative healthcare for migrant workers in low-middle income countries, especially in rural areas;
12. *Further invites* all involved and relevant member agencies, such as the MPRD, the UN Statistics Department, and DMWTM to extend the scope of research and data collection to incorporate vulnerable groups with a special focus on women, children, and persons with disabilities by:
- a. Collecting specific disaggregated data and research through the GMDAC;

- b. Implementing increased flexibility to ensure the potential to respond to sudden or emergency migration changes, fundamentally altering the scope of research through multilateral data exchange between all Member States;
- 13. *Insists on* collaboration between GMDAC and IFAD on the IFAD Sending Money Home report, to include analysis on the role that remittances play in access to healthcare for both migrant workers and their families;
- 14. *Proposes* the coordination of the necessary paperwork and individual health assessments for migrant workers seeking employment and visas to ensure both host and origin country safety;
- 15. *Encouraging* Member States to reuse and update the collected information from the DMWTM to promote transparency on the status of migrant workers' health and needs in order to be fully aware of the measures to take in advance on a preventative basis through:
  - a. Digital information sharing on preventative healthcare;
  - b. A strong partnership with WHO, International Labour Organization (ILO) and IOM volunteers willing to collect and reshare then information;
- 16. *Reiterates* its call for cooperation of working groups between IOM, Member States, and other actors, to address the challenges Member States face when addressing large migrant flows aiming to be integrated in the host country's workforce, which can be addressed through:
  - a. Allowing a working group from the WHO, ILO, and IOM volunteers to warn upcoming migrant waves in neighboring receiving countries;
  - b. Facilitating Member States to warn employers, especially those in agriculture and accommodation, in order to allow employers to be fully prepared for the incoming workers;
- 17. *Strongly encourages* Member States to educate migrant workers about the importance of vaccines and preventative healthcare in order to address common misunderstandings about vaccines and to encourage them to get vaccinated by:
  - a. Implementing policies that educate migrant workers' children on preventative healthcare in schools within the main partnership developing education on that matter to include Member States, the United Nations Educational, Scientific and Cultural Organization and UNICEF;
  - b. Utilizing government-run social media pages to encourage vaccination and dismantle false information regarding vaccines;
- 18. *Suggests* the collaboration between the Special Rapporteur on the human rights of migrants and IOM's Regional Offices to devise programs and action plans through data collection that focuses on protecting migrant workers' rights relevant to physical and mental healthcare;
- 19. *Invites* Member States to submit semi-annual reports to IOM Regional Offices containing data from vaccinated migrant workers relevant to the access of preventative healthcare such as medical history, vaccine status, and workplace related health hazards;

20. *Supports* the use of targeted crisis response reports issued by the Global Crisis Response Platform (GCRP) to garner awareness for specific threats to migrant workers' healthcare access which:
  - a. Targets barriers to preventative healthcare access using declarations of crisis, as consistent with other catalysts to crisis response efforts by the GCRP, for serious and complex issues facing migrant workers' care, which are present in a region or internationally, managed by the GCRP and expanding its scope to migrant healthcare;
  - b. Encourages Member States to ensure their healthcare frameworks allow migrant workers to access preventative care through targeted reports issued by IOM, utilizing data on trends of barriers collected by GMDAC and garnering public awareness about the specific barrier to access, influencing action;
21. *Endorses* the creation of the Accessible Healthcare Forecasting Mechanism (AHFM), an online program intended for local governments of Member States managed by an ad-hoc team of software engineers designated by IOM with the assistance of the United Nations Statistics Division (UNSD) and funding from voluntary contributions of involved Member States, as a means to disclose public health budgets worldwide and help Member States optimize their healthcare expenses to favor the inclusion of migrant workers in public health services by:
  - a. Holding a session that gathers IOM representatives from Member States willing to adopt the AHFM to designate the team of software engineers to be employed by IOM to administrate the platform, to whom Member States shall disclose their health budgets for its later submission into the software;
  - b. Compiling data on health expenses provided by Member States into a single database to be reviewed by personnel from UNSD and IOM, to issue periodical recommendations on how to optimize health expenses based on a previous deliberation alongside UNSD and IOM representatives from each Member State on a biannual basis;
22. *Authorizes* the designation of the Financial Aid Conglomerate, a program conducted with the support of WHO and the United Nations Institute for Training and Research to train preventative healthcare personnel and make these training programs accessible to migrant workers so they can accelerate vaccination process including of migrant workers;
23. *Urges* the provision of essential healthcare programs targeted at particularly vulnerable groups, including female and young migrant workers such as:
  - a. Training initiatives for healthcare workers to assure a decrease in gender discrimination against women within healthcare;
  - b. Mandating reports by Member States concerning the level of malnutrition among children;
  - c. Encouraging collaboration with UNICEF concerning vaccine availability for the children of migrant workers in particular;
24. *Supports* the mitigation of monetary and legal barriers between migrant workers and the population of their country, with the support of the Migration Multi Partnership Trust Fund (Migration MPTF) that can provide all countries excluded for economic reasons from the global vaccine marketplace with effective vaccines against infectious diseases by:

- a. Finding effective campaigns to raise awareness on the importance of donating vaccines;
  - b. Sharing vaccines from upper-middle income countries;
25. *Recommends* that Member States implement programs with NGOs and public-private partnerships modeled after the WHO's and UNICEF's Providing Vaccinations for Newly Arrived Refugees and Migrants, which provides needed vaccines to migrant workers by:
  - a. Submitting information to GMDAC in order to work in conjunction with supranational organizations for the purpose of establishing more inclusive data;
  - b. Establishing the Joint Working Group on Migrants and Vaccines, a collaborative operation between WHO and GMDAC, which shares data and strategies regarding the vaccination of migrant workers regarding communicable diseases;
  - c. Localizing vaccine production and distribution to lesser-developed countries;
26. *Encourages* Member States to implement language translation initiatives within vaccination roll out programs which would help to reach areas with lower vaccine rates populated by migrant workers by:
  - a. Creating simplified relevant information and guideline handouts which can be easily translated to various languages;
  - b. Using data statistics on prevalent languages in Member States to determine how to best translate the information and guidelines to reach migrant workers;
  - c. Dedicating personnel to vaccination roll outs who serve as a contact point for those with communication disparities;
27. *Recommends* improving education, increasing awareness, and reducing language barriers on how to navigate the healthcare system among migrant workers, through the partnership with inter-sectoral stakeholders, including, Member States, civil society, private sector, UN agencies, and academia:
  - a. Providing translated guidelines regarding operational guidance for maintaining essential health services and systems, especially in connection with the outbreak of the COVID-19 pandemic;
  - b. Utilizing and expanding the UNHCR *Principles and Guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situations*, which uphold the importance of healthcare, counseling, reporting, and data collection on and for migrants;
28. *Calls for* the proper allocation of resources for preventative healthcare systems by:
  - a. Encouraging a cooperative and multilateral response between member nations to facilitate precise and succinct information gathering;
  - b. Noting which health concerns are most prevalent within specific regions along with the overall international community so that healthcare resources can be allocated to where they are required;

