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INTRODUCTION TO THE COMMITTEE

1. Introduction

The International Organization for Migration (IOM) was founded as the Provisional Intergovernmental Committee for the Movement of Migrants from Europe in 1951, and was mandated originally to assist European governments with logistical support in resettling the estimated 11 million people uprooted by the Second World War. However, it soon became apparent that refugee crises and human migration would remain a persistent phenomena, and thus the organization both enlarged its areas of operation and broadened the scope of its activities. Gradually, the organization engaged in the protection of migrants' rights, encouraging social and economic development through migration, and advancing the understanding of migration issues through comprehensive research. To reflect the broadening scope of activities, the organization changed its name several times until it adopted its current one in 1989.⁵ By 2015, IOM had assisted 20 million migrants and grown into an organization with 166 Member States. With the adoption of the Sustainable Development Goals (SDGs) in September 2015, migration issues became deeply entangled with other development objectives. Thus, IOM Council resolution No. 1309, adopted on 24 November 2015, requested the IOM Director General approach the United Nations (UN) in order to deepen the cooperation between IOM and the UN system. On 25 July 2016 the UN General Assembly adopted resolution 70/296, which made IOM a related organization of the UN system. IOM participated in the UN Summit for Refugees and Migrants on 19 September 2016 as a related organization. The outcome document of this summit, the New York Declaration for Refugees and Migrants, is the first commitment at the global level to protect the safety, dignity, and human rights and fundamental freedoms of all migrants and specifies a set of rights of migrants and obligations of states towards them.



UN Member States acknowledged a shared responsibility to manage large movements of refugees and migrants and promised to support countries that rescue, receive, and host them. The Declaration also assigned IOM the role of providing technical assistance and policy guidance for the negotiations leading to a global compact for safe, orderly, and regular migration at an intergovernmental conference on international migration in 2018. The term “related organization” means organization whose cooperation agreement with the UN resembles that of specialized agencies but remain legally independent with rules, membership, organs, and financial resources. The UN henceforth recognizes IOM as an independent, autonomous, and non-normative international organization in a working relationship with the UN. In turn, IOM recognizes the responsibilities of the UN in the field of migration, and will conduct its activities in accordance with the Charter of the United Nations (1946). IOM was invited to become a full member of various inter-agency mechanisms within the UN system, such as the UN Development Group (UNDG), the Inter-Agency Standing Committee (IASC), the UN High-level Committee on Programmes, and the UN System Chief Executives Board for Coordination (CEB). This integration allows IOM to contribute to decision-making in the UN, provide a leading role in the discussion of migration issues, and ensure that migration stays at the top on the international agenda. Migration is a central topic on the international agenda, as one in every seven people on earth is a migrant, more than ever before in human history. IOM defines “migrant” as “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.” Therefore, the term migrant includes refugees, internally displaced persons (IDPs), students, migrant workers, and professionals moving between international postings. . The term “refugee” is defined by the 1951 Convention relating to the Status of Refugees and its 1967 Protocol as any person who has crossed an international border “owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions.” IOM also assists IDPs, who are forced to leave their homes due to one of the above mentioned reasons without crossing a border as well as people fleeing from natural disasters and climate change.



Although no specific SDGs specifically highlight migration issues, various aspects of migration are linked to a number of SDGs, including ensuring basic health (target 3.8) as well as education services for migrants (target 4.1), protecting migrant workers' rights (target 8.8), reducing remittance transfer costs (target 10.c), and ending human trafficking (target 16.2).

2. Governance, Structure, and Membership

IOM has two organs: the Council and the Administration, which comprises a Director General, a Deputy Director General, and its staff. Each Member State has one representative and one vote in the IOM Council, which generally meets once per year to determine, examine, and review the policies, programs, and activities of IOM. The Council is also responsible for approving the budget, reviewing reports, and directing activities of all subsidiary bodies and the Director General. IOM currently has 166 Member States, with Tonga being the latest state to be admitted in December 2016. There are eight states and numerous international and non-governmental organizations (NGOs) holding observer status. These observers are admitted to the meetings of the IOM Council but do not have the right to vote on substantial matters. According to Article 1(2) of its constitution, IOM "shall cooperate closely with international organizations, governmental and non-governmental, concerned with migration, refugees and human resources." Therefore, IOM actively encourages NGOs to participate in its Council and convenes annual consultations with and briefings for the over 60 NGOs currently holding observer status. The International Dialogue on Migration (IDM) is another vehicle for IOM to discuss current and emerging issues on migration with Member States, as well as international and non-governmental organizations, migrants, the media, academics, and the private sector. IOM also cooperates with NGOs to combat trafficking, provide vocational training, or implement information campaigns. The Director General and the Deputy Director General are elected by a two-thirds majority vote of the Council for a five-year term and can be re-elected for one additional term. The Director General discharges the administrative and executive functions of IOM in accordance with the IOM Constitution and the decisions of the IOM Council.



