

Why this report?

Care is a crucial dimension of individual and social well-being, and provides an essential contribution to economic growth.

Women everywhere shoulder most of the efforts in providing care to those who need it.

Migration is as old as human history. It is not a new, or overwhelmingly recent, phenomenon. However, accurate documentation on it is relatively recent. Today, one in every seven persons in the world is a migrant, roughly 1 billion people. Almost half (48.2%) of all international migrants are women.

New data emerging worldwide reveals who is moving across national borders (and within borders) and where their journeys take them. Although we know far less about what they do, available data, for example from OECD countries, shows that a substantial and **growing proportion of care work is being undertaken by migrants**, the majority of whom are women: nearly 90% of home-based caregivers in Italy are foreign born¹.

The World Health Organization (WHO) now calls attention to a global situation in which **migrant women care workers buttress health systems** in countries where there are shortfalls in healthcare provision, while their own right to health is eroded and their health care needs go unfulfilled. These migrant women care workers act as a cushion for states lacking adequate public provision for long term care for older people, child care and care for the sick. In Europe alone, the shortage of care workers is estimated at around 2.3 million formal long-term care workers.

Care is not a patriarchal concern for women, a type of secondary moral question or the work of the least well off in society. Care is a central concern for human life. It

¹ OECD Migration Outlook, 2015, p 123

² Tronto J, 1993. Moral boundaries: a political argument for an ethic of care. New York, NY: Routledge

³ See Sustainable Development Goals, <http://www.undp.org/content/undp/en/home/sustainable-development-goals.html>

is time we begin to change our political and social institutions to reflect this truth.”²

A global paradox is emerging in which care workers - who are largely female migrants - make a considerable contribution to global public health, but are exposed to health risks themselves, while enjoying few labour, health and social protections. Aging in late industrial and middle income economies, combined with rising demographic dependency ratios and female labour force participation, is leading to care deficits worldwide.

Grounded in the Sustainable Development 2030 Agenda³ and its commitment to **leaving no one behind**, this report proposes the integration of policy actions, and of gender, equity and human rights approaches, to mediate concerns about care deficits and decent and safe work in the care sector as a crucial component of maintaining global, as well as national, public health. As part of efforts to achieve Universal Health Coverage (UHC), the health sector needs to better understand and address the gendered dynamics of people’s mobility and how it affects their access to services, their living and working conditions, the families left behind, and everyone’s health.

We aim to use this report to foster further debate on migration, care, health and gender in line with principles of human rights, the United Nations Migration Governance Framework⁴, and the 70th World Health Assembly Resolution and Framework on the health of migrants and refugees⁵. Without political leadership and vision, robust evidence, strategies and tools for promoting intersectoral action, and the empowerment of migrant women themselves, we will not sustain change.

“Women migrant workers face significant vulnerabilities to health risks that stem from their gender, their immigration status, their employment and living conditions, and workplace contexts.”⁶

⁴ See IOM. Migration Governance Framework. https://www.iom.int/sites/default/files/about-iom/migof_brochure_a4_en.pdf

⁵ See <http://www.who.int/migrants/about/who-response/en/>

⁶ Hennebry J, McLaughlin J, Preibisch K, 2016. Out of the loop: in: Access to health care for migrant workers in Canada. Journal of International Migration and Integration, 17 (2), 521-538

Report outline

Chapter One introduces **intersecting themes of gender, migration and health** in terms of the determinants of health and access to health care provision. It describes the report rationale and the methodology used: an extensive literature review encompassing all of WHO's 6 regions and a spread of countries by GDP and migration dynamics, and involving an iterative process of global multidisciplinary expert consultations and review.

Chapter Two examines the **health-related benefits and drawbacks of migrant women involved in care work for the receiving countries**. As populations age and more native-born women workers enter and remain in the labour market, there is a growing unmet need for care for young children, older people and those who are sick, in a complex lattice of caring arrangements in public and private institutions and in the home. Benefits for migrant women care workers include the remittances sent home and heightened agency. However, this group also faces particular health challenges particularly as a result of their work largely in the shadows and beyond the reach and remit of the statutory agencies, as well as their migration status. They may be excluded from, and underserved by, the very health care systems to which they contribute. These exclusions can stem from a variety of causes, including race or ethnicity, language, poverty, discrimination, and undocumented legal status which constrains their health-seeking behaviours.

Chapter Three examines the **perspective from sending countries**. It considers the particular health-related challenges for children, older people and men in the families that migrant women care workers have left behind when they migrate. It explores global care chains, where care deficits are resolved in one country at the expense of rising care deficits in another. It also highlights how, when individuals are unable to return regularly or freely to their home countries, they construct transnational families adopting transnational parenting.

Chapter Four presents **implications for policy** related to the **unique status of migrant women care workers as both providers and consumers of health and social care**. It examines how labour and social protection policies are often siloed and contradictory and need transnational overhaul. It also stresses the importance of the participation of migrant women care workers and their networks.

Chapter Five suggests **three next steps** for all countries and regions to consider for addressing the particular health-related rights, needs, risks and vulnerabilities that migrant women care workers face in the light of the preceding analysis:

1. **Generate evidence:** Using mixed and participatory methods, an intersectional and diversity lens and multi-stakeholder collaboration, build a strong evidence-base on this population group across transnational care chains in sending and receiving countries.
2. **Improve access through non-discrimination and inclusion:** Progressively realize the right to health of this population group, and contribute to UHC, through ensuring their access (together with all migrants and left-behind populations) to all health and social services without discrimination, and regardless of their legal status. Equitably address barriers to their health and well-being and protect them, and their families left behind, against health risks, ensuring their meaningful voice and participation in research, planning and monitoring.
3. **Promote care as a public good:** At global, regional, country and community levels, acknowledge care work as essential to health and well-being and part of broad health and social protection systems. Members States and the UN system to use the evidence-base to position the positive contribution of migrant women care workers to health and well-being in public discourse, and to counter xenophobic narratives. Initiate and intensify inter-sectoral collaboration to strengthen and

Women on the move: migration, care work and health



harmonize relevant policies across and
between governments and global regions.