

## Concept Note

### PAHO's Observation of International Women's Day

#### "Ensuring Access to Health for Migrant Women"

Thursday March 7<sup>th</sup>, 2019

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#### Introduction:

The United Nations has observed International Women's Day (IWD) on 8 March since 1975. This year the UN theme will focus on social protection systems, access to public services, and sustainable infrastructure for gender equality and the empowerment of women and girls.

For PAHO promoting gender equality in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Given that the realities of gender discrimination and power relations between men and women often create barriers to access to health for women, *women's empowerment is essential to achieving gender equality in health*. The promotion of health for all women requires a coherent approach that addresses the interplay of biological, social, and structural determinants of women's health, including the role of gender inequality in increasing exposure and vulnerability to risk and limiting access to health care and information. When gender inequalities combine with other barriers to health, such as those related to migrant status, it is yet more essential to address these issues.

Human migration is one of the most challenging priorities in global public health; as a result, risks for migrants' health are increasingly on the political agenda in the Region of the Americas. Some salient realities revolve around: living and working conditions; legality of status; access to health; violence and sexual abuse, lack of social networks or even disempowerment and exclusion. Furthermore, on the topic of women migrants involved in care work, WHO has documented some specific considerations in its Policy Brief "Women on the Move – Migration, care work, and health". It states that migrant women care workers face challenges associated to their legal status in destination countries, which puts them at risk of abuse by unscrupulous employers. Generally, they encounter harsher working conditions, have fewer rights and less adequate health coverage than do native workers.

Other evidence on migrant women's health and access to health draw attention to lack of health insurance; underserved treatment for sexually transmitted infections and immunization, mental health illness, loneliness and isolation etc. Barriers that may be faced by some migrants, in particular those experiencing poverty and social exclusion, can be divided into two categories: those particularly related to migration processes and the way in which they are managed, for

instance legislation on entitlements; and those that are shared by other subpopulations who may face one or more of the same dimensions of poverty and social exclusion. To enable universal health from a people centered perspective, it is important that both categories of barriers are considered synergistically, especially considering their compounding and intersecting nature (Castaneda et al., 2015; Fleischman et al., 2015; IOM/WHO/OHCHR, 2013).

### Background:

Particular attention to migrant women's health is crucial. Though migration has always existed in the Region, social and economic instability in some countries has driven an unprecedented magnitude of human mobility, altered traditional migrant profiles (with increased women and children) and, produced diversification towards other destination countries. According to PAHO's migrant health policy document, a person's gender identity, gender expression, sexual orientation, or ethnicity, among other factors, can be associated with specific risks to health and differential vulnerability before, during, and after migration. Gender and ethnicity, among other factors, can affect the reasons for migrating, as well as the social networks migrants use to move in host communities, their experiences during transit, integration experiences at destination, and relations with the country of origin. For example, women are more often affected by violence, abuse, and rape. Moreover, there is substantial evidence of inequities in both the state of health of members of ethnic groups and the accessibility and quality of health services available to them due to social exclusion, that can combine with gender inequalities

### Challenges:

Migration, labor, social protection and health care policies can converge in ways that compromise the health of migrant women and their families; both accompanying and left behind. How migration processes are managed may add to or exacerbate some of the barriers to financial protection and equity in financing issues already experienced by disadvantaged populations in a country. For example, a health financing related challenge faced by migrant women is, the gender related barrier associated with women being secondary beneficiaries reliant on male primary beneficiaries, which can affect their knowledge and rights as well as put them in a position of dependency. Not enough information exists on the contribution of women migrants to the formal and informal economies of destination countries; there is a growing recognition of this relevance in the field of health care and expanding needs associated to ageing and longevity.

It is also important to recognize that, threats to health like conflicts, violence, disease outbreaks, disasters and involuntary and mass migration potentially undermine gains and further exacerbate fragile health infrastructure and organization. At the same time, not enough research exists on the nature of the risks that women face when the impact of migration and other health

emergencies overwhelm governments capacity to provide continued quality health services and protection.

Policies, programs and plans addressing women’s health are often confined to reproductive and maternal health. While critical, this focus is not enough to improve all aspects of the health and well-being of women throughout the life course nor to address migrant women’s health needs and challenges. Nonetheless, attention should be given to the increased reproductive and maternal needs and vulnerabilities of migrant women (including limited access to obstetric/gynecologic services). Consequently, an outstanding need is to monitor health inequalities, with indicators disaggregated by sex and migrant status as well as income or wealth, age, disability, place of residence, and ethnic origin.

#### Key actions:

It is well established that mainstreaming gender in sustainable development policies provides security for women in nation building; on the issue of migration, the social protection of migrant women is equally a development agenda involving and affecting many, if not all, nations. Framed within the Region’s universal health strategy and alongside strong subregional and binational fostering of the free movement of people, there is a need for national health approaches to redefine health care beyond the basis of citizenship into the world of universal health systems that transcend national borders.

Considering all described above, PAHO will observe International Women’s Day 2019, facilitating dialogue on the fundamental need and responsibility of governments and their partners, to ensure and expand social protection policies, to clearly address the comprehensive, quality and specific health needs and contributions of all migrant women.

#### Objective:

To observe International Women’s Day 2019 throughout PAHO, and alongside the global community, under the theme – **ensuring access to health for migrant women.**