The Director General is assisted in this function by the Office of the Director General, which is responsible for the formulation of coherent policies and oversight of all activities of the organization. Ninety-seven percent of IOM's over 10,000 staff are deployed in IOM's 408 field locations throughout the world. These offices include nine Regional Offices, which formulate regional strategies and plans of action; two Special Liaison Offices, located in New York and Addis Ababa, which coordinate with multilateral bodies, such as the UN; and two Administrative Centers, which provide administrative support. Moreover, Country Offices are tasked with coordinating functions to ensure that migratory realities in certain areas are taken into account. These offices are located in Canberra, Australia (covering the Pacific); Beijing, China (covering much of the Asia region); Georgetown, Guyana (covering the Caribbean); Rome, Italy (covering the Mediterranean); Astana, Kazakhstan (covering Central Asia); and Bangkok, Thailand (covering South Asia).

While the administrative functions of IOM are financed by fixed contributions from its Member States, the expenditures for IOM's operations are funded by voluntary contributions by Member States or other entities. In 2016, the budget amounted to \$45.5 million for the administrative part and \$1,556 million for the operational part. The voluntary contributions that financed the operational part of the budget originated to 77% from Member States, 13% from the European Commission, and eight percent from UN organizations. Non-member states, the private sector, and other organizations contributed around one percent each. Of the \$1,556 million available, 58% was spent on operations classified as movement, emergency, and post-crisis migration management, which include humanitarian assistance and community stabilization initiatives. Twenty-one percent of the funds were allocated to operations regulating migration, which relates to voluntary return and reintegration support provided to migrants and immigration and border management support. Projects dealing with migration health received 10% of available funds, five percent were spent on development projects, and four percent on operations that facilitated migration. The operational part of the budget for 2017 is based on anticipated funding and was estimated to reach \$2 billion, an increase of about 25% compared to 2016. Most of this additional funding will be used for migration management and migration regulation operations.



3. Mandate, Function, and Powers

The mandate of IOM, according to Article 1(1) of the IOM Constitution, can be broken down into three categories: making arrangements for the organized transfer of migrants, refugees, and displaced persons; providing migration services such as recruitment, selection, processing, language training, orientation activities, and medical examination; and offering a forum for Member States to exchange views on migration issues. All these activities are to be undertaken at the request of and in agreement with the Member States that are concerned. The recent integration of IOM into the UN system has broadened IOM's mandate because the organization is now viewed as the leading global agency on migration and consults for UN bodies on matters of migration.

The Migration Governance Framework (MiGOF) and its set of three principles and three objectives guide IOM's operations and reflect the functions and powers of the organization. The first principle is to support Member States in adhering to international standards and fulfillment of migrant's rights. IOM offices support their host governments by organizing consultations and information sessions with ministries, training officials on international standards or even contributing to the drafting or alteration of migration laws. The second principle is to advance the understanding of migration by strengthening the gathering and analysis of migration data and research. The third principle is to create partnerships with all stakeholders to develop comprehensive and efficient solutions. The first objective is to advance the socio-economic well-being of migrants and society by assisting with their social, economic, and cultural inclusion as well as ending human trafficking, migrant exploitation, and abuse. The second objective is to effectively address the mobility dimensions of crisis, which includes crisis prevention, emergency response, and post-crisis resettlement. The third objective is to ensure that migration takes place in a safe, orderly, and dignified manner through carrying out health and identity assessments while organizing voluntary return. To achieve its objectives and help migrants with its services, IOM relies on the cooperation of the affected Member States by offering valuable advice, research, technical support, and operational assistance. Furthermore, IOM attempts to use its institutional knowledge and norm-setting capability to promote a whole-of-government approach to migration, which takes into account the linkage between migration and other government topics, such as development, health, environment, and climate change.

