

10-14 April 2022

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



Conference B

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International Organization for Migration (IOM)

Committee Staff

Director
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Chair

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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	Adopted without a vote
IOM/1/2	Ensuring Access to Preventative Healthcare for Migrant Workers	47-4-5
IOM/1/3	Ensuring Access to Preventative Healthcare for Migrant Workers	41-5-10

Summary Report

The International Organization for Migration (IOM) 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 65 Member States and 0 observers.

On Sunday, the committee adopted the agenda order of II, I, beginning discussion on “Ensuring Access to Preventative Healthcare for Migrant Workers.” On Monday, the Dais received 9 proposals, covering a wide range of topics focusing on, but not limited to, healthcare for women and children, data collection, access to medical supplies, and language training. On Tuesday and Wednesday, the committee’s inclusive diplomacy continued, demonstrated by the willingness to collaborate and merge into three working papers throughout the week.

On Wednesday afternoon, three draft resolutions were approved by the Dais, with no amendments. The committee adopted the first resolution without a vote, followed by two adoptions with recorded votes. The body worked closely together to develop detailed resolutions, presenting suggestions for the international community to develop preventative healthcare solutions for migrants and their wellbeing.



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Code: IOM/1/1

Committee: International Organization for Migration

Topic: Ensuring Access to Preventative Healthcare for Migrant Workers

The International Organization for Migration,

Recalling article 25 of the *Universal Declaration of Human Rights*, which ensures that everyone has the right to a standard of living and health,

Noting the *2030 Agenda on Sustainable Development* that confirms Sustainable Development Goal (SDG) 8.5 and SDG 17 as communication is essential to offer healthcare for migrants workers who make up about 150 million from 272 million migrants, many of which do not have access to healthcare,

Recognizing the importance of the International Organization on Migration (IOM) report *The Health of Migrants: A Core Crosscutting Theme* addressing the intersectionality between healthcare accessibility and inclusivity of migrants, refugees, and displaced persons,

Observing the harmful effects faced by many migrants before, during, and after the migration process, including traumatic events within host Member States, as mentioned in the *New York Declaration for Refugees and Migrants* (2016),

Referring to the fact that, according to the World Health Organization (WHO), 35% of migrants have a fear of seeking out preventative health coverage due to financial instability,

Understanding the issues of accessibility within the healthcare system of developing and least-developed Member States caused by external migration of healthcare workers as mentioned in the Compendium of Recommendations on International Migration and Development (2006),

Mindful of the WHO *Common health needs of refugees and migrants: Literature review*, which expresses the unique medical needs that migrants face in comparison to citizens in host Member States, highlighting a need for migrant awareness about these unique challenges,

Fully alarmed that over the past five decades, the global number of migrants has increased to an estimated total of 281 million people are living in a country other than the nation of their birth according to the IOM's *2020 World Migration Report*,

Deeply concerned with providing paid sick leave for migrants will mitigate the spread of the Covid-19 virus without fearing the loss of their jobs, whilst also lowering cases of infection amongst vulnerable groups, as stated by the Organization for Economic Co-operation and Development (OECD),

Determined to provide migrants with equitable access to vaccines, such as for tuberculosis, measles and COVID-19, as outlined in Security Council resolution 2565, due to the deeply concerning need for vaccination accessibility for migrants,

Affirming the *International Covenant on Economic, Social and Cultural Rights (ICESCR)* and the General Comment No.20 Resolution E/C.12/GC/20 which highlights the importance of non-discriminatory practices based on legal status when accessing preventative healthcare,

Recalling General Assembly resolution 74/2 on the "Political declaration of the high-level meeting on universal health coverage" which reiterates the necessity of Universal Health Coverage (UHC) when pursuing economic, social, and environmentally sustainable development of both Member States and their peoples,

Declaring the importance of bilateral conversations as mentioned in the *Guidance On Bilateral Labour Migration Agreements (BLMA)* (2022),

Reifies the IOM Data Protection Manual which stress the importance respecting the privacy of migrants within data protection practices,

Emphasizing the resolution passed by the Economic and Social Council (ECOSOC) resolution CES/1999/11/Add.1 which highlights the importance of data collection in the accessibility and inclusivity of preventative healthcare,

Reminding of the obligation of Member States according to Article 2 of ICESCR to use the maximum of their available resources and the resources available through international cooperation to protect the economic, social, and cultural of every individual,

Noting with deep concern the dangerous, dirty, and demeaning jobs (3D Jobs) that many migrants are put into and the risks and dangers that they are under when working in these job positions including the harm to their mental wellbeing as indicated in IOM's report *Occupational Fatalities among International Migrant Workers* (2021),

Calling attention to the fact that only 0.8% of low-income host countries collect data on migration routes and medical records and the pressing need for increased international data collection according to the United Nations High Commissioner for Refugees' (UNHCR) Refugee Population Statistics Database,

Fully aware that investing in maternal health, reproductive health and birth control is essential in order to reduce maternal mortality while also bearing in mind that access to sexuality education and contraception can prevent the transmission of sexual diseases according to WHO estimates on unintended pregnancy,

Reminding of SDG 3 on good health and wellbeing, especially target 3.8, with the adoption of universal healthcare coverage by 2030 and SDG 5 on gender equality which includes ensuring accessible healthcare for every human being independent from their gender,

Guided by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), with a focus on Article 12, which puts forth the obligation of Member States to take appropriate measures to eliminate discrimination against women in the field of healthcare,

Expressing concern also with the fact that when women leave their children behind it poses mental health decline for themselves and her children according to the *WHO Global Action Plan (2019–2023)*,

