

King's Christian Collegiate Model United Nations



Delegate Guide:

IOM – Topic #1: Access to Health Care for Migrants in
Conflict Zones

Topic #2: Improving Attitudes Towards Migrants and
Refugees in Host Nations

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Dear Distinguished Delegates,

It is my honour to welcome you to the eighth annual King'sMUN Conference: Voices of the Voiceless. Since the debut of the King'sMUN conference in 2013, we have striven to create a conference that enables students to push past their comfort zones, connect with their peers, and learn more about the world around them.

Model United Nations (MUN) is a youth simulation of the United Nations where students have the chance to debate the world's greatest issues, problem-solve, and produce creative resolutions with their peers. Throughout my MUN journey I have developed my critical thinking, teamwork, leadership, and communication skills, which have transferred into many different avenues of my life and which I attribute to many of my successes in high school.

We are living in a time where certain people groups are marginalized and discriminated against based on prejudice and unjust systems. At King'sMUN we strive to lift the songs of those who are oppressed and listen to the stories and experiences of those whose mouths have been sealed for far too long. This year, the theme of the King'sMUN conference is Voices of the Voiceless. I hope you take this to heart both during the conference and as you move forward into your future.

These past few years have, without a doubt, been ones of hardship and challenge. The COVID-19 Pandemic has built many barriers not only between countries, but within countries, communities and families. At King'sMUN we acknowledge the past to live actively in the present, but look to the future with hope. One thing the COVID-19 Pandemic has not taken away is our creativity and will to connect to one another. With a range of committees branching from tutorial to advanced, and real to fictional, delegates with all levels of experience have an opportunity to collaborate with peers and grow as young leaders and changemakers at King'sMUN, despite the current predicaments.

Once again, I am extremely excited to greet each and every one of you at the eighth annual King'sMUN conference. Myself and the King'sMUN Secretariat look forward to seeing you on Friday, February 25th and Saturday, February 26th, 2022.

Sincerely,

Arianna Mastrodonardo

Secretary-General, 2022

King'sMUN

IOM- Access to Health Care for Migrants in Conflict Zones

History

The International organization of Migration (IOM) was first established in 1951 and works closely with governmental, intergovernmental, and non-governmental partners. This specific committee was created to promote humane and orderly migration for the benefit of all including refugees and internally displaced people. They are part of the United Nations as a related organization. It was first known as the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME). It was born from the displacement of Western Europe following the Second World War. It was mandated to help European governments to identify resettlement countries for the estimated 11 million people uprooted by the effects of World War 2. It organized safe transport for about a million migrants during the late 1950s. Its name was changed from PICMME to the Intergovernmental Committee for European Migration (ICEM) in 1952, to the Intergovernmental Committee for Migration (ICM) in 1980, to the International Organization for Migration (IOM) in 1989.

IOM provides practical solutions, services and advice to governments and migrants in need. Through the years it is evident that IOM works in the four broad areas of migration management which are Migration and development, Facilitating migration, Regulating migration, and Forced migration. These all could not be done without a large team of 10,000 staff working in over 150 countries. Overall, the IOM is dedicated to respecting the rights, dignity, and well-being of migrants.

The IOM is the leading inter-governmental organization. Having this status plays a huge role to support the achievements of the 2030 agenda. This is done through different areas of intervention that connect both humanitarian assistance and sustainable development. One main focus is migration management which helps work on the development of policy guidelines. The IOM also supports 122 countries making it possible for 1.7 million migrants to be helped to voluntarily return home since 1979. Alongside migration management, the IOM also responds to crises which is one of the main reasons humans decide to or are forced to migrate. Conflicts, armed violence, disasters, epidemics, pandemics, and other crises force millions of people to leave their homes and communities, sometimes for years or even decades. The IOM also has cross-cutting priorities such as reducing global inequalities, gender equality, countering

xenophobia, and internal displacement which are focus areas to prevent and control issues in relation to migration/migrants.