4. Recent Sessions and Current Priorities

The deliberations in the IOM Council have been dominated in the past two years by the process of integrating IOM into the UN system, which was officially initiated by resolution 1309 adopted on 24 November 2015 by the Council at its 106th session. On the same day, the Council adopted the MiGOF in resolution 1310, which outlines the essential elements for facilitating orderly, safe, regular, and responsible migration and mobility of people through planned and well-managed migration policies. The Framework now guides the work of IOM in capacity building, providing policy advice, developing specific programs, as well as linking IOM's engagement with the SDGs. For example, IOM offices may help a host government to draft a national strategy for the implementation of the migration-related SDGs or build statistical capacity to report on the SDGs, or are even requested by host governments to implement projects geared towards achieving a particular SDG target. Additionally, a panel discussion brought into focus the link between migration and public health, health security, and health related human rights. IOM also increases migrant's access to health services, for example through its network of seven clinics in South Sudan that provide services to vulnerable IDPs. In Libya and other countries in North Africa, IOM is promoting migrant health by building practitioners' capacity.

The intensified cooperation with the UN system and the work towards the global compact dominated the agenda of the IOM Council at its 107th session taking place in December 2016. Consequently, the IOM Council focused on the work towards this global compact and IOM will support the process by organizing six informal thematic consultations and provide policy papers to facilitate the negotiations among UN Member States. The IDM is organizing a series of workshop with NGOs, academics, and the private sector to support the process as well. IOM also considered opportunities for policy developments to address climate migration and cross-border disaster displacement at its 107th session. This topic links to one of the major challenges of humankind in the 21st century and addresses a group of forcefully displaced migrants that is not covered by the 1951 Refugee Convention.

IOM aims to providing humanitarian assistance to these people as well as raising awareness for their situation and educating national officials on the links between migration and climate change.



As part of this work, IOM published research on the links between migration, the environment, and climate change for a number of countries that will serve as a basis for the development of national action plans and regional strategy frameworks. IOM also enhanced the capacity of local communities in the Federated States of Micronesia and Papua New Guinea to adapt to climate change. However, all these developments happen against a background of humanitarian emergencies and IOM's operations that move vulnerable migrants and refugees to safety have grown in complexity and scope. In 2016, IOM has organized urgent humanitarian evacuation movements in conflict-torn locations such as Afghanistan, Iraq, Libya, the Syrian Arab Republic, and Yemen. The 108th session of the IOM Council will take place in Geneva from 28 November to 1 December 2017.

5. Conclusion

With the adoption of the New York Declaration, IOM, as the new “UN migration agency,” has become the primary institution to provide technical assistance and policy guidance for the entire UN system on all dimensions of migration. With its global presence and its wealth of experience, IOM is well positioned for the set of enormous challenges ahead, such as climate change, managing migration in countries with a lack of governmental structures, such as Libya, and including all stakeholders into the process of adopting a global compact for safe, orderly, and regular migration. The work towards this global compact provides a unique opportunity to establish a framework for comprehensive international cooperation on migrants, which is necessary to fulfill the promises of the 2030 Agenda and achieve the SDGs.

Topic Area A: Ensuring Access to Preventative Healthcare for Migrant Workers and their families

- I. Introduction
- II. International and Regional Framework
- III. Role of the International System
- IV. Research Gaps in Migration and Health
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I. Introduction

Approximately 150 million of the currently estimated 272 million migrants are labor migrants. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW) (1990) 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 whether they are legally allowed to work in their host country.” In article 2 of the ICRMW, the definition is further divided into different types of migrant workers, like seafarers or specified-employment workers. The International Organization for Migration (IOM) is mandated to ensure orderly and humane migration, and thus, also advocates for the rights of migrant workers. The ICRMW also establishes the right to healthcare services for migrant workers, such as preventative healthcare. The act of migration can lead to health risks, such as injuries and greater exposure to viruses and illness, as migrant workers may travel under poor and under-regulated conditions with limited access to healthcare. Often, migrants are fleeing from dangerous situations, such as war, political instability, and gender-based violence, making their health needs higher risk from circumstance.



All migrant groups also experience a different degree of vulnerability due to circumstances on the migration journey with women, children, and people from marginalized groups being especially vulnerable. Preventative healthcare is part of universal health coverage (UHC), which means that all people and communities receive required healthcare without financial distress. UHC is defined by the World Health Organization (WHO) as “a situation where all people who need healthcare services receive them without facing financial hardship.” UHC includes all health services, from health promotion to palliative care, as well as preventative measures, treatment, and rehabilitation. The World Bank notes that it would cost approximately \$60 per person a year for essential healthcare services globally. In 2015, the United Nations (UN) General Assembly adopted resolution 70/1 on “Transforming our World: the 2030 Agenda for Sustainable Development”, which introduces Sustainable Development Goal (SDG) 3 (“good health and wellbeing”), with target 3.8 to “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” by 2030. In 2019, the UN High-level Meeting on Universal Health Coverage adopted the Political Declaration of the High-level Meeting on Universal Health Coverage, recognizing health as a precondition to fulfilling the 2030 Agenda and with UHC being the best route to achieving this.



