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IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

## Submission for OHCHR's Study on the Relationship between Climate Change and the Enjoyment of the Right to Health

### **I. Introduction**

The present document is submitted pursuant to the request from the Office of the United Nations High Commissioner for Human Rights (OHCHR) regarding paragraph 4 of Human Rights Council Resolution A/HRC/29/15 entitled "Human Rights and Climate Change". The submission provides IOM's views, addressing particularly questions 1 and 5 of OHCHR Letter requesting for inputs from various stakeholders.

### **II. IOM Mandate**

Established in 1951, IOM is the only inter-governmental organization exclusively focused on migration. IOM works towards orderly and humane migration by delivering people-centered services and advocating for the well-being of migrants and their families. IOM's mandate allows it to work with migrants, refugees, displaced persons and others in need of migration services or assistance.<sup>1</sup>

Many of IOM's operational activities providing assistance to those who migrate result in protection of the rights of migrants.<sup>2</sup> Since its establishment in 1951, IOM has extensively worked to support protecting and fulfilling the right to health of migrants, including environmental migrants. IOM has been providing policy and operational responses on migrant health issues since its inception, and over the past 20 years the Organization has also developed a fully-fledged programme on migration, environment and climate change. The synergy of both of these domains of expertise allows IOM to propose interventions across sectors on climate, health, and human mobility.

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<sup>1</sup> See, *inter alia*, the IOM Constitution.

<sup>2</sup> See Council Resolution No. 923 (LXXI) of 29 November 1995 on "Future activities of IOM" and Resolution No. 908 (LXIX) of 30 November 1994 on "Role of IOM with regard to trafficking in migrants and the safeguarding of migrants rights". See also "The Human Rights of Migrants IOM Policy and Activities" of 12 November 2009 (MC/INF/298), "IOM Strategy" of 9 November 2007 (MC/INF/287), "Protection of Persons Involved in Migration: Note on IOM's Role" of June 2007, "IOM and International Migration Law" of 30 April 2003 (IC/2004/3) and "Migrants' Rights IOM Policy and Activities" of 13 November 2002 (MC/INF/259).

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### III. IOM's view on the relationship between climate change, migration and the enjoyment of the right to health

It is becoming increasingly evident that health, migration, environment, and climate change are interrelated, and of growing importance in the world today. Currently, more than one billion people are on the move, both across borders (232 million people) and within them (740 million). The reasons for these high levels of human mobility are numerous and complex, yet it is undeniable that environmental factors and climate change are critical drivers of migration which must be addressed.

#### *Migration and the right to health*

The prime responsibility for ensuring the respect of the human rights of migrants lies with States. A State has the duty to protect all persons within its territory, nationals and non-nationals alike, be they in a regular or irregular situation. The principles of non-discrimination and equal treatment of all, including migrants, are applicable to elements of the right to health, such that States must ensure that health facilities, goods and services are available, accessible, acceptable and of good quality. These obligations fall upon all States parties to the relevant treaties enshrining the right to health,<sup>3</sup> be they countries of origin, transit or destination.<sup>4</sup> The States with insufficient resources are under an obligation of progressive realization of the right to health through the taking of concrete steps intended to fully implement this right, while guaranteeing that it can be exercised without discrimination. All States are under the obligation to respect the right to health by, *inter alia*, refraining from denying or limiting equal access for all persons, including asylum seekers and irregular immigrants, to preventive, curative and palliative health services.<sup>5</sup> To ensure accountability for its duty to implement the right to health, no State may be exempted from enacting and implementing a transparent and socially inclusive public health strategy that gives priority to the needs of vulnerable and marginalized groups.

Migration in itself is not a risk factor for health. However, individually or collectively, the process of migration can result in vulnerability to physical and mental health problems, depending on the conditions to which migrating persons are exposed.<sup>6</sup> Integration challenges and social exclusion exacerbates the health risks particularly for migrants who are in an irregular situation. Irregular migrants can be disproportionately vulnerable to contracting diseases and developing mental health problems resulting

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<sup>3</sup> WHO Constitution, ICERD, ICESCR, ICRMW, among others. See also Pace P. 2009. Migration and the Right to Health: A Review of International Law. *International Migration Law Series* No. 19. Important is also 2008 World Health Assembly (WHA). Resolution 61.17 on the "Health of Migrants".

<sup>4</sup> International migration, health and human rights, IOM, OHCHR and WHO 2013, available at: [http://www.ohchr.org/Documents/Issues/Migration/WHO\\_IOM\\_UNOHCHRPublication.pdf](http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf). See also Pace P. 2009. Migration and the Right to Health: A Review of International Law. *International Migration Law Series* No. 19.

<sup>5</sup> CESCR General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, 2000; and CERD General Recommendation XXX on Discrimination Against Non-Citizens, 2004.