Concerned with the fact that women are often mistreated, such as how they account for 83% of domestic workers expected to exist in harsh working conditions that can be dangerous and degrading while also accounting for 71% of people in human trafficking rings according to a 2016 United Nations (UN) report, as the United Nations Office of Drugs and Crime (UNODC) states that migrant women and girls are the main victims within systemic violence,

Aware of the Child & Maternal Health Programme (MAMTA) project which is a local program in the United Kingdom that is a child and maternal health service that helps empower women to take control of their own health and their children's as well as the Adolescence Sexual & Reproductive Health (ASRH) Programme, a global program that focuses on equipping young adolescents with the ability to navigate challenges and opportunities during puberty,

1. *Requests* willing and able Member States to join the Providing for Health Social Health Protection Network, in order to implement and strengthen UHC policies and structures, in further efforts to provide preventative healthcare options to migrant workers and their families;
2. *Invites* Member States to consider the importance of expanding current international frameworks such as the International Labor Organization (ILO) International Legal Framework on Labour Migration to further include assistance for migrant workers, by:
 - a. Encouraging the WHO and UNHCR to work with NGOs that deal specifically with health and wellbeing, such as the Mayo Clinic, to directly fund aid and medical care for migrant workers and their family members through:

- i. Establishing centers at places of transit and diaspora communities where preventative healthcare can be obtained, particularly in countries without capacity for incoming migrants in their healthcare systems;
 - ii. Assisting migrants' family members with obtaining the funds for healthcare in order to reduce the burden of remittances upon migrants, as well as financial hardships;
 - b. Expanding the language of the framework to include bias training of health care employees to prevent the discrimination of migrants;
3. *Welcomes* all willing and able Member States to introduce international health coverage and expand upon the pre-existing initiatives of the Commonwealth Fund by recommending that working migrants have enough paid sick leave in order to fully recover from ill health;
4. *Urges* an increase in efforts taken to make immunization easily accessible inclusive to migrants in the vaccination strategy which protects the health of migrants and host countries by:
 - a. Responding to the current pandemic as COVID-19 vaccines need to be made easily accessible to migrants in order to effectively protect them and additionally ensure that migrant workers and their families are able to meet migrant vaccination requirements and thus avoid rejection by the receiving countries due to their vaccination status;
 - b. Asking the Strategic Advisory Group of Experts on Immunization to create working groups which aid Member States in providing vaccines, such as COVID-19, measles, and malaria, to migrant workers and their families, furthermore encouraging Member States to include migrants in their national vaccination strategies, and thus prevent future pandemics;
 - c. Proposing a tracking system, especially for vaccinations based on an individualized code including gender and age to ensure anonymity;
5. *Recommends* collaboration with NGOs that specialize in health and vaccinations, such as COVAX and Project HOPE, to vaccinate migrant workers without intimidation of deportation or fear of authority by:
 - a. Cooperating with SDG funders such as the Bill and Melinda Gates Foundation, which is committed to strengthening global immunization systems, in order to fund and distribute vaccines to migrant workers;
 - b. Encouraging Member States through economic incentives such as the full recovery of their economy through citizens vaccinations;
6. *Requests* the IOM Migration Research and Publications Division to expand their existing research efforts on migrations by adopting a healthcare policy focus to ensure the:
 - a. Establishment of fact sheets for each Member State to enable comparability;
 - b. Monitoring of progress on the implementation of international treaties in each Member State;
 - c. Facilitating of data-driven knowledge exchange across Member States;
 - d. Formation of alliances with such bodies as the ILO, ECOSOC, UN Department for Economic and Social Affairs (UNDESA), and WHO;
 - e. Inclusion of:
 - i. A combination of existing data from different institutions such as the UNHCR and the IOM;
 - ii. A gender and intersectionality perspective;

- iii. The implementation of international law into domestic law;
 - iv. Data on human trafficking;
7. *Requests* WHO to guide Member States in the prohibition of healthcare providers, such as but not limited to hospitals, from accessing and recording a patient's legal status before, during, and after receiving healthcare to prevent discriminatory practices that bar access to healthcare by:
- a. Directing attention to Article 2, Paragraph 1 of the ICESCR, which implores the international assistance and cooperation, especially economic and technical, to the maximum of its available resources of every Member State and invites the developed nations to help and assist the least developed and developing through:
 - i. Providing the necessary expertise, such as professionals and experts from the health sectors, from NGO programs such as, but not limited to Doctors Without Borders and Doctors of the World, and from the public and private sectors of Member States;
 - ii. Assisting in the training of the health workforce;
 - iii. Providing the necessary financial assistance so that each Member State can move towards acquiring UHC for all and fully guarantee the right to the enjoyment of the highest attainable standard of physical and mental health;
 - b. Asking WHO to monitor the national implementation of the Global Compact for Safe, Orderly and Regular Migration and report Member States' efforts on protection of undocumented migrant workers and vulnerable groups;
 - c. Utilizing WHO and affiliated entities to continue to assist in providing healthcare to incoming migrant workers, especially in developing Member States;
8. *Appeals* to the General Assembly to set up a legal aid partnership developed under the programme Knowledge of the legal Issue of Safety and Security of preventive health care for migrant workers and members of their families (KISS) program to provide legal and technical support to Member States wishing to improve their domestic law on the subject of access to preventative healthcare for migrants by:
- a. Canvassing the ministries and national authorities responsible for justice in the Member States to make them aware of the existence of this programme;
 - b. Establishing regional permanent public consultancies attached to the UN and made available to interested Member States, consisting of 10 international lawyers plus 10 lawyers specializing in the law of the Member State requesting the follow-up proposed by the KISS program;
9. *Recommends* both origin and host Member States, to engage in bilateral conversations regarding a regulated migration flow as outlined in the BLMA report (2022) by both the IOM and the ILO in order to strengthen the economies of Member States through an encouraged and intentional flow of migrant workers into economic sectors in demand of a higher labor force especially within the healthcare sector;
10. *Urges* Member States to collaborate on regional specific handbooks for migrants, refugees, and displaced persons, guided by the *2019 IOM Handbook: On Protection and Assistance for Migrants Vulnerable To Violence, Exploitation, and Abuse*, to aid in education for migrants within home Member States in order to:
- a. Empower the migrants in the migration process and within future host Member States;
 - b. To assist in home countries and host countries, especially in areas that are rural or experiencing conflict and crisis;

