

Health and Labour Mobility

Side event organized by the Governments of Argentina, Ecuador, Germany, Italy, Luxembourg, Morocco, Nepal, Portugal, Switzerland, Thailand

WHO, IOM, and ILO

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South-South Cooperation in Health and Labour Migration

Intervention by Ms Vibhu Garg, Counsellor, Director, Strategic Partnerships, Advocacy and Resource Mobilization, Partners in Population and Development

Excellencies, Distinguished delegates, Moderator and Co panellists.

Good afternoon. Thank you, Moderator.

Thank you for inviting Partners in Population and Development to speak on this important topic.

Thank you, all panellists, for sharing the ongoing efforts, resolutions and frameworks, various aspects and country experiences related to migrant workers which is very valuable.

I am here representing Partners in Population and Development (PPD)

- PPD is an inter-governmental organization of 26 developing countries, an example of an institutional mechanism for promoting South-South Cooperation.
- The global secretariat is based in Bangladesh, regional office in Uganda, program office in China and liaison offices in New York, Geneva and Bangkok.
- Over the past two decades, since International Conference on Population and Development (ICPD) in Cairo 1994, the organization's annual Inter-Ministerial Conference has provided a ministerial peer review mechanism for the member countries on all aspects of population and development issues. Migration was noted as an important issue even then discussing the situation that would arise with increasing rural to urban shift and high level of migration between countries.
- Over the years, the Ministers of Health, Population, and Development and Finance of the 26 countries that comprise the PPD Board representing nearly 60% of the world's population have discussed the issue and formally outlined Migration as one of the six strategic priorities for PPD's work –that is '*Promoting social cohesion of migrant populations by addressing their health care services*'. Health and population and development issues are at the centre of PPD's work. To that effect, the PPD's 14th International Inter-Ministerial Conference on Population and Development next month (28-29 November 2017) in Jogjakarta, Indonesia will focus on: Sustainable cities, Human Mobility and International migration: A South to South perspective and intervention needs.

- PPD works with senior policy makers appointed by the ministers as focal points and a network of 23 Partner Institutions, working in the countries.
- PPD promotes South to South Cooperation in the area of sexual and reproductive health, commodity security- access to family planning services, maternal and child and adolescent's health (needs of population don't change no matter where they are) and increasingly the emerging issues of the Global South-such as Migration and Ageing and seeing how these changing population dynamics can be integrated in national development plans.
- PPD's permanent observer status at the UN in New York and Geneva has provided an avenue to transform South to South Cooperation to South to South diplomacy.
- PPD mandated to promote South-South Cooperation is based in the south that gives it a rare opportunity to present the perspectives of the Global South on sexual and reproductive health issues in the global forums.

Why does South-South Cooperation matter in the context of Migration?

- South-South migration flows (across developing countries) have continued to grow compared to South-North movements (from developing to developed countries): In 2015, 90.2 million international migrants born in developing countries resided in other countries in the Global South, while 85.3 million born in the South resided in countries in the Global North.
- However, sometimes the attention in the media reflects differently and this needs to be changed.
- The UN Secretary-General has called on the United Nations development system for intensifying multilateral support and fostering inclusive partnerships for South-South Cooperation.
- It is the responsibility of developing countries to define what shape South-South Cooperation should take, and to identify priorities and set the areas of greatest urgency. In this case for example in Health and Migration.

Mechanisms for South-South Cooperation (How do we do it? What do we do?)

- PPD facilitates the commitment to the strategic priorities through the established frameworks of south to south partnerships. These are- greater support for Advocacy and policy dialogue, capacity building and strengthening capacities of national research and policy institutions through technical cooperation and training support, ensuring commodity security and technology transfer, knowledge sharing, developing partnerships and population diplomacy.
- PPD has expertise and a track record of facilitating South-South Cooperation through several initiatives and programmes.

A few examples in the context of health and labour mobility

- India has the largest population of people living outside of their country of birth (16 million). India has taken efforts in promoting migrant-sensitive health policies and programs with checks and clearances in place for the safety of the migrants.
- Bangladesh has a national strategic plan on health and migration (policy and legal framework, monitoring and information system promoting multisectoral partnerships)
- Sri Lanka has a national migration health policy to promote health of outbound, inbound and internal migrants.
- China has the largest internal migrant population in the world and under the principle of China's Migrant-Sensitive Policy and Programs (CMSPP), they have several initiatives.

On the other hand, there are several implications to health and labour mobility-occupational health and safety risks, high costs, isolation affecting mental health, poor nutrition, health status and vulnerabilities of what are categorized as the low skilled workers – migrant domestic help, and others. Another aspect is brain drain from the sending country's side. For example: In Kenya, the health sector is a particular concern, with estimates of the emigration rate of health professionals reaching as high as 51 per cent. These are the realities of many developing countries (WHO is working on strengthening global code of practice on recruitment of health personnel; developing platform on health worker mobility in line with the Global Compact on Migration).

However, the scope of South to South Cooperation is not as widely institutionalized in the migration response.

South-South Cooperation has facilitated the sharing of experiences between and within low- and middle-income countries in building human resource capacity and technical support in maternal and child health and sexual and reproductive health services. Despite the growing experience among resource-poor countries in success of these programs, this has been inadequately emphasized globally.

Of course, this needs to be strengthened sharing further best practices and examples between the South-South, South-North as an ideal way to move forward in partnership. South-South Cooperation is an important element of international cooperation for sustainable development, as a complement and not as a substitute to the North-South Cooperation.

To conclude

PPD has the privilege to work with missions in Geneva, several UN organizations including the organizers.

We acknowledge the great efforts being taken particularly in inclusion of South-South Cooperation and addressing the challenges of the Global South.

Within the context of promoting International cooperation, we would call upon UN agencies to develop a specific policy and program position to mainstream South to South Cooperation as a tool for global responses and for national implementation of migration policies.

Thank you for your attention.