Topic #1: Access to Health Care for Migrants in Conflict Zones

The topic of this paper will deal with access to health care for migrants in conflict zones. In the world today there are 26.4 million refugees, 48.0 million internally displaced people and 4.1 million asylum-seekers. Syria, Venezuela, Afghanistan, South Sudan, and Myanmar count for two-thirds of the people displaced as these are high conflict zones. In these high conflict areas access to health care is much more difficult than for someone in a more developed country like Canada. This is because there are wars, governmental power issues and many more aspects that affect access to healthcare. When countries are going through violence and governmental power issues the humans who live in conflict areas will tend to want to leave their country for a better life, this may be harder than it seems so some still must continue life while in these conflict zones. This is exactly why this issue must be debated as health care is a fundamental human right for all, yet it is not easily accessible to all.

Migration is now a global phenomenon with close to 272 million international migrants (UNDESA, 2019) and an estimated 740 million internal migrants on the move (IOM, 2015). IOM works closely with The United Nations Refugee Agency (UNHCR) to advocate for migrants' inclusion in national health systems and plans as well as delivering health programs that are beneficial and accessible to all migrants. Migrants deal with many roadblocks when it comes to access to health care such as having a corrupt government causing inaccessible services. The migrants, therefore, suffer from this as they are not able to receive the proper health care they need especially if someone has underlying health issues that need frequent attention. In recent years, there has been a positive outlook as there is progress within the migration health agenda. The 2008 World Health Assembly Resolution on the Health of Migrants, calls upon governments to promote the health of migrants through policies and programs. Through this, the World Health Assembly Resolution, the International Organization for Migration, the World Health Organization and the Government of Spain organized a Global Consultation on the Health of Migrants in March 2010. The Global Consultation had created four key priorities which mirror the IOM approach to help migrants in conflict zones obtain access to healthcare. These are monitoring migrant's health, migrant sensitive health systems, partnership,

network, & multi-country framework, policy, and legal framework. These four key priorities are action points and approaches to help migrants in need of health care.

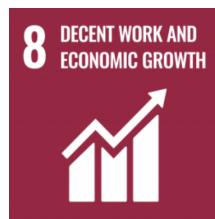
The current 2030 agenda focuses on 17 Sustainable Development Goals. These SDGs are used so that organizations like the IOM can have target goals to work on. In this case, the IOM wants to complete these goals by 2030. In relation to the topic and IOM, all SDG's play some sort of role when it comes to migrants. Specifically in accordance with the access to health care in conflict zones SDG numbers 3,8,11 and 16 stand out significantly. Number 3 is good health and wellbeing which if where the migrants are living shows social and economic development the humans will live better lives physically and mentally. That also means that there is health care available where they live as good health and wellbeing come from proper care of citizens. Number 8 is decent work and economic growth. With a focus on this in conflict areas, the country can become more financially stable so that health care is available to all. This also means that migrants may have the opportunity to work to make money to pay for medical expenses if needed. This also ties into number 11 which is Sustainable cities. Lastly, number 16 is peace, justice, and institutions. Stronger, more transparent, and accountable institutions and improved access can help promote and protect the rights that migrants hold. These goals will help towards the future of migrant healthcare. Alongside these goals, the IOM also is aware that movement and communication are the number one issues as with conflict areas people tend to flee making it difficult to track them and provide continuous care. Which is why in the future the IOM hopes to open a cloud bases system that will allow migrants and refugees to upload, store and translate test results wherever they are during the migration process. With hard work from the IOM and other organizations, access to healthcare will hopefully become more and more available for migrants in conflict areas.

