DATA BULLETIN

*Informing the implementation
of the Global Compact for Migration*

International Organization for Migration (IOM)
The UN Migration Agency

Migrants' access to basic services

The 2030 Agenda for Sustainable Development highlights the role basic services – health; education; water, sanitation and hygiene (WASH); and social protection – play in achieving sustainable development. Likewise, migrants' access to basic services is instrumental to ensure they can maximize the benefits from migration, are able to support families in origin countries and can contribute to host countries as healthy and productive workers.[1]

However, while we know access to basic services is critical, we do not know to what extent migrants are able to access such services, due to major data gaps. Data on access to services are often not disaggregated by migratory status or are not comparable across different groups and countries. As a result, we do not know the share of migrants actually able to participate in social protection programmes, access WASH and health services, or attend school.

The collection of these disaggregated data – accompanied by migrant-specific indicators – and monitoring of trends over time are crucial to understanding the vulnerabilities and needs of migrants. Lack of data on migrants and poor visibility of migrants in existing data limit understanding of migrants' needs and well-being, effective implementation of access to basic services, and accountability of governments and service providers. Furthermore, inability to access basic services is often associated with increased protection risks and vulnerabilities, including human trafficking and other forms of exploitation, or domestic violence.

What do we know about migrants' access to services?

Education[2]

In 2015, 31 million school-aged children were international migrants (see Figure 1), with Asia and Africa hosting the largest numbers of migrant children. Europe, North America and Oceania, on the other hand, host a disproportionate number of migrant children compared with their share of all children globally.

There are no internationally comparable data on migrant children's school enrolment, particularly in low- and middle-income countries, partly due to the diversity of migration flows. Where data are available, they suggest that immigrant students face greater difficulties than their native-born peers in accessing education and achieving good learning outcomes.[3] Migrant children are also likely to face linguistic barriers that have an impact on their achievement. Many first- and second-generation migrants do not speak the testing language at home, and this has an impact on their school achievements and test results.

---

1. Hagen-Zanker, J., K. Long and M. Foresti, "Migration and its links to the 2030 Agenda for Sustainable Development", 2018, Migration Policy and Practice (forthcoming).
2. Data and analysis are drawn from Nicolai, S., J. Wales and E. Aizzi, "Education, migration and the 2030 Agenda for Sustainable Development", ODI Briefing Note, London: ODI, 2017.
3. Organisation for Economic Co-operation and Development, "Immigrant students at school: easing the journey towards integration", Paris: OECD Publishing, 2015.

Health services[4]

There are many reasons why migrants may underutilize services, and existing data are rarely disaggregated by migratory status.[5]

Figure 1: Distribution of international migrant children and all children by region, 2015 (%)

© IOM's GMDAC 2018

■ All children ■ International migrant children
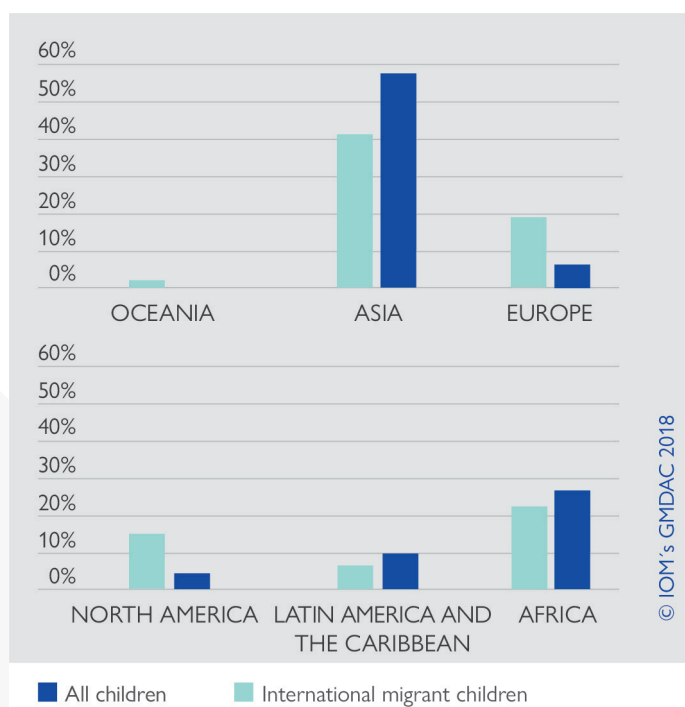
Source: Uprooted. Retrieved from: www.unicef.org/videoaudio/PDFs/Uprooted.pdf