- c. Educate migrants on medical access available through resources, such as, the HR Portals' List of UN Examining Physicians Worldwide and List of UN-sponsored Clinics;
11. *Invites* Member States to influence health coverage establishments to employ certified medical interpreters in major languages, utilizing database statistics on migrant populations within the host country, that are trained on the cultural customs of the patient they are working for by going through training such as the Migrant Training program of the IOM;
12. *Calls upon* the IOM Global Migration Data Analysis Centre (GMDAC) to include a focus on migrant privacy, in order to ensure the safety and health of all migrant workers and their families, especially in avoidance of discrimination within the medical industry through:
 - a. Increasing an international data-collecting system for migration patterns and migrants' health records, while specifically providing migrants with the option to abstain from providing personal identification in this data and not requiring Member States to share this information;
 - b. Improving research on the situation of vulnerable and marginalized migrant workers stressing the specific cases such as the situations of children, women, and disabled people through work with the support of Member States and the implication of GMDAC will allow to improve migration data innovation on specific cases;
 - c. Promoting inclusivity in research but also to raise awareness on the serious troubles that vulnerable workers in migration experience and recognize them better by collaborating with Member States and governmental organizations in order to raise funds for research;
13. *Suggests* using the Migration Dialogue in West Africa (MIDWA) and the Mediterranean Transit Migration Dialogue (MTM) to facilitate a forum for Member States to share views on migration issues in those regional specific areas to ensure anonymous access to preventative healthcare in One-Stop Health Centers, as well as anonymous data collection through similar organization such as, but not limited to, those established on a regional scale;
14. *Strongly advises* Member States to provide preventative healthcare to marginalized groups, such as women and girls by:
 - a. Emulating the work of the MAMTA project, and ASRH, and also allowing the IOM to facilitate and assist with those programs regionally as well as around the globe, relating to physical, mental, prenatal and reproductive health by:
 - i. Providing the necessary equipment and services available in sufficient quantity and of acceptable quality;
 - ii. Making equipment, services, and programmes accessible to all, no matter the race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status of the individual;
 - iii. Making equipment, services, and programmes physically accessible, by ensuring that they are within safe physical reach for all sections of the population, especially marginalized groups, such as women and girls;
 - iv. Ensuring that equipment, services, and programmes are affordable for all, especially to marginalized groups;
 - v. Ensuring that marginalized groups, especially people whose native tongue is not generally covered by the host country, have access to comprehensible information relating to the where, when and how to receive preventative healthcare;
 - b. Ensuring that marginalized groups have access to acceptable preventative healthcare that is respectful of every culture and sensitive to gender requirements;

- c. Requesting the General Assembly to update the definition of migrant workers to include any individual who partakes in the formal and informal economy as to put emphasis and recognize women who make up 91.5% of the domestic labor sector;
15. *Calls upon* the implementation of programs in Member States that provide mental health support for migrants and their families, consisting of a variety of resources and services such as:
 - a. Mental health professionals, such as psychiatrists and counselors, to facilitate both individual and group services;
 - b. Recreational activities that promote healthy coping practices;
 - c. Access to necessities for migrants who lack access to food, drinking water, hygiene products, and other basic goods that promote good health;
 - d. Access to resources to find sustainable work;
 - e. Provide support and community for migrants who are without family including efforts to reunite women with their families;
16. *Calls for* Member States, alongside the ILO, to continue improvement of safety regulations and working conditions by setting laws and standards to ensure the well-being of migrant workers, especially migrant women, at their workplace through measures, such as, but not limited to:
 - a. Regular safety checks of the workplace conducted by professionals;
 - b. Upkeeping hygiene standards in all areas of the workplace;
 - c. Explaining possible dangers of certain actions conducted at the workplace;
 - d. Providing workers with necessary gear as well as sanitary products promoting their safety at no cost;
 - e. Installing essential technical devices such as air conditioners or heating to prevent provoking certain medical conditions through overheated or undercooled work areas;
 - f. The creation of a network of Migration Authorized Labor Inspectors (MALI) based in each Regional Office that will be in charge of controlling migrants' condition of work providing regional knowledge and data to Regional Offices as well as IOM Global Data Portal;
17. *Strongly advises* Member States assemble task forces, in conjunction with the United Nations Population Fund (UNFPA), that serve multiple purposes under the umbrella of protecting and promoting women's health, including:
 - a. Educational efforts with outreach campaigns such as speaking engagements, fundraising, and special events to educate their community about the importance of women's health;
 - b. Providing preventative health tools, providing free advocacy, counseling, support for women, by offering contraceptives, and testing for sexually-transmitted infections, including HIV/AIDS;
 - c. Creating crisis hotlines, providing 24/7 support for women who are victims of human trafficking and sexual abuse;
 - d. Empowering women in the workforce, a program which will be run by women, for women, which will encourage women's leadership skills, as well as providing additional employment opportunities and helping to foster examples of healthy workplace environments;

- e. Establish women's shelters for migrant women by offering temporary housing for women who are experiencing sexual exploitation by their employers without fear of deportation.