<sup>6</sup> See "Migrant Health for the Benefit of All". 2004. (MC/INF/275).

from poor living environments, exploitative working conditions and lack of access to health and social services.<sup>7</sup>

### *Climate change as a cause of health degradation leading to migration*

The link between climate change and the health of migrants is complex.<sup>8</sup> While both sudden onset events and gradual environmental changes could lead to population movements, migration can also be a coping mechanism or adaptation strategy to climate change. Given that environmental change and degradation exacerbated by climate change are established drivers of migration and can contribute to negative health outcomes, the migration process in itself including heightened vulnerability of migrants (prior to departure) and other socio-cultural factors act in conjunction with climate change to influence health. Climate change can act in tandem with different existing factors i.e. malnutrition, poverty, latent infections which ultimately may influence population mobility.<sup>9</sup> Extreme conditions, such as famine, or sudden onset disasters are also drivers of migration.<sup>10</sup> In these cases, already existing factors such as malnutrition, poor or non-existent healthcare systems, lack of access to clean water, basic necessities and poor sanitation among others contribute to negative health outcomes, rather than climate change impacting health as a stand-alone element.<sup>11</sup> Therefore, the protection of people's health in the context of climate change, including with a view to preventing involuntary migration, requires a holistic approach capable of addressing all the factors impacting people's vulnerability and influencing their health levels.

In cases of extreme environmental degradation due to climate change (such as rising sea levels, salinization of the soil, contamination of drinking water reserves and sinking islands), migration can be the last resort. In these circumstances, States are responsible for ensuring the protection of people's health and well-being by moving them out of danger or to a location where life is sustainable. In the context of slow onset environmental degradation, this responsibility may require States to plan in advance for the relocation of entire communities.<sup>12</sup> To address sudden onset events, States are

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<sup>7</sup> International migration, health and human rights, IOM 2013, p. 30, available here : [http://www.ohchr.org/Documents/Issues/Migration/WHO\\_IOM\\_UNOHCHRPublication.pdf](http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf).

<sup>8</sup> See International Organization for Migration (IOM). 2009. *Migration, Environment and Climate Change: Assessing the Evidence* and IOM. 2014. *Outlook on Migration, Environment and Climate Change*.

<sup>9</sup> See McMichael, Celia, Jon Barnett, and Anthony J. McMichael. 2012. An Ill Wind? Climate Change, Migration, and Health. *Environmental Health Perspectives* 120.5: 646–654.

<sup>10</sup> See for example the Horn of Africa crisis in 2011, in Zarocostas, J. 2011. Famine and disease threaten millions in drought hit Horn of Africa *BMJ* 343:d4696 and UNHCR. 2012. Climate Change, Vulnerability, and Human Mobility: Perspectives from Refugees from the East and Horn of Africa.

<sup>11</sup> See McMichael, C. 2015. Climate Change Related Migration and Infectious Disease. *Virulence* 6(6):548-553.

<sup>12</sup> See Guidance on Protection of People From Disasters and Environmental Change Through Planned Relocation, Brookings , Georgetown University and UNHCR, 7 October 2015, page 10, point 6, *in fine*. Available from [http://www.brookings.edu/~media/research/files/papers/2015/10/07-planned-relocation-guidance/guidance\\_planned-relocation\\_14-oct-2015.pdf](http://www.brookings.edu/~media/research/files/papers/2015/10/07-planned-relocation-guidance/guidance_planned-relocation_14-oct-2015.pdf).

obliged to adopt measures for disaster risk reduction and preparedness, or resort to evacuation when it is necessary to protect people's life and safety.

To ensure full compliance with the principle of equality and non-discrimination in the access to the right to health, among other rights, policies in the area of climate change and health protection need also to take into account that some population may not have the information and resources to move ("trapped population") and may end up in a situation of even greater vulnerability, including in terms of health impacts.<sup>13</sup>

#### *Climate-induced migration as a risk to health*

Although migration can be used as an adaptation strategy to the changing environment, it does not always lead to positive outcomes. In regards to health, climate-induced migration could lead to poor health and the health risks associated with migration or displacement are due to lack of social determinants of health, such as food, shelter, and water, as well as reduced access to health care facilities, goods and services, and loss of social networks and assets. In the case of displacement due to sudden onset disasters, infectious disease can be a major cause of mortality.<sup>14</sup>

In the case of the 2004 Asian tsunami, for example, one million people were initially displaced in Sri Lanka. In the immediate aftermath, there was an increased risk of water and food-borne disease outbreaks (cholera, dysentery, typhoid fever, and hepatitis A and E), disease related to overcrowding (measles, meningitis, and acute respiratory infection), and vector-borne disease (malaria and dengue).<sup>15</sup> Infectious disease outbreaks occur particularly in camps or settlements that are crowded, are poorly ventilated, and have inadequate shelter, water, sanitation, and access to immunization and health care facilities.<sup>16</sup>

Additionally, evidence shows that population movement due to natural disasters often occurs into already vulnerable areas.<sup>17</sup> This situation poses major challenges to public health systems and general population access to health goods and services.

