



Permanent Mission of Sri Lanka
to the United Nations &
Other International Organisations
in Geneva

**Global Compact for Safe, Orderly and Regular Migration
Informal thematic session on Human rights of all migrants, social inclusion,
cohesion and all forms of discrimination, including racism, xenophobia and
intolerance**

**Intervention by Sri Lanka at the panel discussion on Social Inclusion and
Cohesion**

8th May 2017

Mr. Moderator, distinguish panelists,

Social inclusion and well managed integration into societies are important factors in countering the toxic narrative that the migrants are a 'burden' to the host society. Countries that have well planned and properly governed programmes for social inclusion and integration of migrants have in fact harnessed the potential of new skills and entrepreneurships and that they have added value to their host societies. However, countries that currently host the majority of the migrant population being in the developing world and are pressed with resources to provide services to their own citizens, naturally have serious practical issues in properly integrating migrants. Seclusion and discrimination against migrants not only undermines the development potential of a migrant, but could also start a vicious circle of poverty, poor quality of living, less opportunities, furthering vulnerability and increase the potential of them being misused by extreme forces, against the societies. Therefore, providing with necessary social and economic rights of migrants would be in the interest of all countries and societies. In this context, Sri Lanka considers this dialogue today on the social inclusion and cohesion of migrants timely, and we thank the panelists for their valuable insights.

Despite being an important element for both the individual migrants and to their host countries, public health assurances, health of migrant has not received its due attention in the international discourse. In fact, we note that the modalities resolution of the GCM also does not make any explicit reference to the health dimension of the migration, even though the New York Declaration had recognized it. Therefore we wish to recommend that migrant health be proposed as an important element or aspect to be considered in the 2018 final GCM outcome, and that the discussions today in this Panel will be a useful catalyst for it. The health status of a migrant throughout the migration cycle can largely influence the extent to which he or she can contribute to the respective societies. A healthy migrant could be an asset to the shrinking workforce of many developed and developing countries. Therefore, Sri Lanka pays a special attention to the issue of migrant health, at national, regional as well as international level and allow me to share our experience.

Sri Lanka is among the few countries that have developed a comprehensive '**National Migration Health Policy**'. We appreciate the support received from the IOM to conduct sectoral research studies leading to the development of this **evidence-based policy** which was launched in 2013 aiming at the promotion of health requirements of in-bound, internal, out-bound as well as families left behind. In this regard, we have made considerable strides in several aspects;

- comprehensive and standardized health assessment being introduced at the **pre -departure** stage that will ensure better health of outbound migrants
- ensuring health protection of Sri Lankan migrants through **bilateral arrangements with the host countries**,
- awareness raising and **integration of returnees to the community health services**, and strengthening existing public health system to respond to the health needs of those returnees who lived away from the country during the time of the conflict.
- Awareness raising of out-bound migrants,
- **Training** of port medical officers on migrant worker abuse, and management of public health emergencies of international concern (PHEIC) events.
- setting up of **special hospitals through a rapid response plan** to provide health care to the Internally Displaced Persons (**IDPs**) resulted by the 30 year old internal conflict, during their transition period,
- Developing a tool for a **coordinated care plan** which will look into the health and social issues of families, and those left behind. This will ensure that an informed judgment is made before migration and that access to health and other services can be met for family members.
- **Inbound health assessment for resident visa** applicants to be introduced affording health access whilst safeguarding the public health of the country.

Having launched the national policy on migrant health, we have noted the following **7 principles** as paramount to the success of any migrant health policy;

- i. Firstly, it should be inclusive to address all migration flows
- ii. Secondly, a whole of government approach, involving multi-stakeholder consultative process is needed,
- iii. Thirdly, it should be evidence-based approach, rather than 'opinion based' approach,
- iv. Fourthly, it should be able to respond to evolving migration health needs, including emerging cross border health threats (such as MERS -Cov, Ebola)
- v. Fifthly, an accountability framework, with regular monitoring and reporting of progress is required,
- vi. Sixthly, the health vulnerabilities of migrants should be seen as part of global / regional health stewardship,

- vii. Lastly, advocacy and engagement at international level, as what we are doing today, is crucial in addressing this cross border challenge.