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Code: IOM/1/2

Committee: International Organization for Migration

Topic: Ensuring Access to Preventative Healthcare for Migrant Workers

The International Organization for Migration,

Keeping in mind Sustainable Development Goals (SDGs) 3 and 4, with a focus on SDG 3.8 on universal health coverage, in the development of Universal Migrant Clinics (UMCs) to put forward good health and quality education,

Referencing article 25 of the *Universal Declaration of Human Rights*, stating that everyone has the right to medical care,

Recalling the importance of the *Convention Relating to the Status of Refugees* (1951), which recognizes that refugees should have access to the same quality of healthcare as host populations,

Reaffirming the necessity of Member States organizing and proliferating migrants' regional medical data so that they are not neglected of the right to healthcare, as referenced in the *World Migration Report 2020*,

Recognizing the success of Mobile Health Screening Units (MHSU) in European Member States in reaching migrant communities that governments are unable to reach,

Encouraging the investment in the well-being of migrant workers for all Member States on a global and national level, as labor migrants are vital to economies and thus must be provided with adequate healthcare services,

Acknowledging the different needs of migrants as they move between States and settle in new homes,

Fully aware of the inaccessibility of healthcare for migrants under the circumstances of necessity, war, and more,

Dismayed at the discrimination and exclusion faced by migrants in transit that causes fear of penalization due to irregular statuses,

Acknowledging the role of the United Nations (UN) global migration database, and the shortcomings of data collection in the realm of migration,

Alarmed by the lack of data on migrants in transit as stated in the *World Migration Report 2020*, as well as the lack of preventative healthcare that follows,

Welcoming migrants who seek education and employment opportunities through the regional hospitals' clinic in order to develop applicable job skills that can be utilized within their Member State of origin,

Citing the Regional Refugee and Migrant Response Plan (RMRP) that was adopted in 2018 to fund humanitarian initiatives and protect migrants starting at a regional scale,

Applauding governments that inform migrants of healthcare services available to them in their given occupied Member State,

Noting the importance of partnerships between, but not limited to, the International Organization for Migration (IOM), prominent non-governmental organizations (NGOs), and investors from the private sector all over the world,

Recognizes that some Member States are unable to offer universal healthcare and must therefore rely on governmental and private sector entities, and/or through their employer,

Directs attention to multi-beneficial outcomes, as migrant workers support the economic development of their host Member States by being employed in the private sector, while also benefiting from healthcare support through their employers,

Affirming the vital contribution of migrant laborers to their host Member States' economies,

Draws attention to the multi-beneficial outcome as migrant workers support the economic development of their host countries by being employed in the private sector while also benefiting from healthcare support through the employer,

Guided by the Glacial Restoration, Education, and Employment Network for Uniting Nations to Impede Terror and Extend Democracy (GREEN UNITED), which decreases strains on healthcare by ensuring a clean water supply,

Noting with satisfaction the importance of state-funded migratory assistance programs, such as Hungary Helps, which rebuilds and sustains communities under threat from involuntary migratory forces, by maintaining important community structures such as hospitals and building clinics in affected communities,

Calls attention to the utility of employing shared language, as seen by the Francophone states in the West Africa code,

Bearing in mind the use of our definition and understanding of a migrant worker, as established in *The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families* (ICRMW) (1990), which defines a migrant worker as “a person who will be, is, or was engaged in a paying activity in a state of which he or she is not a national, regardless of whether they are legally allowed to work in their host country,”

1. *Encourages* Member States to remember the five-year strategic vision from 2019-2023 of the IOM to develop the organizational aim to aid and adapt the safe and orderly movement of migrants by focusing on:
 - a. Resilience in the voices of global migrants by way of guidance centered in the Global Migratory Data Analysis Center of the Economic West African States (ECOWAS) in 2018, the regional launch of data in Oceania and support in the Central Mediterranean routes both in 2021;
 - b. Mobility in the life of migrants on land to ensure group expected outcomes are met by addition of training of trainers (ToT) protocol, a way to increase migrant agency and advance the integration of migrants;
 - c. Governance of health at the border crossings to allow the sovereign decision to reject a migrant on the specific communicable disease, COVID-19;
2. *Strongly urges* that Member States, through collaboration with international aid organizations and global private contributors such as Potential Future, the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Project HOPE, and the United Nations High Commissioner for Refugees (UNHCR), allow the establishment of UMCs, which will provide healthcare and immediate medical assistance to migrants at borders and other major cross-points such as airports, train stations, and ports, as well as MHSUs, which will provide healthcare to migrants in rural regions by:
 - a. Receiving funds from these aforementioned NGOs and UN bodies, as well as voluntary religious organizations, global investors, and government programs that are willing to help to build and run these UMCs and MHSUs;
 - b. Endorsing the RMRP to provide funding at an international scale so as to further monetize the creation of clinics at Member States borders;