Migrants' access to health services depends on countries' health systems and migrants' eligibility, which differ by the groups covered – for example, only regular migrants; and by services covered – for example, only emergency care. Thailand is viewed as a pioneer, offering universal access to its health insurance scheme to all migrants, including irregular and undocumented migrants.[6] However, eligibility to access health services does not necessarily translate into *effective* coverage for migrants. In the case of Thailand, uptake of services by migrants remains quite low. Data on effective access of migrants to health services are scant, limited to a few case studies.

There are many reasons why migrants may underutilize services. Migrants often face several barriers when accessing health services, despite eligibility, including language and cultural barriers, fear of discrimination, fear of losing employment due to absence, and poor employer compliance.[7] Further barriers include cost, discrimination and bias from health providers; lack of knowledge about accessing entitlements or health insurance; unavailability or unsuitability of interpreters; and fear of deportation for those with uncertain legal status.[8] Similarly, social norms that have travelled from countries of origin may restrict access to health services: For example, women may need permission from men before accessing services.[9]

The "healthy migrant effect" – that migrants who travel for work are usually of young age and healthier than the native-born population – may also mean that migrants' use of services is lower. However, migrants are also well-documented to face numerous health-related vulnerabilities across the whole migration journey: Pre-migration, in transit, in the country of destination and when returning.[10]

WASH[11]

Little comparable data are available on migrants' access to WASH services, with most being limited to case studies or of an anecdotal nature. Put together, the studies show a range of challenges migrants experience in accessing basic and safely managed WASH services.

For instance, while on the move, even accessing a basic source of water can be a challenge, and migrants can face exclusion and disincentives in accessing WASH services (for example undocumented migrants wishing to avoid detection in official camps). Even for displaced or undocumented migrants in formal camps and detention centres, standards of WASH provision are often low, with unsanitary standards leading to outbreaks of waterborne diseases.

In host countries, migrants' access to quality WASH services often remains poor for many years after arrival, linked to their often living in decaying or informal settlements, and to their reduced political and social capital to demand better services, information gaps and insecurity, as a result of legal status or financial barriers. For instance, one study shows that 46 per cent of mostly undocumented Latino migrants living in colonias – informal shanty towns in Texas – faced deficiencies in WASH provision.[12] However, available evidence also shows that, over time, migrants' access to WASH services improves – for example, because of higher incomes or migrants relocating to better neighbourhoods.

Social protection[13]

Detailed data breaking down migrants' legal coverage or take-up of social protection at a national level are often not available, or not comparable between countries. However, attempts have been made to estimate legal coverage at the global level. Based on data from 2013, it is estimated that 23 per cent of regular migrants had legal coverage through a bilateral social protection agreement or similar arrangement

---

4   Data and analysis are drawn from Tulloch, O., F. Machingura and C. Melamed, "Health, migration and the 2030 Agenda for Sustainable Development", ODI Briefing Note, London: ODI, 2016; and Samuels, F., "Migration, health and the 2030 Agenda", *Migration Policy and Practice* (upcoming), 2018.

5   Guinto, R.L.L.R., U.Z. Curran, R. Suphanchaimat and N.S. Pocock, "Universal health coverage in 'One ASEAN': are migrants included?" *Global Health Action*:8, 2015; Tangcharoensathien, V., A.A. Thwin and W. Patcharanarumol, "Implementing health insurance for migrants, Thailand", Bulletin of the World Health Organization, 95: 146–151, 2016.