Topic #2: Improving Attitudes Towards Migrants and Refugees in Host Nations

Today, people are continually migrating to escape poverty to improve their opportunities and livelihood or escape conflicts like the war in their own countries. Many people are denied refugee status due to some countries' bias towards certain people or don't believe their fear of persecution is valid. Refugees are often presented in the media and various political parties as a vulnerable, poor, benefit-dependent, and potential social and economic threat to the receiving society. They are subjected to media reporting that uses phrases such as "new migrant flood on the way," "illegal immigrants," and "refugee surge." These stereotypes can affect how local communities receive refugees and impede their social inclusion into the receiving country. At the end of 2019, a record 79.5 million refugees have been displaced throughout the world. 45.7 million are displaced within their own countries, and the rest have sought refuge elsewhere, according to the UNHCR. The number of people displaced due to conflict and persecution is the highest it has ever been, while the rising climate emergency also has a catastrophic impact on displacement. More than two-thirds of all refugees worldwide come from just five countries: Syria, Afghanistan, South Sudan, Myanmar, and Somalia. Most of those countries have most of their population follow Islam, and many host countries are very xenophobic against practicing Muslims. For example, France has discriminated against Muslims, as they created laws to ban hijabs in public spaces. They believe they are serving their country because they state that France is a secular nation, but these laws are only applicable to Islamic peoples, not any other religion. Many asylum seekers from Afghanistan applying for refugee status are experiencing mass amounts of discrimination in the West. American Afghans are more vulnerable to discrimination because of their Muslim faith, increased negative media attention after 9/11, and recent sociopolitical events. For example, the U.S. is militarily involved in Afghanistan, which likely influences negative views toward Afghans. On April 20, 2019, Former President Trump announced that he would sign an executive order to suspend immigration to the United States. The administration continues to exploit the pandemic to implement its anti-immigrant agenda. This order follows a series of attacks on legal immigration pathways, including an expanded travel ban from African and Muslim majority countries and a rapid dismantling of the asylum system. The administration also issued an order to allow an increased, systemic immediate expulsion of asylum seekers, including migrants found at the border and children. The Migrant Acceptance Index ranks North Macedonia, Hungary, Greece,

Serbia, Croatia, Bosnia and Herzegovina and Montenegro as the least-accepting host countries for migrants. Refugee camps across the world are treated with neglect. The U.S. has a vast system of detention sites scattered across the country, holding more than 20,000 migrant children. There are allegations of cold temperatures, sickness, neglect, lice, and filth throughout the camps. The camps have the majority of Central or South Americans, but there are still some refugees from other countries. One of the worst refugee camps ever was Moria, a refugee camp based on the island of Lesbos in Greece that was home to approximately 13,000 predominantly Afghan and Syrian refugees, making it one of the largest refugee camps in Europe. Families and individuals in Moria Refugee Camp have lived there for years while waiting for responses to their asylum claims in cramped, filthy, uninhabitable conditions with little hope offered by Greek authorities and the E.U. for a sustainable future. The refugee camp burnt down from a fire started by other refugees, and the remaining refugees live in an overflow site - the Kara Tepe Refugee Camp. It has since been built to house those displaced from the fire, but there is still not enough space to accommodate all arrivals Moria Refugee Camp before it burned down. The 2030 Agenda for Sustainable Development recognizes that migration is a powerful driver of sustainable development for migrants and their communities. It brings significant benefits in the form of skills, strengthening the labor force, investment, and cultural diversity, and contributes to improving the lives of communities in their countries of origin through the transfer of skills and financial resources. The IOM uses the SDGs as crucial stepping stools to convince other countries that migration is essential and those seeking asylum should receive fundamental human rights. This report will outline how some of the Sustainable Development Goals directly link to safe migration and the treatment of refugees. SDG #10 is Reduced inequalities, and migrants face many of them. Those who migrate may face unequal access to rights and social resources, including the right to seek protection in those fleeing conflict, violence, and persecution. The IOM is working to combat this by adopting an equality lens to understand the circumstances under which migration might exacerbate inequalities and the barriers that can restrict the potential of migration to be a tool to address disparities. SDG #8 is decent work and economic growth. Migration can stimulate the economy by providing jobs, housing, buying food, healthcare, and other luxuries. Sustaining employment and safe and secure work environments are essential for new immigrants to become productive members of society. The IOM strives to create workplaces free of discrimination towards refugees by assisting governments in promoting

safe labor practices towards migrants. Many refugees find it difficult to survive due to their gender. SDG #5 is gender equality. Some people seek asylum due to their gender or their gender identity, as it is challenging to be a woman or part of the LGBTQ+community. Many individuals are being discriminated against through sexual violence, abuse, or exploitation. The IOM does not tolerate discrimination, regardless of gender, race, or ethnicity. It will provide other countries resources to help make those persecuted feel safe and respected for their identity. The IOM wants migration to be a source of empowerment for women, safely and freely escape oppressors, and receive a better quality of life.