- c. Aiding the UMCs and MHSUs to gain access to further medical and education resources, such as:
 - i. Informational pamphlets on various medical topics, including vaccines, menstruation, infections, mental health, and others;
 - ii. Various medical instruments, such as hospital stretchers, defibrillators, patient monitors, sterilizers, EKG machines, and others;
 - iii. Written, verbal, and electronic correspondence in the preferred language of migrants;
 - d. Employing pre-existing programs, such as the WHO's Migration Health Division, to specialize in uplifting migrant health around the globe;
3. *Urges* the UMCs and MHSUs to provide migrants, regardless of migration status, access to a multitude of healthcare services including:
- a. Imminent emergency aid to migrants that are ill or have sustained a severe injury;
 - b. Healthcare screening for all migrants upon arrival at the clinic will allow healthcare professionals to assess and chart the necessary medical history for patient documentation purposes;
 - c. Access to all relevant vaccines, including, but not limited to COVID-19, to continue preventative healthcare under the supervision of:
 - i. The WHO and International Federation of Pharmaceutical Manufacturers and Associations;
 - ii. Voluntary donations from Member States;
 - d. Distribution of sanitary starter kits that include feminine hygiene products, general sanitary products, first aid materials, and other supplies that are lightweight, mobile, and prepackaged;
4. *Recommends* proper funding to ensure everyone is cared for and to provide funding specifically for medical supplies needed to serve migrants in developing Member States which is crucial for the IOM to work together and truly emphasize the goals of:
- a. Drawing attention towards improving the quality of community health centers as they are the most frequent source of healthcare for migrants;
 - b. Emphasizing the decriminalization of immigrants and instead educating ourselves of their cultures and possible medical limitations or medical implications, which would improve healthcare overall exponentially by:
 - i. Encouraging health promotion;
 - ii. Organizing disease prevention programs for preventative community intervention;
 - c. Encouraging higher-income Member States to contribute to the purchasing of these supplies on the behalf of developing nations;
 - d. Placing specific emphasis on supplies related to vaccination and inoculation against viruses such as COVID-19;
 - e. Encouraging contributions from Member States migrants and refugees via donation from Member States, as the main reason migrant workers refrain from seeking healthcare is financial constraints and in order to establish the access of migrant workers to an ambulance in countries in which they reside, completely free of charge;
5. *Suggests* that UMCs and MHSUs are culturally inclusive to the migrants' aid by:

- a. Providing multilingual physicians, interpreters, and medical information in various languages to migrants;
 - b. Drawing from an international hiring base in partnership with United Nations Commission on Science and Technology for Development to confirm that healthcare workers are more relatable to the people they are serving;
 - c. Defining an international hiring base, consisting of people from the region where they are serving is preferred, but not mandated;
6. *Suggests* that the IOM, in conjunction with the NGOs in the UMC partnership, builds a multilingual digital platform that includes:
 - a. A messaging function with which migrants can request the MHSU to travel to specific locations where medical aid is required and requested by regional correspondents;
 - b. Information about the mobile clinics' hours of operation and available services;
 - c. A list of the languages spoken at the clinic;
 - d. A medical helpline that can be used to contact healthcare professionals when migrants cannot physically visit a clinic for a consultation;
 - e. General information about first aid;
 - f. Information about government resources available to migrants, job opportunities, and healthcare training opportunities in their host Member State;
7. *Encourages* transparency and the exchange of information between healthcare providers and migrant patients by:
 - a. Utilizing the information provided by WHO, geared towards migrants on vaccines and proper medical practices, social media, as well as workshops located in areas of particular relevance through:
 - i. Voluntary workers employed in healthcare to share their knowledge;
 - ii. Medical students, qualified by Member State standards;
 - b. Distributing information regarding preventative health problems including reproductive problems in their native language;
8. *Strongly encourages* the employment of migrants at the UMCs and MHSUs concerning different roles, including but not limited to, the medical, administrative, and informative sectors, which can:
 - a. Ensure that the clinic's employees have access to universal health coverage through a contract with the IOM;
 - b. Confirm that the employment of migrants will create and assure a more culturally sensitive environment for the migrants seeking aid with the hopes of reducing fear of penalization of irregular statuses by diminishing the number of officers present at checkups in border clinics;
9. *Encourages* the creation of a database with a similar aspect exemplified by the Migration Dialogue for West Africa (MIDWA), that is funded through voluntary monetary contributions from Member States and willing international organizations, such as the WHO and the Bretton Woods Foundation, based upon the following five pillars that provide:

- a. Information about universal healthcare policies by:
 - i. Including research about what specific policies have been effective for universal healthcare, specifically for healthcare accessibility for migrant workers and typically marginalized groups; measuring the impact on health and reductions in preventable diseases; and monitoring the healthcare costs for individuals, the private sector, and government;
 - ii. Allowing Member States who have already implemented universal healthcare policies to contribute to the database;
 - iii. Allowing Member States to openly access the information to implement their own universal healthcare policies if they chose to do so;
 - b. An understanding of the working experiences of migrants to understand:
 - i. The major health conditions that affect migrant workers, the number of migrant workers affected, the healthcare programs that are available for migrant workers, and determining if work conditions are safe and sanitary;
 - ii. The possible solutions to these issues from migrant workers' experiences such as providing vaccinations to major diseases commonly found among migrant workers;
 - c. A visualization of the monetary funds needed towards helping migrant communities in each Member State that is aimed at instituting medical advancements in developing Member States, such as technological equipment, healthcare facilities, and medical staff employment opportunities;
 - d. A basis for IOM Member States to remain cognizant of their responsibilities outlined in SDG target 3.8 and goal 13 by:
 - i. Creating an external review climate committee composed of NGO members to gauge the efficacy of said SDGs as they are applied regionally, especially considering that the impacts of climate change consistently create increases in the needs of a growing community of climate migrants;
 - ii. Sharing data collected by Member States receiving migrants displaced by climate specific, with UN Agencies such as United Nations Children's Fund (UNICEF), UN Women, United Nations Environment Programme (UNEP) and United Nations High Commissioner for Refugees (UNHCR) to expand their current initiatives to address the impacts of climate change within their home country;
 - e. International patient-encrypted information that documents migrants health records by:
 - i. Permitting the voluntary forfeiture of migrants' anonymous medical records to an IOM database, where Member States to voluntarily upload their anonymous medical records;
 - ii. Enabling verified physicians to access necessary records;
 - iii. Collecting the data in a centralized and safe digital hub accessible to migrants and physicians worldwide;
 - iv. Offering migrants the chance to upload their job-related qualifications and skills for potential employers to seek out migrant workers that they would hope to hire;
10. *Encourages* partnerships with universities and NGOs to provide medical training to local migrants in order to:
- a. Allow medical students to receive in-person training under the supervision of NGO-provided global health professionals;
 - b. Provide technical medical skills to people in impoverished areas who want to receive healthcare training;