- c. Tracking and monitoring communicable diseases through the resources granted by the Global Migration Data Analysis Centre and WHO;
  - d. Enhancing understanding of movement across commonly used migratory pathways and assess the regional health needs of migrant populations;
  - e. Reporting collected data to the DMWTM to monitor and inform Member States on movement and needs of populations crossing borders;
  - f. Providing the data necessary to coordinate with local and regional healthcare providers to provide access to primary healthcare services, including vaccination, physicals, and necessary testing;
  - g. Noting the importance of privacy and the security of personal Information on legal migrant workers during the process of collecting them by all involved actors;
29. *Further reminds* IOM Member States about the importance of prioritizing access to preventative healthcare to migrant workers and their families and the corresponding contributions this entail;
30. *Highly encourages* Member States to partner with WHO to initiate programs similar to the WorldBank's HIV/AIDS Project for Abidjan, which increased access to HIV/AIDS prevention, basic training, and support and care services for migrant workers including providing counseling and testing of HIV/AIDS;
31. *Seeks for* the Committee on the Elimination of Discrimination against Women to promote and encourage comprehensive research specialized on the difficulties and barriers female migrant workers face to access preventative healthcare by:
- a. Giving special attention to the healthcare access of migrant workers during pregnancy and maternal migrant workers and their children;
  - b. Documenting the current access possibilities of female migrant workers to gynecology, breast cancer screenings, and pregnancy check-ups;
  - c. Communicating the results to IOM, so that actions and measures can be adjusted and that IOM can promote suggestions to Member States to further tackle the international difficulties of female migrant workers;
32. *Endorses* the collection of information by Member States on the well-being of migrant workers in regards including the health index and results from relevant cooperation, as well as information about the health of migrant workers from Member States as a thematic focus with the health index to the DMWTM to improve the overview about health needs of migrant workers;
33. *Encourages* Member States to foster international exchange of knowledge and best practices regarding providing healthcare to migrant workers by:
- a. Expanding the Program of Health Workers Exchange in Reception Centers (POHWER), an international exchange program for healthcare professionals and students working in migrant reception centers providing preventative healthcare, organized as an IOM Development Fund project of the category Health Promotion and Assist for Migrants;

- b. Supporting the expansion of the High-Level Meeting on Health and Migration organized by the WHO Regional Office for Europe to include regions beyond Africa and Europe and foster interregional discussion on:
    - i. Establishing successful policies and programs on dealing with language and cultural barriers, including combatting language discrepancies in the host country's language and translated guidelines on preventative health, that provide adequate information in the native language of migrant workers in a manner that conveys information relevant to migrant health;
    - ii. Discussing more effective solutions to preventable healthcare issues that recur in migrant populations on a regional basis such as communicable diseases, maternal health, and mental health;
    - iii. Emphasizing the need for Member States to collaborate on the basis of full transparency on migrant workers data to ensure safety of migrant workers;
34. *Recommends* Member States continue to develop cross border health surveillance programs as outlined by the IOM Strengthening Disease Surveillance Along the Libya Migratory Route Program of 2019 to:
- a. Enhance understanding of movement across commonly used migratory pathways and assess the regional health needs of migrant populations;
  - b. Provide the data necessary to coordinate with local and regional healthcare providers to increase access to primary healthcare services vaccination, physicals, and necessary testing.



**National Model United Nations • NY**

**Code:** IOM/1/3

**Committee:** International Organization of Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Keeping in mind* the principles of cooperation in solving international issues and in promoting respect for human rights and fundamental freedoms of the *United Nations Charter* and Article 25 of *Universal Declaration of Human Rights* which affirms that “everyone has the right to a standard of living adequate for health”,

*Recalling* the *International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families* (1990) that upholds the rights of migrant workers, including the right to healthcare,

*Re-highlighting* the *Global Compact for Safe, Orderly, and Regular Migration* (2018), that fosters the opportunity to improve the governance of migration in order to address the challenges associated with today’s migration, and strengthens the contribution of migrants and migration to sustainable development,

*Reaffirming* the General Assembly resolution 70/1 (2015) on “Transforming our world: the 2030 Agenda for Sustainable Development”, pledging for all Member States to ensure healthy lives and promote well-being for all, without discrimination,

*Emphasizing* the importance of Sustainable Development Goal 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) that aims to achieve universal health coverage including financial risk protection, access to quality healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all,

*Further emphasizing* migrant workers often face barriers to adequate healthcare seen in issues with accessibility, affordability, availability, and more,

*Concerned by* the fact that, out of the 81% of countries who have committed to IOM’s Migration Governance Indicators, only 38% have defined a national migration strategy and even less have defined a migration healthcare strategy,

*Understanding* the need for collaboration in funding for migrant healthcare as seen in the partnerships between IOM and non-governmental organizations (NGOs), such as Oxfam International, and the need to expand those partnerships for the betterment of migrant workers’ healthcare,

*Observing* cultural barriers’, such as linguistic barriers that do not allow clear communication between migrant patients and healthcare practitioners, negative impact on migrant workers’ access to adequate healthcare,

*Appreciating* Doctors Without Borders, which is an international humanitarian medical NGO best known for its projects in conflict zones and in countries affected by endemic diseases, and is active in seventy countries with over 35,000 personnel comprised of mostly local doctors, nurses

and other medical professionals, logistical experts, water and sanitation engineers and administrators,

*Reiterating* the General Assembly Resolution 64/135 (2010) on “Implementation of the outcome of the World Summit for Social Development and of the twenty-fourth special session of the General Assembly”, that encourages financing mechanisms to promote the expansion of vaccine accessibility,

*Deeply conscious of* the COVID-19 pandemic that has, and continues to, ravage the health, economies, and travel of our communities, claiming over six million lives between 2019 and 2022, becoming one of the worst global-scale health crises in recent years,

*Recognizing* that after IOM increased their expenditure by 4% from 2019 to 2020, there were more vaccines distributed among migrant workers, including SARS-CoV-2 vaccines,

*Cognizant of* the IOM *Handbook on Migrant Protection and Assistance* that aims to strengthen cooperation among stakeholders who assist migrant workers who are vulnerable to abuse and exploitation, such as Member States, international firms and other kind of private organizations, NGOs, and international institutions,

*Emphasizing* World Health Assembly resolution 70/15 (2005) on “Implementation of the International Health Regulations” and World Health Assembly resolution 61/17 (2008) on “Health of migrants”, which focus on the promotion of migrant workers’ rights, specifically the right to healthcare access,

*Alarmed* that migrant workers are twice as likely to contract SARS-CoV-2 compared to native-born workers in several countries, and by the fact that migrant workers have received up to 95% of SARS-CoV-2 diagnoses in certain world regions and have experienced disproportionate hospitalization and death,

*Appreciating* the General Assembly resolution 76/175 (2021) on “Use of mercenaries as a means of violating human rights and impeding the exercise of the right of peoples to self-determination”, urging for Member States to ensure equitable, affordable, timely and universal access for all countries to vaccines in response to the COVID-19 pandemic,

*Deeply alarmed* that less than 3% of vaccine doses pre-purchased by low-income countries have been delivered, and that the limited potency assay of SARS-CoV-2 vaccines poses a risk to migrant workers and populations of Least Developed Countries (LDCs),

*Greatly concerned* by migrant workers’ increased hesitancy to receive the vaccine or vaccine boosters for SARS-CoV-2, due to the lack of accessible and vital information, resources, and providers for migrant workers in unfamiliar cultures and areas of transit or resettlement,

*Recognizing* the importance of the COVID-19 Vaccine Global Access (COVAX) initiative that focuses on the equitable distribution of SARS-CoV-2 vaccines,

*Reaffirming* the necessity of ensuring access to vaccines and non-discriminatory healthcare policies for all, including migrant workers regardless of their legal status and nationalities, in order to fight against the COVID-19 pandemic while supporting a sustainable and resilient recovery,

*Approving* IOM’s Worldwide Insurance Programme that provides medical and health coverage internationally,

*Acknowledging* IOM’s global online medical appointment system titled MyMedical that aims to provide migrant workers with pre-migration healthcare services,

*Stressing with great concern* the lack of health infrastructure and preventative healthcare education present in LDCs that fail to include migrant workers both at home and abroad,

*Concerned with* vaccine patents that hinder the ability of LDCs to procure vaccines for their populations, resulting in lower prioritization of migrant workers receiving vaccines,

*Commending* IOM’s Mobile Health Teams that extend access to multiple forms of healthcare in rural areas and at national borders,



*Noting* the importance of IOM Mobile Health Units and international web-based platforms, such as Suramerica Abierta, which have the capacity to share comprehensive healthcare information and health measures of each Member State to both governments and migrant workers,