6   Tulloch, Olivia, F. Machingura and C. Melamed. "Health, migration and the 2030 Agenda for Sustainable Development". ODI Briefing Note, London: ODI, 2016.

7   Guinto, R.L.L.R., U.Z. Curran, R. Suphanchaimat and N.S. Pocock, "Universal health coverage in 'One ASEAN': are migrants included?" Global Health Action:8, 2015; Tangcharoensathien, V., A.A. Thwin and W. Patcharanarumol, "Implementing health insurance for migrants, Thailand", *Bulletin of the World Health Organization,* 95: 146–151, 2016.

8   Biswas, D., M. Kristiansen, A. Krasnik and M. Norredam, "Access to healthcare and alternative health-seeking strategies among undocumented migrants in Denmark", 11, 2011; Dias, S.F., M. Severo and H. Barros, "Determinants of health care utilization by immigrants in Portugal", BMC Health Services Research, 8, 2008; Hall, W.J., M.V. Chapman and K.M. Lee, "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review", *American Journal of Public Health*, 105:60–76, 2015.

9   Samuels, F. "The social in 'psychosocial'. How gender norms drive psychosocial stress. Align, 2018.

10 Ibid.

11 Data and analysis are drawn from Jobbins, G., I. Langdown and G. Bernard, "Water, migration and the 2030 Agenda for Sustainable Development", ODI Briefing Note, London: ODI, 2018.

12 Jepson, W. and H.L. Brown, "'If no gasoline, no water': privatising drinking water quality in South Texas colonias", *Environment and Planning*, 46:1032–1048, 2014.

13 Data and analysis are drawn from Hagen-Zanker, J., E. Mosler Vidal and G. Sturge, "Social protection, migration and the 2030 Agenda for Sustainable Development", ODI Briefing Note, London: ODI, 2017.

between origin and destination countries, granting access to programmes and making social security benefits portable across borders.[14]

However, as Figure 2 shows, while 90 per cent of migrants moving between high-income countries were covered, less than 1 per cent of those moving between low-income countries were legally covered.[15] Overall, around 17 per cent of those migrating from low- or middle-income countries to high-income countries were covered by a bilateral or multilateral social protection agreement. Some countries have secured bilateral agreements that resulted in higher coverage of their emigrants, notably 89 per cent of Moroccan emigrants, compared with a coverage rate of 0.5 per cent for Mexican emigrants.

Fifty-three per cent of regular migrants moved between countries without an agreement but still had access to some social protection in their host countries. The majority of these migrated between low- and lower-middle-income countries, where national social protection systems were generally weak. This means that, while these migrants are legally covered, in practice the type of support they received is likely to be limited in scope and value.

Nine per cent of regular migrants did not have any access to social protection as they were neither covered by an agreement nor entitled by host-country law.

Finally, it was estimated that 14 per cent of migrants were undocumented and had no access to social protection. This means that almost a quarter of all migrants in 2013, most of whom were in the global South, had no or limited social protection access.

Data gaps on migrants' access to basic services

There is a general lack of data disaggregated by migratory status, with national bodies and service providers often not including migratory status as a variable when recording data. This is evident in school enrolment data, where migrant children are invisible in records, and also in health service data, where providers rarely record migratory status. With poor visibility of migrants in the data, there is consequently a lack of understanding of migrants' needs and access to services.

Even less is known about certain migrant groups, in particular hard-to-reach groups that are usually missing from official population statistics. For instance, for WASH service coverage, data are usually collected from censuses and household surveys, thus often excluding migrants living in informal settings, and do not capture intense, localized surges in demand for services arising from temporary arrivals of large numbers of migrants.[16] Likewise, little is known about migrant domestic workers who may be particularly isolated from access to services, or refugees residing outside of camps in urban areas.[17] Excluded from datasets, marginalised groups of migrants that are more likely to be excluded or underserved by service providers or governments.