- c. Allow migrant communities access to basic first aid skills that may prove critical throughout their journey;
- 11. *Further recommends* the development and creation of educational opportunities and training programs geared towards migrants, which will include:
 - a. Training proctored by international healthcare professionals that are employed by NGOs;
 - b. International tests of knowledge within the UMCs to dispense medical licenses that would make clinics more attractive for trained professionals;
 - c. Bolstering employment opportunities through the training of migrants in healthcare with the intention of:
 - i. Fostering applicable jobs skills for migrants to expand their knowledge beyond their home Member States and host Member States;
 - ii. Instituting a framework that encourages those trained in health services to reside and practice in their Member State of origin, avoiding losing their skill to developed Member States;
 - d. Training services in industries across the private and public sectors that could allow migrants to establish fruitful careers in their new homes, which would greatly benefit the populations which they join;
 - e. Healthcare service personnel operating the clinics and teaching regional hospitals must be provided with cultural inclusivity training, in order to:
 - i. Address cultural and language barriers present;
 - ii. Hold healthcare personnel accountable in navigating culturally sensitive situations through their employment contracts;
 - f. Education initiatives for migrants to learn how to access governmental healthcare services, in order to:
 - i. Provide migrants with digital literacy training to allow these services to be accessed online;
 - ii. Ensure that migrants are aware of their rights and fully understand the rights that are offered to them under the law in their given occupied Member State;
- 12. *Encourages* Member States to adopt the GREEN UNITED Framework, which will:
 - a. Permit the construction of regional teaching hospitals, establishing education, and employment opportunities for migrant workers;
 - b. Provide employment opportunities, decreasing the number of impoverished people who join terrorist or violent organizations due to a lack of other options;
 - c. Place an emphasis on water quality around the world, as a polluted and/or diminished water supply often compromises people's health, which regularly increases poverty;
- 13. *Recommends* that Member States utilize existing data infrastructure such as the Global Migration Data Analysis Centre to coordinate migrant workers to private sector employment and healthcare;
- 14. *Suggests* that Member States and regions utilize their shared language as a common ground to begin harmonizing their social security and healthcare laws to form interregional private pension programs akin to the ones in Europe, as well as Central and West Africa in order to:

- a. Ensure that migrants working under these conditions are privy to universal social security;
 - b. Form harmonization of business law similar to the one laid out in the Organization for the Harmonization of Corporate Law in Africa to reduce policy that restricts migrants' access to healthcare;
15. *Recommends* supplementing the existing efforts of UNHCR to provide healthcare access to migrants during regional health crises by:
 - a. Increasing the use of MHSUs in areas of high volume migration to provide basic healthcare and health screening for incoming migrants;
 - b. Incorporating MHSU data into future contingency plans regarding emergency migrant situations created by global health crises;
16. *Encourages* working on global multilateral action and collaboration between governmental entities such as ministries for health, health protection institutes and NGOs, the Danish Refugees Council, and the Organization for Security and Cooperation in Europe along with multilateral collaboration between Member States for the establishment of funding mechanisms to provide equal healthcare for everyone.



National Model United Nations • NY

Code: IOM/1/3

Committee: International Organization for Migration

Topic: Ensuring Access to Preventative Healthcare for Migrant Workers

The International Organization for Migration,

Emphasizing the Charter of the United Nations' three fundamental principles of equality and self-determination of nations, respect of human rights and fundamental freedom, and the obligation of Member States to obey the Charter, specifically article 2(1)-(5),

Keeping in mind the human right to healthcare, as established in articles 1 and 25 of the Universal Declaration of Human Rights (UDHR), which ensures the right to adequate health and medical care,

Guided by the General Assembly resolution 70/1 Transforming Our World: 2030 Agenda for Sustainable Development (2030 Agenda) (2015) and its initiative to Leave No One Behind,

Taking into account Sustainable Development Goals (SDGs) 3, 8, and 10, while stressing the importance of SDG 5.6 that ensures universal access to reproductive health and rights,

Affirming the impact that migratory flows have on general public health within host Member States,

Considering the recommendations from the World Health Organization (WHO) stating that travel, including migration between regions, makes Member States susceptible to an influx of transmissible diseases, including several vaccine-preventable diseases,

Bearing in mind agreements made between Columbia, Germany, Nepal, Ghana, and Rwanda within the 2019 WHO Global Action Plan to Promote the Health of Refugees and Migrants,

Reaffirming Member States' commitment to the New York Declaration for Refugees and Migrants (2016),

Recalling the Colombo Statement (2017) which requests the prioritization of migrant health and the promotion of international solidarity for equitable migrant health policies,

Appreciating the efforts of the EQUI-HEALTH project and its development within International Organization for Migration (IOM), particularly in regard to its work in the European Union (EU),

Desiring for Member States to collaborate on funding existing database programs like PubMed which provides information on healthcare services,

Welcoming Member States to be open to implementing a program which supplies the best practices on general healthcare services to individuals who are considered temporary patients such as migrants, refugees, and internally displaced people (IDP), located within the country for a period of three months,