*Welcoming* that the IOM Migration Health Assessment and Travel Assistance Program (HAPS) reached a total of nearly 3 million migrant workers across more than 80 countries since 2015 in order to ensure proper guidance of safe resettlement in their host states,

*Taking into account* the work IOM's Migration Translation App (MiTA) has done to help migrant workers in the Balkans to communicate with border officials to facilitate smoother referrals for medical screenings and other health resources,

1. *Establishes* the IOM Fund for Partnership, funded by a new partnership between Member States, private companies, and civil society organizations (CSOs) along with social media campaigns to garner private donations which will fund:
  - a. An open-source vaccine incentive, which will financially reward vaccine innovators and vaccine manufacturers for not patenting vaccines, to promote the availability and affordability of vaccines for migrant workers;
  - b. Utilizing discretionary funds from NGOs, such as Oxfam International, which would allocate Personal Protective Equipment kits and other preventative healthcare equipment needed;
  - c. Contributing to the construction of manufacturing facilities for vaccines to better the availability of preventative healthcare;
2. *Invites* Member States and the World Health Organization (WHO) to further expand preventative healthcare and SARS-CoV-2 vaccine access to migrant workers, especially in LDCs, through NGOs, governments, and private entities constructing manufacturing facilities for Messenger Ribonucleic Acid SARS-CoV-2 vaccines in small, centrally-located Member States, especially in Latin America and Africa, that will:
  - a. Facilitate higher rates of fully inoculated individuals in such areas, thus helping to prevent further spread to other regions;
  - b. Boost the economy of each region by providing jobs in the facility for manufacturing, research, and distribution;
  - c. Help prevent the waste of valuable vaccines and other resources that would otherwise expire or go unused (due to increased time and distance between vaccines and their ultimate destinations) by providing regional access to such resources;
  - d. Be funded by the aforementioned IOM Fund for Partnership;
3. *Calls upon* the International Labour Organization to partner with IOM to hold and implement an indefinite biannual forum named 'Enhancing International Inclusion for Migrant Workers, for Member States and CSOs to share information on SARS-CoV-2 vaccine health measurements, good practices, and progress for the benefit of migrant workers in transit for promoting:
  - a. Collaborations between Member States and COVAX by presenting Member States' best practices in vaccine distribution with regards to COVAX partnerships;
  - b. Technical collaboration with regards to supplying equipment, medicine, and vaccinations while ensuring their equal distribution to health professionals and migrant workers with their families;
  - c. Policy assistance by boosting advocacy and highlighting the necessity of including migrant workers in order to fight against current and future diseases, while promoting a safer society for all;

4. *Recommends* the expansion of IOM's MyMedical online appointment program to specifically promote COVID-19 vaccinations in its pre-migration healthcare services to further mitigate the pandemic;
5. *Further encourages* Member States to collaborate with IOM's Migration Health Unit to integrate their Mobile Health Teams in the already existing partnership of IOM with the vaccine alliance Gavi:
  - a. Which focuses on reaching inaccessible communities in humanitarian and emergency situations with vaccinations and supporting routine immunization through engagement in primary healthcare systems to ensure the equal distribution of SARS-CoV-2 vaccines;
  - b. To which IOM contributes its health expertise and data in rural areas and at national borders where there is a hotspot of migrant workers throughout the migration cycle;
  - c. To improve available basic healthcare, reproductive care, nutritional support, and routine immunization for migrant workers and their families that is already provided by the Gavi vaccine alliance;
6. *Recommends* that WHO, as well as regional groups, to work to institute temporary SARS-CoV-2 vaccine patent waivers to facilitate the production of SARS-CoV-2 vaccines in LDCs;
7. *Urges* Member States to work together, and with NGOs, and private healthcare companies-- especially those already work in the development of vaccines and boosters-- in the production of more accessible and palatable options for vaccine boosters in areas of high-density travel for migrant workers globally, especially in LDCs, to control the transmission of COVID-19 in the long-run through:
  - a. A nasal vaccine booster, such as Bharat Biotech BBV152 SARS-CoV-2 booster, that is administered intranasally and endorsed by the WHO, which provides benefits such as:
    - i. Administration that requires less training and skill on the part of a medical professional or volunteer, thus allowing the healthcare system to provide such services efficiently to migrant workers in transit;
    - ii. Providing more effective antibodies against the SARS-CoV-2 virus by protecting the mucosal linings which slows the rate of transmission;
    - iii. Being a more appealing option that can combat vaccine booster hesitancy among migrant workers who might be less inclined to receive intramuscular injection;
  - b. An oral pill booster, such as the Molnupiravir, that can be obtained with a prescription and taken at home at the first sign of illness, and endorsed by the WHO, which provides benefits such as:
    - i. Eliminating the need to visit a hospital to receive treatment which will allow migrant workers who often work long and irregular schedules to maintain flexibility and flow of income;
    - ii. Easing the burden on the healthcare system, allowing medical staff to resume operations that have been postponed and to address other migrant workers' health concerns;
    - iii. Reducing the rate of hospitalization and deaths related to SARS-CoV-2;
8. *Calls upon* Member States to collaborate with IOM to provide information to migrant workers about where to access health treatments and vaccinations, and how to maintain their rights so that they are able to access comprehensive and up-to-date information on efficient and effective healthcare through:

- a. IOM Mobile Health Units that can help distribute information on migrant workers' healthcare accessibility;
  - b. Expanding existing transnational online information platforms for migrant workers, such as the Suramerica Abierta platform, to further support Member States in distributing multilingual information on migrant workers' healthcare accessibility and acknowledging the reasons for migration;
  - c. Increasing the trust between migrant workers and healthcare professionals by promoting healthcare settings that are more sensitive towards their specific needs that are related to culture, linguistics, and gender identity;
9. *Establishes* a cultural competency program, Diversity, Equity, and Inclusivity Health Program in collaboration with the WHO, that IOM regional offices can implement in within Member States to provide online and in-person training for healthcare professionals on the cultural accommodations necessary to treat migrant workers that would include:
- a. Developing of cultural sensitivity for healthcare workers to increase perceptions of trustworthiness to migrant workers;
  - b. Linguistic trainings relevant to healthcare terminology;
  - c. Accommodations for all belief systems to guarantee that all migrant workers are respected in receiving healthcare services;
  - d. Gender sensitivity measures to ensure that migrant workers that are women or LGBTQI+ can approach healthcare professionals that they trust;
  - e. Specialized age approaches to ensure that migrant workers and their families are treated adequately;
10. *Recommends* the expansion of IOM's MiTA to the global community and an increase in the number of languages it incorporates with the aim of:
- a. Widening the number of languages from 12 Balkan languages to incorporate others spoken in migrant workers' countries of origin in Asian, African, European, and Latin American regions;
  - b. Tracking the platform's usage across different migrant worker demographics and most used languages via a global database to collect data on the languages most important to include in the platform's capabilities;
  - c. Mainstreaming the comprehensive access of MiTA technology to each Member State;
  - d. Ensuring world-wide accessibility of the platform by expanding its offline capacity;
11. *Calls on* Member States to collaborate with non-governmental and intergovernmental organizations to create equitable access to healthcare services and facilities throughout LDCs and low- and middle-income countries to fulfill Sustainable Development Goal 3 ("Ensure healthy lives and promote well-being for all at all ages") by:
- a. Referring to the measures laid out in the IOM Handbook to be inclusive and cooperative between host and home countries of migrant workers while providing:
    - i. Access to adequate accommodations, food, and water;
    - ii. Access to a network of healthcare facilities and preventative services;
  - b. Expanding the available funds under the IOM Development Fund to invest in the strengthening of these vulnerable health systems to build resiliency followed by the monitoring of progress with the cooperation of IOM, WHO, and UN-related research

organizations in these vulnerable regions and report findings yearly in the WHO Tracking Universal Health Coverage: Global Monitoring Report;

12. *Strongly affirms* utilizing international assessment programs such as the IOM Migration HAPS, which reviews the medical history as well as additional medical information to transfer to public health officials in host countries confidentially while:
  - a. Providing vaccinations and health evaluations for migrant workers before their departure to minimize the danger of the migration process to migrant workers' lives and helps safeguard employment after resettlement;
  - b. Including services and referrals for treatment, counseling, health education and public health interventions, which will aid Member States' outbreak response, vaccinations, and travel assistance;
13. *Includes* preventative healthcare and vaccines as a category in IOM's World Wide Insurance Programme;
14. *Expands* the IOM Handbook on Migrant Protection and Assistance to include a category of healthcare and vaccines for migrant workers;
15. *Requests* that Member States submit annual reports to IOM regarding their achievement towards the objectives laid out within this resolution to ensure equitable access to preventative healthcare for migrant workers around the world.