II. International and Regional Framework

Access to healthcare and basic services such as housing are human rights, as established in article 25 of the Universal Declaration of Human Rights (UDHR) (1948), which ensures the right to adequate health, housing, and medical care. Apart from covering the physical aspects of health, article 25 also covers emotional well-being and the right to social services, key areas of access for migrant worker. Similarly, article 1 of the ICRMW states that the rights of all migrant workers and their families applies to the entire migration journey, from the preparations to leave to the final arrival in the host country. Articles 43 and 45 of the ICRMW further establish that it is the responsibility of each state to ensure that the rights of documented workers are protected, so as to receive the same quality of healthcare and social services as citizens and residents.

In 2018, the General Assembly adopted the Global Compact for Safe, Orderly and Regular Migration through resolution 73/195, ensuring access to basic services for migrants, regardless of their legal status, with the aim of promoting migrants' basic human rights. In the Global Compact, Member States are committed to supporting international cooperation on the governance of international migration and to strengthening the contribution of migrants and migration towards sustainable development. The annual World Migration Report is the flagship publication of the IOM, published every two to three years starting in 2000, and provides strategic recommendations on migration in-line with scholars, experts, and researchers. The 2020 World Migration Report states that "many health risks arise during the different phases of migration which are brought into the host communities" and that migrants are not inherently vulnerable to poor health and chronic conditions, but that circumstances during a migration journey make migrant workers vulnerable to exacerbated poor health. Migrants together with healthcare providers, private as well as state-funded, often face difficulties with linguistic, cultural, and legal barriers when trying to provide or receive adequate healthcare.



III. Role of the International System

IOM's work on developing and implementing policies and programs benefits individuals, host and origin communities, migrant workers, and their families. In order to support access to preventative healthcare for migrant workers, IOM grants access to healthcare services for migrant workers and their families through projects like Equi-Health, which gives migrants access to public healthcare. Equi-Health also conducts research on migrant health, occupational health of border officials, and public health, including screening practices and through migrant health data collection. Data collected by Equi-Health contributes to national legal and policy frameworks in 30 countries as guidelines that foster a harmonized EU approach on access to health services. IOM notes that the preventative healthcare of migrant workers is a whole-of-society issue, as if migrant workers are unable to access public healthcare, untreated illnesses can undermine general public health by transmitting undetected diseases and viruses. The UN Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia changed its name in 2009 to the Joint UN Initiative on Migration and Health in Asia (JUNIMA), responding to the need for an effective regional coordination mechanism to provide access to healthcare for migrants in Asia. JUNIMA's mandate is to promote policies, build partnerships, and grant access to healthcare support services like medical check-ups for migrants in Asia. JUNIMA is a regional, multi-sector coordination mechanism that works with state governments, civil society organizations, and regional associations like the Association of South East Asian Nations. JUNIMA also works with development partners such as the United States Agency for International Development and UN agencies including the International Labour Organization (ILO) and the WHO to collaborate on projects, including most recently a series of expert webinars on migration and health in relation to the COVID-19 pandemic. The first Global Consultation on Migrant Health was held in 2010 in Madrid, Spain as a result of the 2008 World Health Assembly (WHA) resolution on the Health of Migrants, which called on Member States to take action on migrant-sensitive health policies and practices. The IOM, WHO, and governmental partners held the second Global Consultation on Migrant Health in 2017.

The goal was to offer Member States and other stakeholders a platform for multi-sectoral dialogue, and political commitment to promote the health of migrants, minimizing the varying approaches to migration management between states. The Colombo Statement (2017) was the main outcome document of the second Global Consultation on Migrant Health, which recognizes that migrants' health must be managed cross-border and free of cost, being one of the first international documents recognizing a cross-border approach. IOM also engages closely with other stakeholders including Member States' ministries of health, non-governmental organizations (NGOs), and private sector entities such as employment agencies. In 2020, IOM managed 69 migration health assessment centers, 33 laboratories, and 121 mobile medical crisis teams. In 2020, IOM and its key partners such as WHO, ILO, the Joint UN Programme on HIV/AIDS, the Office of the UN High Commissioner for Refugees, UN-Habitat, and the Office of the High Commissioner for Human Rights invested \$233 million in 108 countries and trained 16,600 health workers throughout different UN programs. IOM also works with civil society partners and over 60 NGOs who hold Observer status with the organization by establishing workshops, seminars, and information dissemination campaigns specifically directed at increasing awareness of the human rights of migrants. Some consultations that IOM has hosted with CSOs include "Protecting and Positively Impacting Migrant Lives" (2015 September) and "Migrants and Development" (2013 September).