Confident in the Global Migrant Data Analysis Center (GMDAC) in Berlin, which provides information and resources about issues that are relevant to migrants, in order to create a project-based system that shares accurate information,

Referring to the Humanitarian Data Exchange (HDX) mechanism that provides an open platform for data exchange and sharing across borders in times of crisis,

Reminding the Office of the United Nations Office of the High Commissioner for Human Rights (OHCHR) Special Rapporteur on the right to health as an "inclusive right, extending not only to timely and appropriate healthcare but also to the underlying determinants of health,"

Underlining the importance of ensuring health security of all populations, regardless of race, gender, or class as stated in the *New York Declaration for Refugees and Migrants* (2016),

Noting with deep concern the global population of migrant workers which has reached an estimated 169 million individuals from all corners of the world,

Acknowledging the aspects of childcare as labor, and the UN Women statistic that over 36% of women spend over 9 hours daily caring for children,

Recognizing the sovereignty of Member States as voluntary participants in IOM,

1. *Endorses* the Migrant Medical Data Exchange as a program administered by the GMDAC tasked with:
 - a. Encouraging Member States to improve national data collection by:
 - i. Integrating health-related topics into national censuses through monitoring census creation;
 - ii. Sharing their data as early as practicable, including data regarding country of birth, family history, vitals baselines, past diagnoses, medications, and immunizations, subject to the jurisdiction of each Member State;
 - b. The creation of an international template for documentation of medical records of migrants and migrant workers, with these being regulated and issued by individual Member States, and whom are highly encouraged to share the records and data within a greater information sharing mechanism in order to better analyze and monitor transnational migrant health trends;
 - c. Promoting a platform for Member States to share existing knowledge and best practices concerning training officials in supporting migrant workers;
2. *Expresses hope* for Member States to make use of GMDAC's Migrant Medical Data Exchange mechanism modeled by HDX that:
 - a. Considers nondiscriminatory information sharing practices and the use of the universal Humanitarian Exchange Language;
 - b. Operates via regional information field offices;
 - c. Protects the right of migrants to opt-out of sharing information or to be anonymous;
3. *Supports* a shared research agenda, and the expansion of the Health and Migration Programme in collaboration with the WHO toward protecting migrant health;
4. *Advises* Member States utilize collected data to further national legislation concerned with preventative healthcare for migrant workers by:
 - a. Considering data gathered by the GMDAC;
 - b. Organizing a forum bringing in policymakers, health practitioners, and data experts focused on knowledge sharing to better inform policy strategies and national health action plans;
5. *Calls upon* Member States to work cooperatively with the United Nations High Commissioner for Refugees (UNHCR) by:
 - a. Facilitating and aiding in training processes which highlight the principles of equality within the UNHCR for healthcare workers;
 - b. Funding programs that provide anti-bias and inclusivity training;

- c. Assisting in the cultural transitions of migrants into their new home country via programs such as Compass Languages and Riverside languages, where free language and culture education is provided by experts free of charge to migrants and their families;
 - d. Facilitating a collaboration between the IOM, non-governmental organizations (NGOs), and private business such as Rosetta Stone that already provide cultural competence training for healthcare professionals;
 - e. Providing psychological and moral support to all transitioning migrant workers and their families;
 - f. Encouraging the employment of foreign-born immigrants that have been living in their host country for more than 90 days as trainers;
6. *Solemnly affirms* the need for Member States to coordinate with regional offices of the WHO and routinely collect information among refugees and migrants on the transmission of diseases in order to:
- a. Understand the health vulnerabilities of migrant workers and develop appropriate public health policies;
 - b. Develop more effective resources for migrants' vaccination and other immediate preventative healthcare;
7. *Recommends* the establishment of mechanisms operated through regional offices to monitor risks and threats that might trigger migration, negatively impact public health, or isolate minority groups;
8. *Urges* individual Member States to develop research hubs, as demonstrated by the EQUI-HEALTH project, and work in accordance with the IOMs regional office of Brussels, the Migration Health Division (MHD), and the implementation in 38 European countries, by:
- a. Considering the effective implementation strategies of the EQUI-HEALTH project in EU migrant communities as a model of the systemizing available information in national policy and legal frameworks;
 - b. Expanding the research and data collection component on migrant health, as well as services, such as preventative screenings and training packages as recommended by the *WHO Global Action Plan to Promote the Health of Refugees and Migrants* focused on training health professionals on migrant health topics such as:
 - i. Intercultural competence and mediation in healthcare settings;
 - ii. International health regulations and epidemic-pandemic alert and response;
 - iii. Regional migration trends;
 - iv. Caring for vulnerable groups;
 - v. Equity standards in healthcare;
 - c. Providing basic medical supplies, to other regions outside of Europe through IOM regional offices;
9. *Encourages* Member States to adopt best practices on ensuring access to healthcare services for migrants with the guidance of the UNHCR, which will be implemented through policies, such as:
- a. Guidelines which suggest that at the time of arrival into a Member State, individuals who identify as migrants will be considered temporary patients and will be eligible for access to healthcare services, such as:
 - i. Preventive, wellness, and disease management services;
 - ii. Emergency care;

