Women on the Move

Migration, care work and health

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www.who.int/gender-equity-rights

Why this report?

World Health Organization

1 every **7** persons in the world is a **migrant**

Women are migrating as much as men

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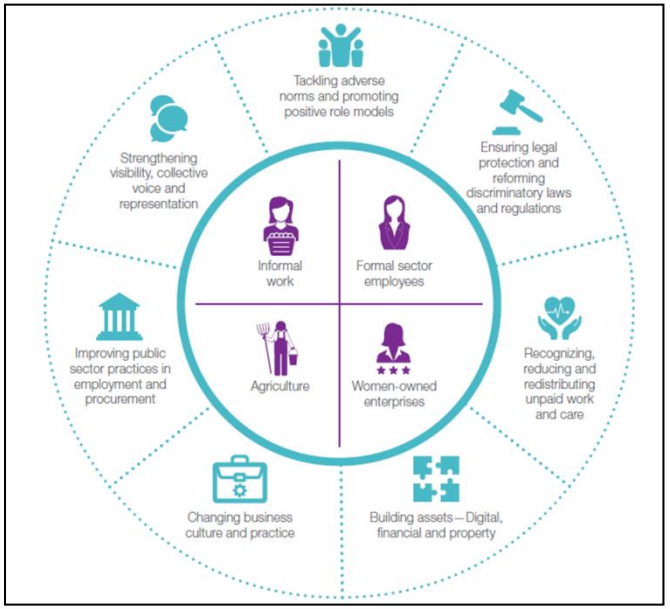
ISE-SHIMA SUMMIT

Political interest

Care work:

a gendered realm



Women's economic empowerment

Our approach

- Iterative consultation, broad to narrowed focus
- Multidisciplinary experts from UN partners, international organizations and academics
- Broad scope of quantitative and qualitative literature on care work, migration, health, gender
- Expert consultations (Geneva, Berlin, Dakar)
- Examples from regional offices
- Extensive feedback and review of drafts

Findings: emerging global paradox

Migrant women care workers contribute to health and well-being by their support to health and social care systems…

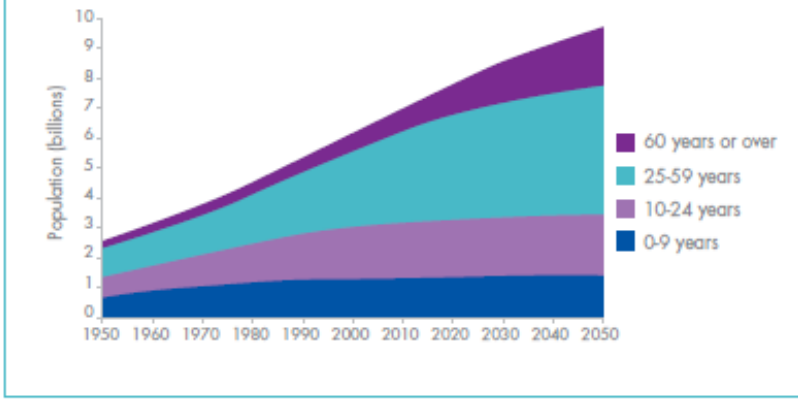
And yet in doing so, they may face challenges to fulfilling their own right to health and health care needs.

***Little is known* about their journeys and situations, benefits and challenges, and risks and vulnerabilities – both for migrating women taking up care work, and also the people left behind.**