**National Model United Nations • NY**

**Code:** IOM/1/4

**Committee:** International Organization for Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Strongly emphasizing* the importance of Sustainable Development Goal (SDG) 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) as a key concern of the international community as expressed in General Assembly resolution 70/1 on “Transforming our world: the 2030 Agenda for Sustainable Development” (2015),

*Guided by the Universal Declaration on Human Rights* (1948), in particular Article 25, affirming that access to adequate health and medical care is a fundamental human right,

*Encouraged by* the progress towards achieving SDG 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) at the 2019 UN High-Level Meeting on Universal Healthcare themed “Universal Health Coverage: Moving Together to Build a Healthier World,” ensuring no one is left behind and the particular needs of migrant peoples and continued respect of non-discriminatory practices,

*Looking forward to* the 2023 UN High-Level Meeting on Universal Healthcare to evaluate progress on the current political declaration and analyze the impact of the COVID-19 pandemic on realizing universal healthcare,

*Remembering* General Assembly resolution 72/139 on “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society” (2017), which stresses the need to address the health of the more vulnerable population to achieve a more inclusive society,

*Recalling* the main goal of Universal Health Coverage, which aims to assure that each person and community receive the quality healthcare that they deserve, regardless of their financial situation,

*Recognizing* the barriers limiting Universal Health Coverage which include, but are not limited to, poor infrastructure and the lack of access to basic healthcare necessities,

*Acknowledging* the Universal Health Coverage strategies enabling the access to services for everyone and address the most significant causes of disease and death while also ensuring the quality of those services to improve the health of the people who receive them,

*Expecting* substantial progress related to migrants’ health issues to emerge from the first International Migration Review Forum in May 2022, in which Member States and key international stakeholders will come together to share best practices toward the achievement of SDGs 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) and 10.7 (“Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies”) and the objectives under the *Global Compact for Safe, Orderly, and Regular Migration*,

*Alarmed by* the disproportionate exposure to health impact of malnutrition, exhaustion, chemical hazards, physical injuries, and infectious diseases on migrant workers,

*Recognizing* the lack of access to healthcare services and the health risks migrant workers experience every day,

*Further recalling* the efforts of organizations such as the Migrant Clinicians' Network, which distribute linguistically and culturally appropriate materials to educate migrant workers on the workplace health risks associated with chemicals such as pesticides, benzene, hydrogen sulfide, ammonia, and carbon monoxide,

*Alarmed by* fragmentation in the healthcare system and recognizing that the resolutions "Global health and foreign policy: strengthening health system resilience through affordable health care for all" and the United Nations Decade of Healthy Aging (2021-2030) monitor the effects of the pandemic on health service delivery,

*Recognizing* the discrimination migrant workers face that often lead to exclusion from healthcare,

*Applauding* the work of the Special Rapporteur on Health and its role in ensuring the inclusion of all groups and access to healthcare with no discrimination,

*Underscoring* the necessity of aiding nations of the Global South in their efforts to welcome and host migrants as well as the need for international aid within the Migration Governance Framework of IOM for those countries,

*Applauding* the work of national governments who have widely disseminated information on SARS-CoV-2 in multiple languages to ensure that all migrant workers can apply and attain preventative health services,

*Noting with satisfaction* the successful implementation of the International Office for Migration's (IOM) Health, Border and Mobility Management (HBMM) framework in Africa and Asia regarding the prevention, detection, and response to communicable diseases in the context of human mobility, and *recognizing* the need for further expansion of the framework to other regions at a global scale

*Highlighting* the importance of the *Global Compact for Safe, Orderly and Regular Migration* (GCM) in affirming that all migrant workers have the right to equitable access to healthcare services and employment without any forms of discrimination pursuant to all the objectives under the GCM,

*Acknowledging* the success of the Telehealth program administering SARS-CoV-2-related medical care, such as vaccines, tests, and medication, to the public in efforts to stop the burgeoning COVID-19 pandemic, and *highlighting* its importance in providing migrants and migrant workers essential, basic, health services, since they especially find themselves to be residing in more rural areas

*Applauding* the efforts of the IOM Migration Health Assessment Programme in assisting migrants gather medical records and information, obtain vaccinations, and receive physical exams in order to facilitate successful integration into their host countries,

*Recognizing* migrant workers continue to suffer from a lack of vaccination access for SARS-CoV-2, tuberculosis, measles, typhoid fever, and other preventable diseases and struggles as outlined in General Assembly resolution 70/147 on "Protection of migrants" (2015),

*Deeply conscious* that migrant workers are exposed to dangerous risks during the migration process and are generally lacking social protection in their host country,

*Recognizing* the hesitancy migrant workers experience when visiting healthcare providers due to language barriers, lack of transportation, and fear of interactions with official systems,

1. *Seeks to achieve* SDG 3.8 through the expansion of the IOM's HBMM framework through a roadmap that:

- a. Is drafted by the IOM Regional Offices in Buenos Aires, Dakar, Pretoria, Nairobi, Cairo, San José, Bangkok, Brussels, and Vienna to tailor applications of the HBMM framework to regional characteristics and respecting state sovereignty;
  - b. Takes Strategic Objective 1 (SO1) as a starting point to expand the HBMM framework to more regions, aiming to:
    - i. Gather information on mobility patterns and vulnerabilities, thus mitigating and preventing the rapid spread of diseases;
    - ii. Ensure universal vaccine access for migrants and all other vulnerable communities, with an emphasis on the accessibility of vaccines against COVID-19 and other diseases;
    - iii. Supply basic hygiene products for migrants along their journey;
  - c. Is presented before the 113th Session of the Council of the IOM, taking place between November 29 to December 2, 2022;
2. *Recommends* that the IOM Regional Offices formulate protection measures for Member States to implement at local and national levels to ensure that all migrant workers have effective access to preventative healthcare services;
3. *Encourages* Member States to cooperate with the IOM's Regional Coordination Offices and national public health officials in the adoption of legislation and policies that work toward universal healthcare and that strengthen national efforts to protect migrant workers' rights to preventative healthcare;
4. *Seeks to* increase the funding given to primary care to address the fragmentation and decreased quality of healthcare, by:
  - a. Recommending that the International Society for Infectious Diseases (ISID) provide financial support to health professionals, governments, and non-governmental organizations (NGOs) across Member States to manage outbreaks of infectious diseases
  - b. Utilizing the International Primary Care Association (IPCA), the Global Primary Care (GPC) and Primary Care International (PCI), will use the funds provided by the ISID to promote better patient care and prevention of infectious diseases;
5. *Encourages* Member States to promote the World Wide Health (WWH) program, an educational initiative with the goal to bring awareness to the necessity of access to universal healthcare by:

- a. Hosting seminars and discussions in schools about the difficulties migrant workers face to better educate youth on the discrimination that strongly contribute to the difficulty migrants face on a daily basis;
  - b. Launching information campaigns for cultural sensitivity aimed to acknowledge and educate the cultural differences within the general population;
  - c. Training medical personnel, by including sensitivity training regarding healthcare barriers and language barriers faced by migrant workers;
  - d. Establishing the program with the support of the United Nations Educational, Scientific, and Cultural Organization which will bring the perspective to put in place the different educational programs;
  - e. Requesting different local NGOs concerned with education such as, but not limited to, World Learning, WomenOne and the Education Development Center, to oversee and facilitate the implantation of the WWH locally and engaging more easily with the population;
  - f. Discussing during dedicated forums, such as the International Migration Review Forum, the organization of ways to implement education programs for different groups, such as youth, the general population, healthcare workers and migrant workers, before adapting the discussed general rules to a national level, which should be the subject of the session of the forum of May 2026;
6. *Invites* willing and able Member States to contract with local civil society organizations to produce and distribute educational materials, either digitally or through physical form, such as comic books, pamphlets, and media campaigns in languages commonly spoken by migrant workers in their countries of origin, in order to inform them of risks and preventive measures related to workplace chemical and pesticide use, infectious disease, and physical injury caused by intense labor and exhaustion;
  7. *Requests* Member States to implement communication campaigns, including social media campaigns and printed infographics, to inform migrants on preventative healthcare resources by disseminating information on emergency healthcare, healthcare research and preventative measures on non-communicable and infectious diseases, thereby promoting best practices;
  8. *Recommends* expanding mobile clinic programs within Member States with the help of the UN Global Telehealth program to:
    - a. Facilitate intervention in other communicable diseases and vaccinations and be funded by voluntary donors including Member States, NGOs, and other organizations to continue vaccination after the ongoing COVID-19 pandemic;
    - b. Make use of the Telehealth program as an essential way to reach migrant workers in more rural or deserted areas in the different Member States;
  9. *Encourages* the development, by Member States, of health infrastructure such as hospitals, mobile clinics, and emergency equipment such as tents, utensils, and more to further assist countries in need via the network created by the IOM by
    - a. Sending material and technical support to Member States that most urgently need facilities, including to migrant camps and rural areas where migrant workers are most often excluded from medical care;
    - b. Being part of long-term support in building hospitals, vaccination centers, mobile clinics, and health research migration centers;



10. *Urges* the Special Rapporteur on Health to issue annual reports on migrant workers' access to healthcare including preventative healthcare to the Human Rights Council and to submit recommendations for Member States on how to increase inclusivity of the healthcare system.



**National Model United Nations • NY**

**Code:** IOM/1/5

**Committee:** International Organization for Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Stressing* the importance of providing preventative healthcare to migrant workers as a means of accomplishing Sustainable Development Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) and target 3.8 (“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”) to provide universal health coverage,

*Recognizing* the key importance of National Development Plans that emphasize the liability and cooperation between medical workers and patients ensuring that there would be no prejudiced behavior towards migrant workers,

*Emphasizing* the lack of accountability and cooperation to provide a decent healthcare system to migrant workers,

*Notes* that there is a lack of medical data information from migrants’ country of origin, which contributes to the mistreatment of migrant workers,

*Recognizing* the IOM Development Fund, specifically the Health Promotion and Assist for Migrants Projects in providing preventative healthcare to migrants and migrant workers,

*Recognizing* the significant economic activity produced by migrant workers to their host countries and their home countries by remittances,

*Cognizant* that the provision of preventative healthcare to migrant workers is essential to their economic activity and the economic development of all States involved in facilitating migration and migrant workers,

*Recognizing* the research gap on the health of migrant workers, making it difficult to get a clear picture of the dynamics of migration,

*Expressing its deep concern* with the current state of medical research and the uncontrolled spread of disease due to the presence of noticeable data gaps in underrepresented groups and communities, such as age, gender, and residents of refugee and internally displaced persons (IDPs) camps, while underscoring the necessity of the World Health Organization’s Country Cooperation Strategic Agenda (2015-2019),

*Deeply concerned* about the lack of medical information of migrant workers available to Member States, which can prevent migrants from getting qualified medical treatment,

*Expressing the need* for establishing sound health information systems specifically for migrant workers,

*Acknowledging* the United Nations High Commissioner for Refugees' Integrated Health Information System and its efforts to improve health data collection on refugees and provide the adequate healthcare according to their needs,

*Emphasizing* the importance of Member State cooperation with non-governmental organizations (NGOs) that specialize in preventative healthcare services to assist migrant worker populations with healthcare access,

*Acknowledging* World Health Assembly resolution 70/15 on "Promoting the Health of Refugees and Migrants" that calls upon Member States to create policies promoting equitable health access to migrants,

*Noting with approval* the International Organization for Migration's (IOM) African Capacity Building Center, which responds to requests from African Member States to foster quality training and capacity enhancement in migration management across the African continent,

*Further recalling* the IOM's aim to improve the collection of data on migrant health, as outlined in the Migration Data Strategy: Informing Policy and Action on Migration Mobility and Displacement 2020-2025,

*Expressing its utmost concern* over the findings that migrant workers face medical xenophobia as well as insufficient healthcare during their encounter with healthcare workers due to language barriers and missing documentation,

*Acknowledging* xenophobic discrimination in the distribution of the vaccines and in response prioritize the distribution equally among migrant workers,

*Realizing* that poor medical facilities and under-trained healthcare workers decrease the quality of life for migrant workers,

*Considering* the increased exposure of migrant workers that are often a part of marginalized groups to illnesses,

*Noting with satisfaction* the successful implementation of the IOM's Health, Border, and Mobility Management (HBMM) framework in Africa and Asia regarding the prevention, detection, and response to communicable diseases in the context of human mobility,

*Recognizing* the importance of the UN Multi-Partner Trust Fund for Safe, Orderly, and Regular Migration regarding the financial support for programs implementing the objectives stated in the General Assembly resolution 73/195 on "Global Compact for Safe, Orderly and Regular Migration",

*Bringing special attention* to the fact that migrant workers also include people from vulnerable groups, such as: ethnic minorities, IDPs, refugees, women, and dependents of migrant workers,

*Reaffirming* the principle of equal treatment of migrant workers as emphasized in the African Union's *Agenda 2063*, as well as the Revised Migration Policy Framework for Africa and its Plan of Action (2018-2030),

*Acknowledging* the African Union's regional expertise on capacity building, frameworks for preventative healthcare and ability to implement policies in a specialized and country-specific manner,

*Recalling* the IOM project Partnership on Health and Mobility in East and Southern Africa (PHAMESA II) (2014-2017) to reduce the health vulnerability of all those affected by migration while expressing its concern over the partnerships' end,

*Recognizing the Refugee and Migrant Health: Global Competency Standard for Health Workers Report (2021)* which stresses the importance of identifying areas of risk in order to promote engagement of healthcare in migrant communities,

*Taking into consideration* the disparity in the quality of healthcare between Developed States and Developing States,

*Re-establishing* the need to enable wider access to healthcare services, especially for migrant workers and their families in both rural and migrant worker concentrated areas, through capacity building,

*Bearing in mind* the continuous burden that has been placed on populations of migrant workers by numerous global health crises, and the ensuing need for more accessible medical professionals especially in migrant communities,

*Recognizing* that migrant workers can be disproportionately affected by mental health illnesses due to their stressful situations, which can cause chronic health diseases,

*Taking into consideration* bureaucratic delays in processing migrant worker paperwork that can lead to delays in accessing preventative healthcare measures for groups of migrant workers,

*Further recognizing* the need to reduce common stigma against migrants entering host countries with diseases such as HIV/AIDS, SARS-CoV-2, and others that threaten the quality of life that migrant workers are able to attain within their host countries,

*Bearing in mind* that Member States will be at varying levels of preventative healthcare development and will need different levels of financial support to enable the growth needed to ensure broad access and emphasizing the critical role funding will play in capacity building,