While the cause and effect is reversed, the two above-mentioned perspectives - namely climate change as a cause of health degradation leading to migration and the impacts that climate-induced migration has on migrant health - often overlap, and are interrelated. In many cases of environmental migration, both perspectives can be used to analyze migrant health in the context of climate change and the environment and

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<sup>13</sup> The Government Office for Science, London. 2011. *Foresight: Migration and Global Environmental Change*. Final Project Report.

<sup>14</sup> World Health Organization (WHO). Tsunami Affected Areas 2005: Communicable Disease Risks and Interventions. Geneva, Switzerland; and McMichael, C., J. Barnett, and A.J. McMichael. An Ill Wind? Climate Change, Migration, and Health. *Environmental Health Perspectives*. 120.5, at 646–654.

<sup>15</sup> World Health Organization (WHO). Tsunami Affected Areas 2005: Communicable Disease Risks and Interventions. Geneva, Switzerland.

<sup>16</sup> Rajabali A, O. Moin, A. Ansari, M. Khanani M and S. Ali. Communicable disease among displaced Afghans: refuge without shelter. *Nat Rev Microbiol* 7(8):609–614.

<sup>17</sup> Ibid.

should be taken into consideration by States to ensure compliance with their responsibility to protect the right to health of persons under their jurisdiction.

#### **IV. Migration as an adaptation strategy**

The United Nations Framework Convention on Climate Change (UNFCCC) recognized in the 2010 Cancun Agreement the importance of “migration, displacement and planned relocation” in the context of climate change. While displacement due to disasters can pose major health risks, migration in its voluntary and well-planned forms should be considered as a possible adaptation strategy in response to climate change. The move to a new location can alleviate health deficits from malnutrition or shortages of safe water, avoid the physical dangers of extreme weather events, and provide access to health facilities that are no longer available or accessible in the place of origin.<sup>18</sup>

Migration also can benefit those left behind in environmentally degraded areas, by reducing poverty through remittances that can be spent on food, clean water, and health care. Research in Cote d’Ivoire has shown that migrants from Burkina Faso send home remittances that were spent on hospitals, water and irrigation systems, and schools.<sup>19</sup> Migration can also provide a coping strategy that diversifies and strengthens people’s livelihoods, assets, and incomes, which in turns helps to reduce food insecurity and improves access to health care.<sup>20</sup>

Whether migration is used as an adaptive strategy or as a last resort to cope with sudden onset disasters or extreme situations of environmental degradation, States have the responsibility to ensure that it happens in an orderly and planned fashion, so that it can be beneficial to all parties involved – migrants, communities of origin and of destination.<sup>21</sup>

#### **V. Recommended key actions**

- i. Monitoring and surveillance of health and climate change related actions should include data on internal and international migrants.
- ii. National health systems strengthening health and climate change related actions should include investments in migrant-sensitive health systems, with culturally competent health services and personnel and free of discrimination.

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<sup>18</sup> Uscher-Pines L. Health effects of relocation following disaster: a systematic review of the literature. *Disasters*. 33(1):1–22(2009) and McMichael, C. 2015. Climate Change Related Migration and Infectious Disease. *Virulence* 6(6):548-553.

<sup>19</sup> IOM Policy Brief: Migration, Climate Change and the Environment. Geneva, Switzerland. 2009. Available from [http://www.egypt.iom.int/doc/iom\\_policybrief\\_en.pdf](http://www.egypt.iom.int/doc/iom_policybrief_en.pdf)

<sup>20</sup> Bardsley, DK. and G. Hugo. 2010. Migration and climate change: examining thresholds of change to guide effective adaptation decision-making. *Population and Environment* 32(2–3):238–262.

<sup>21</sup> IOM. 2010. Migration, Environment and Climate Change: Assessing the Evidence in Bangladesh. Dhaka, Bangladesh.

- iii. Implementation of cost-effective population-wide preparedness, disaster risk reduction and adaptation of health care interventions for climate change risk factors should ensure coverage of migrants through promotion of health literacy, awareness and improved access to health promoting environments.
- iv. Stressing the importance of a rights-based approach in developing policies on environmental migration and clarifying the rights of affected populations, including migrants, in terms of obtaining access to public services, particularly in the area of health.
- v. Providing more evidence base and integrating climate change and migrant health into development agenda and disaster risk reduction and management, particularly to prepare contingency plans and early warning systems in emergency situations as well as to slow-onset climate impacts.
- vi. Strengthening partnerships between health and non-health sectors as well as partnerships between public and private sectors, as well as governmental and civil society groups to overcome barriers to effective health and climate change actions.

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