Global population ageing is shaping growing demand for care

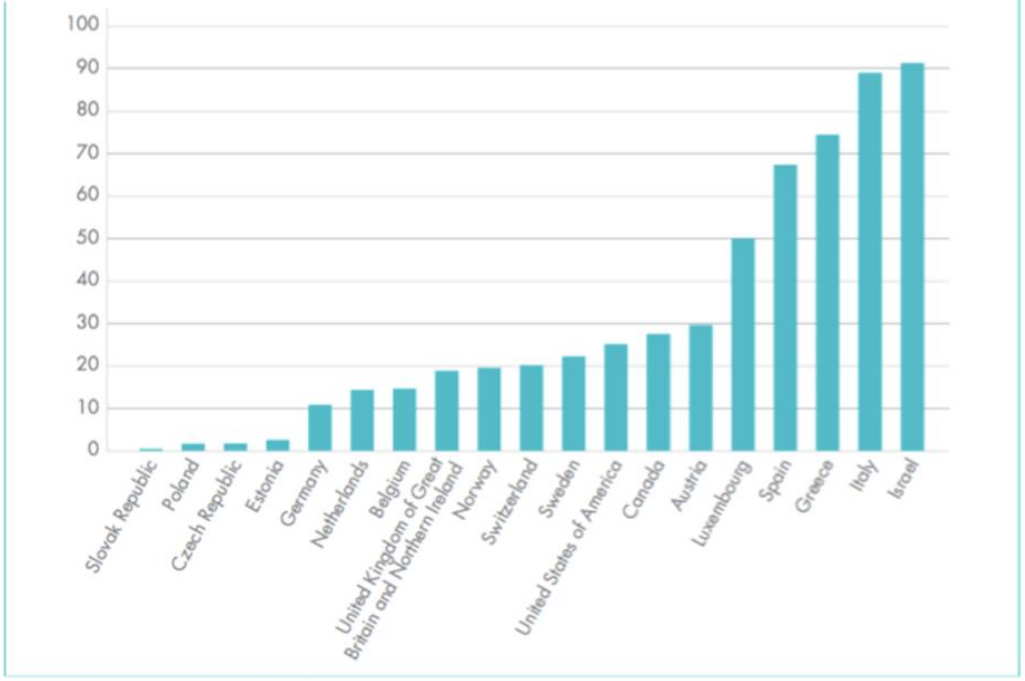
World Health Organization

Figure 1. Global population by broad age group between 1950 and 2050 (projected)



Source: United Nations. World Population Prospects, 2015.

Figure 6: Percentage of foreign-born among home-based caregivers of long-term care

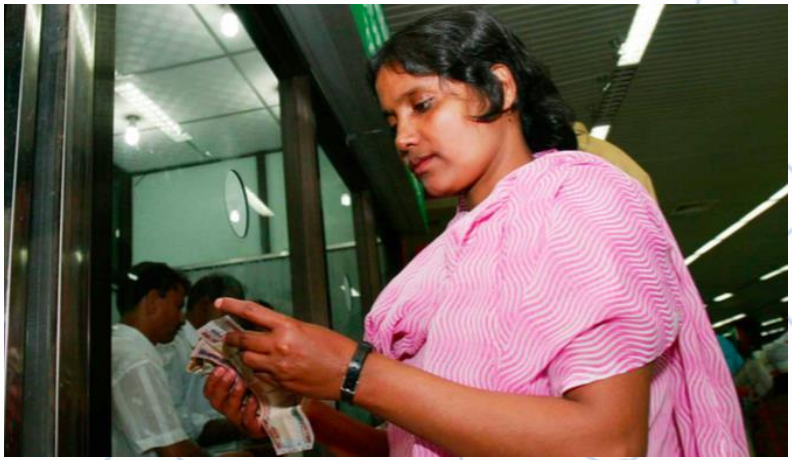


Source: OECD Migration Outlook, 2015:123.

International care ecology

- There is a **care drain** in the global south, poorer parts of the European Union, and in rural areas of some countries
- There is a tilt of care resources towards cities, into the global north, with **deficits** growing elsewhere
- Global **care chains** show the resilience of migrants and their families, **BUT** are ultimately fragile and can break under stress of separation.

Benefits for migrant care workers



- Agency and autonomy
- Resilience
- Enhanced economic opportunities
- Building skills and empowerment
- New relationships
- Community networks
- Remittances sent home

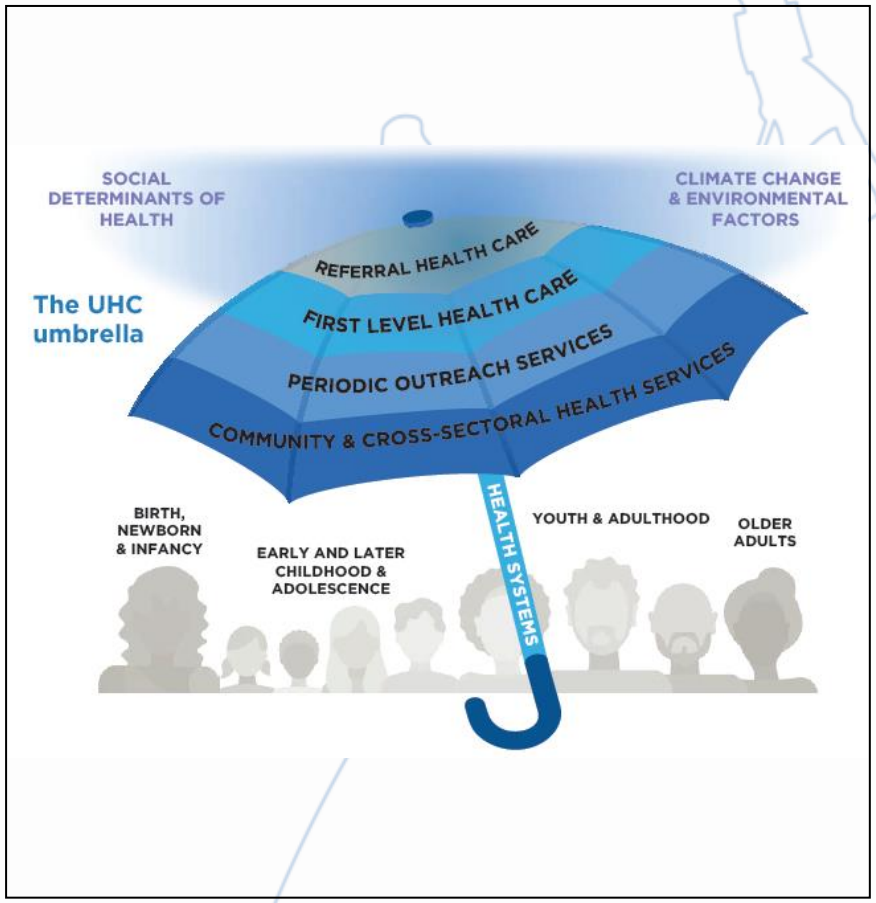
But…unprotected and undervalued

- Non-recognition of skills and credentials
- Lack of labour rights, pensions
- Uncertainty, fear over legal status
- At risk of abuse by employers
- Low wages and long hours
- Inadequate housing and food