). IOM and NGOs also collaborate to conduct research and document human rights abuses against migrants, among other important issue. The data collection supported by CSOs is then published in the IOM's World Migration Report and used to furnish the Migration Research Series and IOM Migration Profiles. Regionally, a number of important forums have been working to create more effective frameworks, including countries from the African Regional Economic Community, which moved in June 2021 to formalize and consolidate official migration policies through the new Joint Labour Migration Program.

With representatives from the African Union Commission, Business Africa, IOM, ILO, Diaspora Africa Forum, and others, the group collectively committed to formal experience sharing and capacity building. Similarly, in September 2020, the EU launched the much-anticipated EU Pact on Migration and Asylum in collaboration with the IOM, championing comprehensive, rights-based approaches to migration and mobility policy. Regional coordination mechanisms such as these are of utmost importance to maximizing the impact and reach of ILO recommendations.

IV. Research Gaps in Migration and Health

The work of IOM requires reliable sources of data to best meet the needs of migrants. The Migration Policy Research Division (MPRD) is tasked by the IOM secretariat to collect and validate data, and verify reliable data. The MPRD, based at the IOM headquarters, has six major research objectives. These objectives are policy-orientated research, reviewing final reports, research and studies for publication, supporting governments to enhance their research capacities, studying IOM's migration activities to gather information about best practices for future activities, promoting strategic and technical partnerships, and initiating research. MPRD also collects the data for the World Migration Report and publishes it. MPRD currently offers many projects such as migration research seminars where researchers are invited to present their work at the IOM headquarters such as the Migrant Research@Lunchtime Seminars, to keep stakeholders informed of current developments on these topical issues. With enough data, policymakers are better able to make decisions on constructive and lasting policies for the increasing numbers of individuals currently involved in global migration. Reliable, validated data is crucial to understand how migration dynamics function and how they impact origin, transfer, and destination states, as well as migrants themselves. According to IOM, long-term analysis is important when measuring the impact of international programs and activities in order to evaluate how effective a program is or what aspects need to be improved.

During the COVID-19 pandemic, many migrant workers were also targets of increased xenophobia, distrust, and stigmatization, which further exacerbated the challenges that people from marginalized groups face. A greater understanding of migratory trends through effective data could also help fight the stigmatization and discrimination of migrant workers and their families by targeted public awareness. IOM conducted a 2020 study that found that international publications typically only report on migration in high-income countries. Only 0.8% of the publications in the study reference low-income host countries, which according to the World Bank are nations that have a per capita gross national income of less than \$1.05. There is still little existing data for low- and middle-income states on migration trends and challenges, despite the majority of migration taking place in these countries, according to the World Migration Report 2020. Data is also lacking on migrants who are part of vulnerable groups, including women, children, and members of marginalized groups. Gaps in gender data and the lack of trend data make it difficult to monitor migratory progress for women and girls.

For instance, only 23% of the available data on women has been collected after 2010. With little reliable data on migrant women and girls, it is challenging to meet the needs that women and girls face in the migratory process, or to develop gender-conscious migration health policies. Additionally, reliable data on the age of migrant workers is only available for 56% of displaced persons and migrants, hindering IOM and other stakeholders in determining what resources are needed to support migrant workers of different age groups. Many regional and research initiatives, like, are working on developing an improved understanding of migration and health, focusing on research to improve the health and well-being of both migrants and the communities hosting migrants.

. For instance, the European Union-funded HumMingBird project created by the European Commission in 2020 is a research project that aims to improve the understanding of changing migration flows and analyze patterns and motivations, as well as test new methods to forecast emerging and future trends in migration.