Turning to Sri Lanka's advocacy role at regional and international fora on migrant health;

At **regional level**, during our Chairmanship, Sri Lanka has also taken the lead in bringing the migration and health issue into the agenda of the **Colombo Process**- a regional consultative process on contractual labour migration. While the Colombo Process has made efforts to address the issue of health aspects of labour migrants through its 'Pre -departure orientation', at the 5th ministerial Meeting of the Colombo Process held in Colombo in August 2016, Member States agreed on identifying 'Migrant Health' as a stand-alone agenda item.

In addition, the 69th regional committee meeting of the SEARO held in Colombo in September 2016 also held a dedicated discussion on the issue of migration and health, reiterating the collective interest in the region.

One of the key recent development in the **international arena** on migrant health was the **2nd Global Consultation on Migrant Health** which Sri Lanka had the honour to host, together with the IOM and WHO in February this year. The Consultation attended by more than 100 representatives from Governments, civil society and academia resulted in fruitful and pertinent technical discussions. The report of the Consultation will be made available by the IOM in the coming month. The key outcome of this consultation, the 'Colombo Statement' expressed the political commitment of the participating Governments to advance the migrant health agenda, at national, regional and international levels. The Colombo Statement outlined 10 key guiding principles, which the participating Governments endorsed as priorities, which included important elements such as (*inter alia*) ;

- right to health as a fundamental right of human beings,
- cross -border continuity of care at an affordable cost,
- importance of multi -sectoral coordination and inter - country engagement,
- engagement of migrants in policy formulation,
- positive dividend offered by the investment in migrant health,
- needs of migrants in vulnerable situations,
- relevance of migration and mobility in disease surveillance and response plans etc.

We hope that these Guiding Principles reflected in the Colombo Statement and the technical discussions of the 2nd Global Consultation could be of use in reflecting the health dimension of migration at the final document of the Global Compact. In this regard, Sri Lanka wishes to formally table the Colombo Statement, as an input to the GCM process.

Before Concluding, we also would like to ask the panelists on their reflection of migrant health to be an element in the final outcome document of the GCM process, and possible challenges that need to be addressed in this regard.

I thank you.



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Side-Event : Mainstreaming Migrant Health into the Global Compact for Safe, Orderly and Regular Migration

Intervention by Ambassador Ravinatha P. Aryasinha, Permanent Representative
of Sri Lanka to the United Nations in Geneva

9th May 2017

Thank you,

Sri Lanka is pleased to co-host this event and to have this opportunity to share Sri Lanka's perspective on this timely topic of how to mainstream Migrant Health into the GCM.

Health status of a migrant has multidimensional impact throughout the migration cycle, to the individual migrant, the families left behind and to the societies at large. If we are to make the principle of 'leave no behind' a reality migrant health needs to be addressed.

Sri Lanka is one of the few countries with a dedicated Migration Health Policy, launched in 2013, but initiated way back in 2009 with the technical assistance from the IOM. In this context, I wish to share some best practices from our national experience, and the 7 principles that guided our policy which could provide a useful input in mainstreaming migrant health into the global agenda, including to the GCM and the WHO framework;

The 7 principles underlines that a migrant health policy should ;

- i. be **inclusive** to address all migration flows
- ii. adopt a **whole of government approach**,
- iii. be **evidence- based** rather than 'opinion based',
- iv. encompass an **accountability framework**,
- v. **be responsive** to evolving migration health needs, including health emergencies,
- vi. form **part of global / regional health stewardship**,
- vii. enable **advocacy and engagement at international level**.

In the interest of the time, I will detailed out only few selected principles, connecting them with our national experience and the challenges.

On the first principle of being inclusive;

It has been widely established that perspectives of all topography of migration, that is inbound, outbound and internal displacement should be included in a migration policy. Sri Lanka has moved even a step beyond to put emphasis on the health needs of the '**families left behind**' in particular the children left behind when one or both parents migrate.

National research indicates that migration of parents have negative impacts on child's nutrition, education, mental health, and risking them for been abused and neglected. Thus a coordinated care plan has been adopted with a multi-stakeholder engagement under the national migration health policy.

Introduced as a pre-requisite for labor migration, an assessment is being made on the state of the child, care giver, and home environment at the time of the pre-employment assessment, and children are referred to necessary health and social services through coordinated efforts at grass root levels. Currently we are making further improvements to this process which is being spearheaded by the Ministry of Foreign Employment supported by Ministry of Health. Of course this was not without resistance from prospective migrants, in particular the women migrants who saw this as an obstacle. However, it is not meant to create barriers to migration, but to made to understand the challenges a prospective migrant may face due to their absence from the family, and to ensure adequate care, including health care is guaranteed to the vulnerable members of the family. This also enabled the migrant to make informed decisions regarding the overall socio-economic impact of migration.