A lack of data on irregular migrants may come from fear of officials. For example, schools may face difficulty collecting information on students, as they are not able to persuade parents with legally vulnerable status that the data will support their children, and that they will not report it to authorities.[18] Indeed, "firewalls" – separating access to services from immigration enforcement activities – are not always a reality, and so while more disaggregated data could be used to improve services for migrants, *not* collecting these data can protect migrants' security. There may be a trade-off between collecting such data and ensuring migrants the right to basic services and their security.

A key gap in knowledge is that, while it is possible to ascertain migrants' eligibility for health and education services, social protection coverage, or availability of WASH services – for instance by reviewing national legislation – there is a lack of information on actual take-up of services, or effective coverage. Thus, more readily available data on legal coverage may not be indicative of migrants' effective access to basic services.

Data priorities going forward

While the information gaps in migrants' access to services are significant, the Global Compact for Safe, Orderly and Regular Migration could be used as an opportunity to help close these gaps.

Without evidence to inform policymaking, the ability of policymakers to design evidence-driven effective programmes to support migrants is undermined. There are also implications for service providers and users – without evidence, service providers cannot be held to account for failing to provide adequate services to migrants. Going forward, host countries need to collect data to help estimate effective coverage or access to services of migrants. This is needed to improve coverage, service delivery and accountability of service providers. To do this, national bodies and service providers should collect data on access to services disaggregated by migratory status, as well as sex and age, while keeping in mind that data collection activities should be decoupled from immigration enforcement for data to be comprehensive and accurate, and that such data should be used to support vulnerable groups, not to report to security institutions.[19] "Firewalls" should be implemented by service providers, removing barriers for migrants including irregular migrants to access services.[20]

Coordination is needed among institutions on a local, national, regional and international level to collect disaggregated data on migrants' access to services. International organizations should revise current monitoring frameworks to include standards of disaggregating by migratory status.

Finally, to inform programming and supplement national census data, surveys should be conducted with purposeful and opportunistic sampling strategies that focus on the needs of hard-to-reach migrant groups, usually invisible in datasets, and situations where there are concentrated movements of people.[21]

---

[14] This refers mainly to all benefits that stem from contributory payments or residency criteria in a country. Holzmann, R., J. Koettl J. and T. Chernetsky, "Portability Regimes of Pension and Healthcare Benefits for International Migrants: An Analysis of Issues and Good Practices", Social Protection Discussion Paper Series No. 0519, Washington D.C.: World Bank, 2005.

[15] Ibid.

[16] Jobbins, G., I. Langdown and G. Bernard. "Water and sanitation, migration and the 2030 Agenda for Sustainable Development", ODI Briefing Note, ODI: London., 2018.