Similarly, the Washington DC-based Migration Policy Institute is creating a “Building a Regional Migration System” project, which maps migration trends and policies across North America from Canada to Central America; and the Migrating out of Poverty Research Programme Consortium compiled ten years of migration research and policy analysis across Africa and Asia. Valuable CSO and thinktank research such as this can help the IOM get access to stronger, more accurate, and more diverse data. Typically data collection focuses on migrants leaving their home country and arriving at the host country, leaving much of the migration journey relatively undocumented for migrants who travel through many countries before arriving at their destination. To facilitate the collection of data, IOM, UNHCR, the UN Children’s Fund, Eurostat, and the Organization for Economic Co-operation and Development called for a new standard in data collection in the document A Call to Action: Protecting Children on the Move Starts with Better Data (2018). These standards include disaggregation of data by age, sex, and other factors, making better use of existing data and sharing it between Member States and institutions. Much of the data collected by Member States’ borders remains within these countries and cannot be used for further research, so improving the coordination of data collection within Member States and across borders is a crucial step towards minimizing research gaps on migrant workers. Migrant Workers and the SARS-CoV-2 vaccine Since the beginning of the Covid-19 pandemic, IOM has been providing support measures as part of the global COVID-19 pandemic response. IOM is supporting the health of migrant workers by supplying migrants with personal protective equipment, providing technical assistance to host states’ ministries, supporting SARS-CoV-2 screenings at points of entry, and including healthcare services between pre-departure and post-arrival establishing fitness to travel and mitigating public health risks related to mobility and migration. Starting at the beginning of the pandemic, Member States have taken recommended actions to mitigate the impacts of the COVID-19, including restrictions on international travel, in-country movement, and visa issuance. However these necessary actions have led to a suspension of IOM-led pre-migration healthcare support, like conducting medical checkups and routine vaccinations for migrants. While some of these initiatives have resumed, IOM is working with Member States to find ways it can continue to meet the healthcare needs of migrants in order to make migration as safe as possible.



The UN High Commissioner for Human Rights also stated that ensuring access to the SARS-CoV-2 vaccine is in the best interest of all people in order to eradicate the COVID-19 virus. With this in mind, IOM is assisting Member States with the distribution of vaccines and is considered a leader and arbiter of best practices in the field of vaccination. In 2019, IOM was active in 74 countries providing vaccinations against more than 20 diseases like cholera, diphtheria, meningitis, mumps, pertussis, pneumococcal infection, and polio to migrant workers and displaced persons. With this experience and the help of Member States, IOM is contributing to the worldwide SARS-CoV-2 vaccination campaign, making migration journeys safer for migrants and residents alike. The first vaccination programs for SARS-CoV-2 started in December 2020. Since then, WHO officially recognized 13 different SARS-CoV-2 vaccines which are sufficiently tested, authorized by national lawmakers, manufactured, and distributed. The UN system is working closely with international partners to facilitate this process so that vaccines can be distributed more quickly to end the COVID-19 pandemic.

WHO explains that the impact of the vaccine on the pandemic depends on how many people get vaccinated, meaning that to end the pandemic all migrant workers must get access to the SARS-CoV-2 vaccine regardless of their migration status and on an equal basis with all other citizens of the host country. IOM is advocating for the right to vaccination for migrant workers globally. For migrants and their families, it is often more difficult to gain access to the SARS-CoV-2 vaccination than it is for citizens of the host country since migrant workers lack access to health information in a language they understand or face monetary, legal, and administrative barriers. Since the beginning of the COVID-19 pandemic, many governmental institutions have been working more closely together, such as health, public services, and immigration authorities sharing data collection and information related to the COVID-19 pandemic. This cooperation can strengthen fears among migrants in irregular, clandestine, or illegal situations, who are worried that this data collection could result in arrest or deportation. These fears can also exacerbate the stigmatization of migrants and minorities. Being falsely considered the source of the pandemic strengthens discriminatory public discourses, which can lead to the exclusion of migrants, hindering efforts to protect migrants on a national level, and must be considered and managed in official pandemic response.



V. Conclusion

IOM is working to protect migrant workers and their families during the migration process, but many face challenges in accessing healthcare services and protecting themselves from the COVID-19 pandemic, especially women, children, and members of marginalized groups. Migrant workers are also at a higher risk of being exposed to health risks, such as viruses and malnutrition during the migration process. The documentation status of migrants plays a significant role in their access to healthcare since undocumented workers are often unable to access healthcare without local authorities being present or notified. Xenophobia and discrimination also impact migrants' access to adequate healthcare. Migrants without access to medical services are more vulnerable to contracting viruses and spreading them to their host communities. If migration is well-managed and migrants' human rights are realized, migrant workers, their families, and their host state all benefit.

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