The next experience from Sri Lanka is the efforts made to ensure the health of those **migrants who seek foreign employment**. With a migrant work force of approximately 1.9 million, large number of it being low- skilled or semi-skilled labour migrants, we made it a priority to ensure that their health needs are met. The objective of addressing the health issues of the outbound migrants, was to ensure that a fit -to -work person is being sent. A comprehensive and standardize health assessment and awareness raising on access to health in destination countries are included as a part of the **pre- departure orientation programme** of those labour migrants. In the event of any identified problem, they are guided to treatment and care to ensure his / her fitness for work in a future occassion.

In addition, through bilateral agreements, the Government ensures health protection of labour migrants in the destination countries. We also took steps to make collective efforts within the Colombo Process- a Regional Consultative Process of 12 Asian labour sending countries to work together on the migrant health issue, as a dedicated agenda in its work, enabling to understand the challenges and share best practices.

On the principle of Multi -stakeholder or whole - of -Government approach,

In Sri Lanka, the process of development of the migrant health policy was led by the Ministry of Health, but involved an inter - ministerial coordination mechanism with 12¹ key government ministries and agencies.

A dedicated National Steering Committee and a National Migration Health Task Force were set-up, including the civil society, academia, the UN Agencies, and the private sector.

This enabled us to include different perspectives of the issue, and also to carry forward all stakeholder involved, giving them a sense of ownership of the National Migration Policy.

The third is that the Migration policy should be evidence - based, rather than on opinion -based

This is particularly important at a time when most of the migration policies are being marred by emotions and opinions rather than objective evidence.

In Sri Lanka's context, the Migration Health Task Force, which comprised of technical focal points from those collaborating Ministries **launched a national research agenda, with the technical assistance from the IOM.**

The research focused on five domains of migration, inbound, outbound, internal, returning refugees, and families left behind. **Key findings and recommendations of this research was debated within a wider group of stakeholders, including the civil society organizations and private sector,** before the National Migration Health Policy was formulated.

Fourthly , I wish to highlight is the need for accountability and monitoring on implementation.

It ensures that the policy and the framework established are on track, and enables to make the necessary adjustment with evolving health challenges connected to migration.

Sri Lanka was the **first country to submit a voluntary report card on the progress of implementation of WHA resolution 61.17** , at the WHAs in 2010 and 2013.

¹ [*Agencies involved : Labour, Defence, Justice, Foreign Employment, Finance, Foreign Affairs, Social Services, Economic Development, Child and Women's Affairs, Aviation, Public Administration, National Child Protection Authority, Sri Lanka Board of Insurance and academics from key Universities.*]

We have however recognized that our national progress monitoring mechanism could be further strengthened and streamlined and, national consultations are currently underway with key stakeholders to adopt the best reporting and reviewing mechanism using the already existing wide network of health and administration.

We also aspired to support the global initiatives on mainstreaming health into the migrations discussions when we co-hosted with the WHO and the IOM The **2nd Global Consultation on Migrant Health** in February this year, which provided a timely opportunity for more than 100 representatives from Governments, civil society and academia who engaged in fruitful and pertinent technical discussions.

A key outcome of this consultation, the 'Colombo Statement' expressed the political commitment of the participating Governments to advance the migrant health agenda, at national, regional and international levels. The Colombo Statement outlined 10 key guiding principles, which the participating Governments agreed as priorities. I will not go through in detail of those principles, but encourage you to take a copy of the Colombo Statement, which is made available at the back of this room.

We are happy to note that at the first informal thematic session of the GCM process yesterday, the need for mainstreaming health into the GCM was highlighted, as was also endorsed in the Colombo Statement. Sri Lanka also formally submitted the Colombo Statement as an input to the GCM process.

Given that the GCM is an inter-governmental process, it is in the hands of us- the Member States to continue to collectively pursue migration health to be an element in the final GCM.

On the final guiding question which is on how a multi-sectoral and international consultation and partnership should look like.

We believe that the IOM as the leading agency working on migrants with over 65 years of ground level experience and the WHO, as the leading global public health agency needs to work hand-in-hand in support of the member state efforts to bring migrant health as an element in the final GCM, and its implementation.

Let me stop at this point.

Thank you.