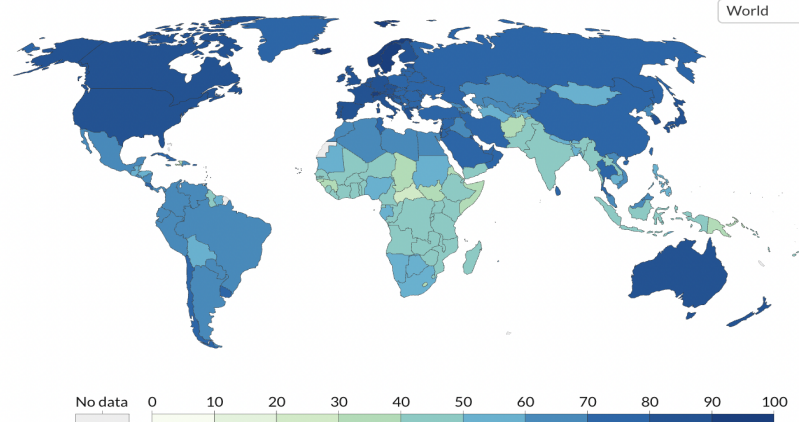


Maps and Data

Healthcare Access and Quality Index, 2015

The Healthcare Access and Quality (HAQ) Index is measured on a scale from 0 (worst) to 100 (best) based on death rates from 32 causes of death that could be avoided by timely and effective medical care (also known as 'amenable mortality').

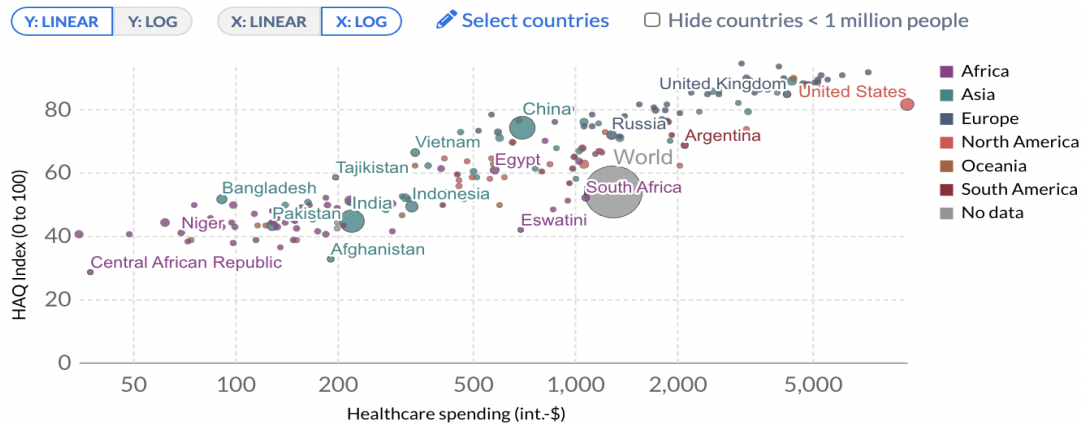
Our World
in Data



Healthcare access and quality by level of healthcare spending, 2018

Our World in Data

Child mortality is defined as the number of children born alive that die before their 5th birthday. Healthcare access and quality is measured by the Institute for Health Metrics and Evaluation HAQ Index.



Questions to Consider

- What is something that more developed countries can do to help underdeveloped countries as they are dealing with conflict?
- How can we help migrants have access whenever needed to get proper healthcare?
- What thoughts or ideas do you have towards the international organization of Migration when it comes to supporting migrants all around the world?
- Who makes the final call when making decisions about work done in the IOM?
- Are people doing hands-on work to help issues regarding access to healthcare in conflict areas?
- Can the IOM help your country? Are there any situations around your government that the IOM can assist?
- How can your country effectively harbor people seeking asylum, keeping in mind their basic needs, and limiting over crowdedness?
- Are there any countries you are willing to work with to help provide asylum to seekers if you have reached maximum capacity?

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