Risks to health and well-being

- Fatigue, hunger
- Falls
- Muscular-skeletal strain and injury
- Poor sexual and reproductive health
- Poor mental health
- Risk of physical and sexual violence

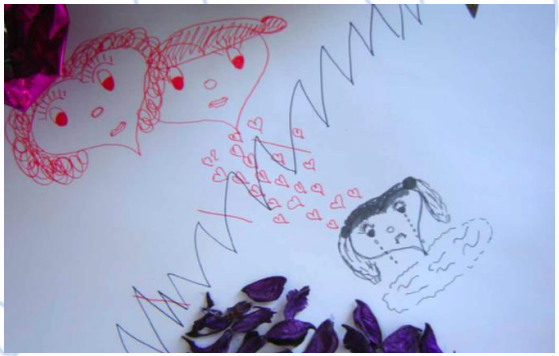
Barriers accessing health services



- Residency and visa status
- Confidentiality fears
- Out-of-pocket payments, cost, time
- Lack of appropriate information
- Discrimination
- Poor quality of care

Transnational families

The effects on those left behind



Policies and laws

What they need to address and how to do it well

Migration, labour, social protection and health policies may converge in ways that compromise health:

- Lack of access to workers' rights
- Lack of access to health care
- Lack of right to social protection
- Definition of "family" within immigration laws

Yet … there are examples of moving towards transnational social protection in some regions

Next steps

1. Generate **EVIDENCE**

2. Improve **ACCESS towards UHC**

3. **RECOGNIZE CARE** as a global public good and harmonize policies

Next step 1:

Generate EVIDENCE on the nature of migrant care work, and living and working situations for different people across transnational care chains, involving:

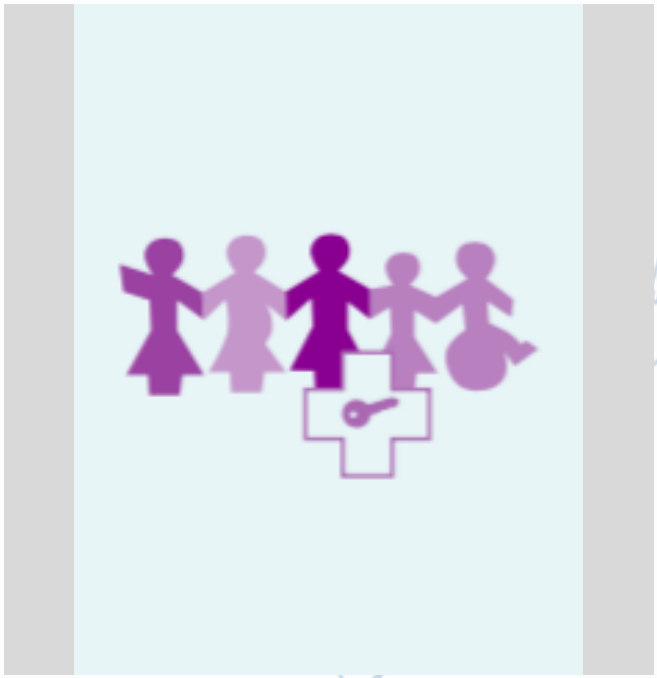
- **Equity focus and intersectional lens**
- **Mixed (quantitative and qualitative) method tools for disaggregated data collection, analysis, reporting and interpretation (e.g. using *WHO's Health Equity Monitoring*, *Innov8* and *Barrier Analysis* tools)**

Next step 2:

Improve ACCESS for migrants working in the care sector through non-discrimination and participation:

- **Develop diversity-sensitive approaches, but avoid "ghetto" treatment**
- **Ensure voice and participation**
- **Anti-discrimination campaigns**
- **Implement conventions, rights, laws**
- **Build capacity of this population group to enhance the health and well-being of their clients and themselves**

Next step 3:



PROMOTE and RECOGNIZE CARE as a global public good and harmonize policies

- **Acknowledge care as essential to life, health and well-being within broad health and social protections systems**
- **Articulate the positive contribution of migrants and care workers**
- **Intensify inter-sectoral harmonization of relevant policies across government**

This requires strong leadership and vision.

Without:

- political will
- robust evidence
- strategies/tools for promoting intersectoral action
- and the empowerment of migrant women,

we will not sustain change.

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