*Notes with concern* that sanctions that restrict economic access of affected Member States hinder the development of healthcare systems, institutions, and infrastructure, which further reduces the access to healthcare services generally, and to migrant workers specifically,

*Affirming* that preventative healthcare policies implemented, such as the Children's Health Insurance Program and the Patient Protection and Affordable Care Act could serve as examples of medical infrastructures of all Member States,

*Reaffirms* the recommendations made by the Global Health Council in terms of more resilient health systems regarding crisis management,

*Emphasizing* the need to promote universal healthcare to address the financial challenges faced by migrant workers when seeking healthcare in their host country and the need for Member States to fund organizations that provide free healthcare for migrant workers,

*Alarmed and concerned* about the increasing movement of migrant workers globally as a result of recent crises,

*Reaffirming* the importance of setting migration, and the welfare of migrant workers, as a priority on the international agenda,

1. *Endorses* the creation of community health centers and other outpatient clinics by Member States in their respective rural areas populated by migrant workers, in cooperation with regional healthcare organizations that:

- a. Can be staffed by NGOs such as Doctors Without Borders, Rocketship, Translators Without Borders (with healthcare workers and translators alike) to facilitate providing preventative healthcare to migrant workers without communication issues;
  - b. Can focus on clinics that expand upon IOM's Maternal and Child Health Clinic for Internally Displaced Persons to include all migrants and increased vaccine accessibility, including COVID-19 vaccinations, as it currently helps to provide displaced families with access to free healthcare, including that of child immunizations, postnatal care, and emergency services;
2. *Emphasizes* the need to protect the mental wellbeing of migrant workers due to insufficient mental health support systems, and suggests that Member States incorporate more solidified mental health assistance services for migrant workers as part of their basic health provision services, which would help relieve individual mental stress and increase the awareness of the importance of mental health through:
  - a. An increase in mental health specialists to serve as advisors in community health centers, and further capacitate current staff to deal with mental health assistance;
  - b. The provision of educational resources that provide insight on symptoms and treatments for mental health issues;
3. *Recommends* Member States to establish a Global Development Plan with methods of tracing the practice of discriminatory acts against migrant workers and also encourages efficient processing of migrant worker paperwork pertaining to healthcare access by:
  - a. Implementing International Labor Organization (ILO) training guidelines endorsed by Member States in relevant domestic agencies that handle migrant worker paperwork to streamline their processing and reduce delay;
  - b. Assisting in evaluation of paperwork by employing more IOM agency workers in areas that experience a high influx of migrant workers;
4. *Encourages* Member States to expand policy research more comprehensively to include underrepresented residences of migrant workers, such as refugee and IDP camps by:
  - a. Adopting the WHO Country Cooperation Strategy in order to strengthen health systems and health research such as measuring quality of healthcare in relation to other Member States;
  - b. Addressing the health effects of commutes on migrant workers living in refugee or IDP camps to determine needs for assistance from NGOs like Doctors Without Borders and UN agencies like the United Nations Office for the Coordination of Humanitarian Affairs in cooperation with the IOM;
  - c. Requiring annual research by the IOM in line with the Migration Data Strategy on communicative diseases in refugee camps in order to better structure these camps for migrant worker safety;
  - d. Emphasizing this annual research to NGOs like Gavi to better distribute vaccines and other treatments to migrant workers in order to combat disease in vulnerable areas;

5. *Proposes* research collected by Member States of the Global South be directed towards open-access vaccine development to help Least Developed Countries (LDCs) gain medical independence and move away from the reliance on patent-based vaccines by:
  - a. Using and expanding on already existing distribution mechanisms like the COVID-19 Vaccines Global Access (COVAX) initiative and utilize this framework to further vaccinate against other diseases such as malaria while mobilizing further preparation against future pandemics;
  - b. Raising awareness in Member States about vaccine safety, transparency, and equity through IOM campaigns in order to increase vaccinated populations;
  - c. Facilitating infrastructure within the Global South using the distribution resources of NGOs like Gavi or the African Vaccine Acquisition Task Team to shorten distribution time;
6. *Recognizes* the importance of educating the Member States and their healthcare workers of available preventative healthcare solutions for migrant workers, and requests that Member States establish health centers to distribute healthcare supplies and educational information from NGOs to migrant workers to increase access to preventative healthcare within their own country to prevent the spread of chronic and/or deadly diseases including but not limited to HIV/AIDS, SARS-CoV-2, and malaria, with supplies including vaccines, contraceptives, educational materials concerning sexual health, health screenings, and checkups;
7. *Emphasizes* the commitment of the IOM to support migrant workers for better communication and documentation in order to combat medical xenophobia, including denial of services and inadequacy of care by:
  - a. Encouraging Member States to utilize the WHO Global Health Workforce Network Education Hub to educate and train healthcare workers on the treatment of migrants seeking healthcare in their facilities;
  - b. Providing finances and resources from the IOM General Fund for NGOs like Amnesty International that provide migrant workers with legal remedies for unfair treatment and medical discrimination;
  - c. Ensuring migrant workers can obtain healthcare-eligible status without fear of deportation or legal and financial constraints;
8. *Encourages* new and increased investment into the IOM to facilitate an IOM-wide initiative aimed at 'Building Preventative Healthcare Capacity' that promotes the expansion of funds to Member States with the support of the IOM Development Fund and any other NGO or governmental funding, allocated by IOM and distributed to Member States for projects based on a comprehensive combined measurement of economic development, growth in migrant worker population, total migrant worker population, and based on infection and death rates of diseases in order to make Sustainable Development Goal 3.8 of universal health coverage a reality in places that need it most;
9. *Recommends* that projects are selected based on the following criteria, including:
  - a. Their focus on construction, expansion, and continued support for preventative healthcare infrastructure in collaboration with national governments, especially to provide greater physical access to such facilities to migrant workers from their ports-of-call;

- b. Their continued and increased support for existing preventative healthcare facilities that provide specialized and advanced services;
  - c. Their provision of education resources for both migrant workers and preventative healthcare providers in a multi-faceted, people-centered approach to encourage the facilitation of various healthcare goals, like:
    - i. The creation of a training program allowing specialized health personnel to teach migrant workers about basic health information and how to use it to provide adequate medical care;
    - ii. Including providing scholarships, for a limited time, to migrant workers to learn basic medical skills so that they may work as a healthcare provider in their home country;
    - iii. The establishment of databases organized and maintained by the IOM pertaining to information on current and future levels of provision of preventative healthcare to migrant workers in support of other initiatives;
  - d. Their efforts at implementing the two mutually reinforcing pillars of the IOM initiative, which are data collection and capacity building, as data gathered will be used to inform the function and location of built capacity, and built capacity will be used to gather more data;
10. *Recommends* the continuation of efforts in fostering projects modeled after the PHAMESA II by:
- a. Further requesting funding from generous Member States that previously funded PHAMESA II;
  - b. Building upon the achievements of PHAMESA II like an improved and sustainable response to migration, and health challenges in the region while integrating migrant workers into the new framework;
11. *Establishes* a system to increase the financial capabilities of the IOM's Regional Offices to implement the IOM's HBMM framework in order to achieve Sustainable Development Goal 3.8 ("Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all") of universal healthcare, the system is based on a comprehensive combined measurement of economic development, growth in migrant worker population, total migrant worker population, and infection as well as death rates of diseases, consequently, the IOM regional offices:
- a. Receive funding based on the criteria in the measurement from the UN Multi-Partner Trust Fund for Safe, Orderly, and Regular Migration, which supports Member States in their implementation of the *Global Compact on Safe, Orderly, and Regular Migration* (2018);
  - b. Develop policy recommendations pertaining to healthcare access of migrant workers and the implementation of the HBMM framework according to their respective regional characteristics, and respect state sovereignty;
12. *Emphasizes* that unilateral coercive measures, especially those that actively or passively target healthcare within LDCs, should be removed;