- iii. Ambulatory services;
 - iv. Hospitalization;
 - v. Maternity and newborn services;
 - vi. Pediatric services, including dental vision;
 - vii. Prescription drugs;
 - viii. Laboratory services;
 - ix. Mental health and substance abuse services, including behavioral health treatment;
 - x. Rehabilitation;
- b. Implementing a period of time determined by each Member State, according to their national policies and regulations, services will no longer be available, and temporary patients will be offered a path to citizenship or other options;
 - c. Noting with Approval for Member States to promote migrant citizenship via providing transparency on the end of the program access;
 - d. Funding protocols which will be left to the discretion of the IOM in their “Health Promotion and Assistance for Migrants” portion of the budget;
10. *Reaffirms* the importance of promoting the equitable political, economic, social, and environmental conditions to help implement the 2030 Agenda by:
- a. Investing in strategies and programs that promote progress towards achieving the goals of SDG 3 such as research on medications and training medical workers;
 - b. Focusing on trends of health and strengthening capacity for early warning, risk reduction, and management of national and global health;
 - c. Supporting safe and secure working environment programs that promote progress towards achieving the goals of SDG 8 particularly, as well as support migrant workers, women, and those in precarious employment and the achievement of higher levels of economic productivity through diversification, technological upgrading, and innovation;
 - d. Promoting programs that mobilize progress towards achieving the goals of SDG 10 through the ensuring of equal opportunity for migrant workers to receive adequate healthcare and reduce inequalities by eliminating discriminatory policies and practices and promoting appropriate action in this regard and facilitating orderly, safe, regular, and responsible migration and mobility of people through internal national legislation;
11. *Suggests* the implementation of sustainable development practices in order to mitigate uncontrolled migration by:
- a. Providing opportunities for developing Member States to utilize resources and guidance for internal development;
 - b. Tracking migratory flows during instances of mass migration to help predict trends;
 - c. Promoting the preservation of the culture of individual Member States, especially those in conflict-affected areas;
12. *Affirms* the need to improve research on the situation of vulnerable and marginalized migrant workers specializing in cases, but not limited to, those of unaccompanied children, women and girls, and disabled migrants by working with technical support through national census and data of all willing and able Member States in collaboration with the GMDAC, International Labor Organization Statistic database and the Committee on NGOs of the United Nations Economic and Social Council (ECOSOC) database that will allow to improve migration data innovation and promote the importance of

inclusivity in research but also to raise awareness on the serious troubles that vulnerable migrants experience;

13. *Considers* the collaboration between Member States and different regional health-related NGOs that operate in the medical field, in order to raise awareness and funds to improve the knowledge and the recognition of marginalized people and the impact of discrimination on health:
 - a. Through the development of campaign programs on social networks such as Twitter, Instagram, TikTok, and Facebook to reach people in all age groups aiming at raising awareness on the serious issues to assure the protection of vulnerable workers in migration;
 - b. Through the creation of a booklet raising awareness on the consequences of racial discrimination against migrants on their health written and distributed by IOM regional offices to healthcare professionals;
 - c. By working with Member States to expand the usage of multiple modes of communication to share information by sending push notifications to technological devices with a link to and explanation of the purpose of the database;
 - d. By mimicking the Project Dawn Task Force Model in Singapore by including mental health education upon migrant workers' early arrival using a Setting in Programme (SIP) to inform them on positive well-being tips, and available resources to ease and accommodate their concerns and well-being;
14. *Also urges* Member States to create an International Day for Promoting Healthcare Awareness for Migrant Workers on December 19, commencing one day after International Migrants Day through:
 - a. Awareness campaigns on television and radio about the conditions of access to healthcare for migrant workers, in which:
 - i. Short testimonies of migrant workers will be highlighted with figures concerning their access to preventative healthcare for migrant workers;
 - ii. The children and families of these migrants should also be highlighted in these TV and radio campaigns;
15. *Advises* the definition of migrant workers to be updated by the General Assembly, to include those in all labor sectors, and to emphasize and recognize women's contributions to the economy provided through domestic labor;
16. *Also recommends* the creation of 4 additional regional IOM Offices in areas not covered by IOM regional offices' network to promote a bottom-up approach to migration management and implement relevant regional solutions by collaborating with regional NGOs in the following areas of the world: the Middle East, Eastern Asia and Central Asia, North America, and a second office in South America;
17. *Advocates* the utilization of tools currently present in the IOM in order to further the benefit of migrants through the work of a network of Migration Authorized Labor Inspectors (MALI) with a recommendation by individual Member States based in each IOM regional office in efforts to provide a better understanding of migrant working conditions by voluntarily sharing data to regional offices as well as IOM Global Data Portal;
18. *Requests* that Member States provide women whose labor is focused on childcare be provided with:
 - a. Equitable access to healthcare as traditionally employed migrant workers;
 - b. The provision of paid maternity and paternity leave to migrant workers who choose to start families or those who already have them;

- c. Access for women who choose to work for appropriate childcare services to maintain the mental and emotional development of children;
19. *Further encourages* Member States to collaborate along with IOM and World Health Organization (WHO) to implement health protections for migrants into their border management strategy by:
- a. Providing physical and mental health screenings in efforts to prevent and detect infection of communicable diseases through the improvement and development of IOM clinic network;
 - b. Strengthening bordering states' collaboration in works to relieve sole state responsibility;
20. *Strongly urges* Member States to establish better medical protections and services for women, including:
- a. Adequate access to medical care from obstetrics and gynecology specialists;
 - b. Broader measures to ensure women's security and health, similar to the provision of shelters, food, counseling, training repatriation, and reintegration assistance from the IOM's Safety Support and Solution II Program;
21. *Further suggests* the refinement of the healthcare systems already existing in every Member State to be as inclusive as possible within their resources and incorporate vulnerable migrants such as disabled individuals, unaccompanied children, pregnant women, and other vulnerable migrants with the help of the IOM Regional Offices by:
- a. Encouraging Member States to ensure migrants with transparency and accessibility regarding citizenship pathways;
 - b. Considering providing migrants with access to legal aid through pre-established public and private partnerships.