13. *Requests* that Member States guarantee safe journeys for all migrants on all relevant migration routes with humanitarian corridors, modeled after IOM's Water, Sanitation, and Hygiene (WaSH) infrastructure program in the Sahel zone, by:
  - a. Ensuring access to medical assistance during the journey and upon arrival, maternal health services, and WaSH services along main labor migration routes;
  - b. Installing and equipping isolation, and treatment facilities as well as water stations and medical supplies in all refugee and hosting areas, in order to be prepared for potential infectious diseases;
  - c. Constantly aligning with other existing mechanism such as the Humanitarians Response Plans and the UN Sustainable Development Framework;
14. *Recommends* Member States to expand and create data collection operations to aid migrants' healthcare needs such as:
  - a. Establishing the accessibility of the Migration Information and Data Analysis System in order to enhance capacity building in the area of migration data and statistics through the policies of the African Capacity Building Center;
  - b. Expressing its readiness for the Global Migration Data Analysis Center to link current epidemiological findings with data from United Nations Global Migration Database in order to create a more effective health mapping and research base for migration movements;
  - c. Implementing regional data indicators that support and provide assistance to both rural and urban populations such as the ones developed through the Global Knowledge Partnership on Migration and Development, a research initiative dedicated to migrant data for areas such as labor, health, and integration, as it works closely with the IOM to standardize data collection indicators across all regional sectors through accessible publications and forums developed by the partnership's experts;
15. *Calls upon* Member States with the financial means to increase their monetary contributions to the IOM general budget to do so;
16. *Recommends* coordination between the Child Health Foundation and the IOM to ensure access to healthcare professionals in migrant worker communities in all Member States through the program's implementation of "legislative and administrative actions that affect public health, child care and early education, child welfare, early intervention", etc.;
17. *Recommends* that each Member State donate to NGOs, especially those that promote the development of preventative healthcare in LDCs, such as Doctors Without Borders, with the goal of funding the capacity building frameworks that assist migrant workers and their families, and/or those that align with the recommendations outlined above.





**National Model United Nations • NY**

**Code:** IOM/1/6

**Committee:** The International Organization for Migration

**Topic:** Ensuring Access to Preventative Healthcare for Migrant Workers

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*The International Organization for Migration,*

*Recognizing* the 1948 *Universal Declaration of Human Rights* declaring human rights to everyone and especially Article 25 which states that all individuals should have the ability to access adequate medical care and necessary social assistance,

*Acknowledging* the African Union's (AU) Agenda 2063 highlighting the importance on universal access to healthcare and the rights of migrant workers,

*Expressing its appreciation* of the IOM's Migration Health program regarding its efforts such as aiding migrants with 3.43 million primary healthcare consultations in crisis contexts, which the program has successfully fulfilled,

*Recognizing* Article 24 sub-clause E and Article 28 of the 1990 *Convention on the Rights of the Child*, which states all children, including those of migrant workers, shall have access to proper healthcare, granting health literacy to their families, and ensuring that all children have equal access to education,

*Having considered* the *International Convention on Migrant Workers and its Committee* (2005), which specifies that every migrant worker and the members of their families have the right to access and receive medical care and that this medical service shall not be refused to them by any circumstance,

*Recalling attention to* the World Health Assembly resolution 70/15 on "Promoting Health of Refugees and Migrants" (2017) focusing on providing inclusive and responsive health services for migrants while eliminating barriers to universal health services and Pan American Health Organization resolution CD55.R13 on "Health of Migrants" (2016) within the 2030 Agenda and the Sustainable Development Goals (SDG) that is set to provide quality health services and commitment to universal access to healthcare in each Member State,

*Emphasizing* priority 6 of the World Health Assembly (WHA) Global Action Plan 2019-2023 on "Promoting the health of refugees and migrants" adopted in 2019, which encourages measures to support and improve evidence-based health communication and to counter misperceptions about migrant workers' health,

*Welcoming* the IOM's efforts toward ensuring safe and orderly migration through pre-departure health assessments and ensuring culturally competent care for migrants through the Migration Health Assessment Centers (MHAC),

*Understanding* that the current categories of data collected do not sufficiently provide the information needed to ensure access to healthcare for migrant workers,

*Acknowledging* the World Health Organization's (WHO) platform on Early AI-supported response with social listening (2021) focusing on proactively filling information voids in underdeveloped regions and

high-quality health information for migrants, and United Nations Educational, Scientific and Cultural Organization's (UNESCO) Forum on Artificial Intelligence in Africa (2018) which takes into account climate-related challenges and technological advancements for vulnerable and underdeveloped communities,

*Acknowledging* migrants' insecurities in new settings and their need to catch up with the new healthcare systems results in the necessity to build a bridge between regional healthcare systems and migrant workers to integrate them into society and close the gap of knowledge in orientation with Education International's existing mission,

*Recognizing* the importance of the Displacement Tracking Matrix (DTM) system implemented by IOM which provides general data on the movements of migrants, especially their cross-border movements,

*Emphasizing* the importance of multilateral agreements between neighboring countries, such as the cross-border healthcare in the European Union as migrant workers are predominantly working in countries that are proximate to their country of origin,

*Applauding* IOM's Community Response App, which acts as a platform for migrants to effectively share their subjective experiences,

*Recognizing* the IOM application, "MigApp" offering translation and information services but is *disturbed* by the lack of resources for the vast majority of migrant workers and *viewing with concern* the lack of up-to-date information on recent crises in the "MigApp" application,

*Further welcoming* the intergovernmental process established by the Global Forum on Migration and Development created in 2007 to discuss sensitive issues and sharing best practices regarding access to preventative healthcare,

*Applauding* UNHCR's Connectivity for Refugees program, which gives displaced communities the opportunity to access technology,

*Expressing its concerns* about IOM's World Migration Report 2022 stating that migrants and migrant women are systematically disadvantaged because of marginalization, language, bureaucratic barriers, unfamiliar health institutions and services, education and knowledge gaps, and cultural differences,

1. *Encourages* the implementation of inclusive and equitable national plans, in order to encourage and develop health literacy through a multi-stakeholder approach by:
  - a. Providing accurate and person-centered health information to migrants through public health education seminars at adult, post-secondary levels, and community centers;
  - b. Supporting training for healthcare workers to encourage cultural competency and train on distributing accurate information to vulnerable populations;
2. *Suggests* Member States implement national policies and programs that work to:
  - a. Address the lack of health literacy through public health outreach centered around accessing migrants in both the informal and formal sectors;
  - b. Implement policies to aid migrant workers with access to free education to promote enhanced health literacy;

- c. Aid uninsured migrants with acquiring healthcare insurance through programs created by UN organizations, non-governmental organizations (NGOs), and public-private partnerships;
3. *Encourages* Member States to support and implement programs that ensure migrant workers' children are able to access public education and create curriculums that encompass courses to enhance health literacy;
4. *Further recommends* the implementation of educational programs that are inclusive with migrants and their families, in order to provide migrants and their relatives with free access to educational courses with adequate information on how to access healthcare and social security;
5. *Further recommends* that Member States define standards on culturally and linguistically appropriate health services and information for international migrant workers by utilizing the WHO's Global Competency Standards for Health Workers;
6. *Invites* all Member States, in cooperation with IOM, the International Labour Organization, and funding mechanisms like Start-up Fund for Safe, Orderly, and Regular Migration to build up language-inclusive public health awareness campaigns for migrants, health professionals, employers, and employees to:
  - a. Ensure equal access to vaccination information and healthcare rights, which includes health-related information and education, access to preventive healthcare, sanitation, food, and gender-equal treatment, as the WHO states health, is a fundamental right of every human being;
  - b. Fight disinformation concerning vaccination and healthcare facts;
  - c. Ensure equal access to COVID-19 vaccination to all migrants, taking into account the current urgent situation;
  - d. Create Migrant Workers Vaccination Agencies facilitating access and informing on the importance of vaccination through education campaigns;
  - e. Establish gender-sensitive healthcare informational tool kits with information on women's health, gynecology, and breast cancer for female migrant workers and local centers for educating them on their healthcare needs and pregnancy cares;
  - f. Raise awareness about the discrimination experienced by migrants and how it interacts with barriers to accessing healthcare and how to counteract them;
7. *Endorses* the expansion of the scope of services offered in their MHAC by:
  - a. Distributing the IOM Development Fund's information material on the topic of migration health available in a digital format in various languages and providing additional preventative healthcare services, focusing on migrant workers' needs in particular, by:
    - i. Educating migrant workers on workplace safety and the risks of preventable diseases, especially in the field of manual labor;
    - ii. Promoting sustainable habits for preventive health by educating on proper nutrition and the importance of regular vaccinations;

- iii. Including mental health checks in order to detect possible trauma or other mental health issues;
  - b. Offering training for medical professionals modeled after IOM's International Migration Law Unit to raise awareness of the specific medical needs of migrant workers and to promote cohesive responses to crisis-affected areas;
  - c. Adding services modeled after IOM's Emergency Healthcare Support and Services for Crisis-Affected Families in South Sudan Program to provide migrant workers as well as migrant returnees and their families with services such as access to a basic package of health and nutrition information;
  - d. Including post-arrival check-ups modeled after the pre-departure health assessments in MHACs in order to provide migrants with accessible and familiar preventative healthcare upon arrival;
  - e. Providing regular, free, and confidential annual medical check-ups at migrant shelters by cooperating with charity associations of medical care staff and doctors like Doctors Without Borders;
- 8. *Further encourages* the establishment and implementation of an accessible and expansive directory containing essential information and resources for migrant workers under the mandate of the Migrant Health Program of IOM which includes:
  - a. Specialized mental health treatment options, including psychiatrists and therapists with cultural adjustment training in providing psychological services for migrant workers;
  - b. Housing resources, such as mutual aid housing organizations, cultural enclaves, rental resources, and government-backed housing loans;
  - c. Employment and labor requirements for the maintenance of good standing, as determined by national immigration legislation;
  - d. Essential hotlines and government contacts of health and migration services, and other government agencies for the reporting of harassment and discrimination;
  - e. Other needs, as determined at the discretion of hosting localities;
- 9. *Encourages* Member States to form partnerships between local and regional NGOs, like Education International, to promote education for inclusive cultural competency using community healthcare workers as advocates by:
  - a. Training community healthcare workers to assist as mediators between international migrant workers and regional health systems, with a special focus on cultural competency programs to react appropriately to possible hesitations of receiving medical care due to cultural differences;
  - b. Training mediators to use the setting approach, which is constituted as a flexible and mobile approach to reach people in various settings, where they live and work;
  - c. Experiences drawn from Equi-Health formulated as best practice cases that the Member States may implement;

- d. Using Equi-health as a model for program infrastructure and expanding it with regards to tools and technology for translating and providing training for preventative healthcare workers;
10. *Further recommends* Member States to expand and implement programs using the WHO Early AI-Supported Response with Social Listening (EARS) infrastructure, which worked successfully to monitor and identify information voids, inform health literacy campaigns to combat misinformation about health, and function as health surveillance to predict the needs of migrant populations;
11. *Further suggests* Member States expand and implement programs similar to the Radio Enhancement Initiative from WHO and UN Global Pulse, which uses radio technology to inform communities about public health events to:
  - a. Expand the initiative into vulnerable and less developed communities;
  - b. Address and inform about climate and environmental threats to the health of migrants;
12. *Further encourages* the IOM Migration Policy Research Division and the DTM to gather differentiated data on health information and especially on the topic of health literacy to fill current information voids within migrant communities by:
  - a. Requesting that the IOM Regional Offices train DTM enumerators on how to conduct data gathering in migrant communities in regards to cross-border health surveillance and advancing understanding of barriers to health literacy in migrant communities;
  - b. Requesting to provide a report compiled by the DTM, which shall be conducted and presented by the Director of IOM to IOM Member States at the 114th Session of the Council in 2023;
    - i. Consulting all relevant parties involved in the ongoing data collection to present their insights of ongoing and successful projects, share their best practices, and include their knowledge in the evaluation and further include their recommendations;
    - ii. Including the data that is necessary to advocate for policy change and implementation;
  - c. Calling for the IOM Council to establish “Health Literacy and Public Outreach for Migrants” as a topic for the 114th Session of the Council in 2023 in order to promote this as a priority for the body and its Member States;
13. *Calls upon* the Global Forum on Migration and Development to promote multilateral agreements regarding the protection of migrant workers and health literacy specifically, including but not limited to:
  - a. Establishing partnerships and agreements between states concerning migrant workers’ health protection and promotion of health literacy education initiatives;
  - b. Exchanging policy experts on the agency-level in between two or multiple states or regions, sharing good practices and experiences to establish bilateral goals and prioritize them;

- c. Providing resources and tools so that Member States work towards better access to health literacy for migrant workers;
  - d. Ensuring the secure, safe, and well-enabled mobility of prospective migrant workers;
14. *Encourages* Member States along with the IOM in collaboration with WHO to combine the “MigApp” and IOM’s “Community Response App” into the “MigNet” app including the two main features of the previous apps by:
- a. Calling on the United Nations Department of Operational Support to contribute their expertise on the further development of the application;
  - b. Including preventative healthcare definitions in translation services to minimize the language barrier between medical professionals, border protection agents, and other practitioners as well as patients;
  - c. Strengthening the collaboration with the WHO Health and Migration Programme (PHM), if possible, by utilizing the PHM’s medical expertise;
  - d. Requesting Member States to bring attention to preventative healthcare by placing an emphasis on preventative healthcare in the “MigApp” cellphone application;
  - e. Establishing a list of the most relevant terminology regarding preventative healthcare directly;
  - f. Emphasizing preventative healthcare by providing confidential examinations and vaccinations; information about diseases including SARS-CoV-2, tuberculosis, chronic hepatitis B and C, HIV, strongyloidiasis, and malaria to migrants;
  - g. Establishing a map section of the application to inform migrants where the closest practitioners are that speak their language;
  - h. Acknowledging the special status of vulnerable migrant workers, such as refugees, and including targeted information in the application during crises such as the current Ukrainian crisis;
  - i. Providing information about the right of migrant workers to mental healthcare services in their host countries as well as available local mental health counseling centers;
  - j. Incorporating a networking function to provide individuals with the opportunity to exchange experiences;
  - k. Increasing funding drawn from the Start-Up Fund for Safe, Orderly, and Regular Migration trust fund for cooperation on safe, orderly, and regular migration;
15. *Further encourages* the creation of triangular cooperation between willing Member States, IOM, and NGOs similar to the Bright Side Foundation to raise funds for migrant language training kits through their campaigns and deliver the kits to each Member State through IOM;
16. *Recommends* the collaboration between the local and regional offices of IOM and WHO to create an online seminar held by WHO staff in Member States for migrant workers called “*Health & The Worker*”, which aims to improve health literacy by:

- a. Equipping migrant workers with access to technology to attend the seminar to abide by SARS-CoV-2 guidelines in conjunction with UNHCR's "Connectivity for Refugees" program;
  - b. Educating women migrant workers on reproductive health, menstrual health management, and their maternal healthcare rights at the workplace;
  - c. Creating a platform for migrant workers to share their experiences, connect, and learn from each other;
  - d. Serving as a yearly seminar with an annual education theme to cover different aspects in each annual session;
17. *Suggests* Member States implement Water Sanitation and Hygiene and Menstrual Hygiene Management within communities hosting migrants for young migrant girls to promote competent health-literacy skills, encouraging bodily autonomy and the ability to become a better advocate for their symptoms and individual health.