[17] Nicolai, S., J. Wales and E. Aiazzi. "Education, migration and the 2030 Agenda for Sustainable Development", ODI Briefing, ODI: London, 2017; Hagen-Zanker, J., H. Postel and E. Mosler Vidal. "Poverty, migration and the 2030 Agenda for Sustainable Development", ODI Briefing, ODI: London, 2017.
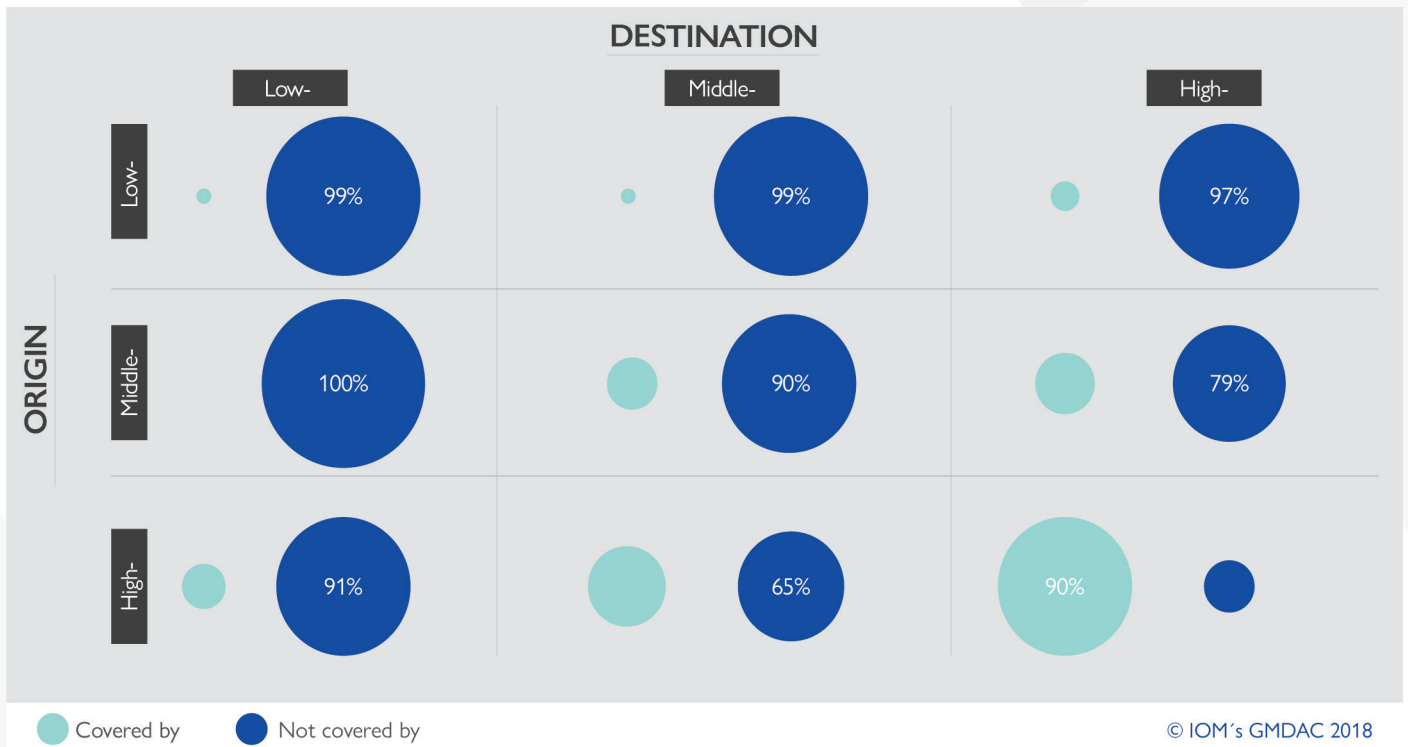
[18] Bartlett, L., D. Rodriguez and G. Oliveira, "Migration and education: socio-cultural perspectives", 2015. Available from www.scielo.br/pdf/ep/v41nspe/en_1517-9702-ep-41-spe-1153.pdf

[19] Nicolai, S., J. Wales and E. Aiazzi. "Education, migration and the 2030 Agenda for Sustainable Development", ODI Briefing, ODI: London, 2017.

[20] ODI and British Red Cross, "Ensuring effective access to essential basic services for all migrants through the Global Compact for Safe, Orderly and Regular Migration", Conference Report, London: ODI, 9 May 2018.

[21] See, for example, the work of Refugee Rights Europe, collecting data on refugees in informal settings and camps across Europe, including access to basic services. Available from http://refugeerights.org.uk/reports (accessed 17 November 2018).

Figure 2: Social protection coverage of migrants by country of origin and country of destination

DESTINATION

	Low-	Middle-	High-
Low-	99%	99%	97%
Middle-	100%	90%	79%
High-	91%	65%	90%

ORIGIN

● Covered by   ● Not covered by

Source: Authors' own calculation based on data compiled by Avato et al. (2009) and hosted by the World Bank http://go.worldbank.org/ NCO9EJABP0. The figure shows the percentage of migrants (size of "bubble") who are legally covered by a bilateral or multilateral social protection portability agreement, split by the income classification of their origin and destination country.

Avato, J., Koettl, J. a nd Sabates-Wheeler, R. (2009) *Definitions, Goo d Practices, And Glob al Estimates On Th e Statu s Of So cia l Prote ction For International Migrants.* Social Protection discussion paper; no. SP 0909. Washington D.C.: World Bank.

IOM's GMDAC

In response to growing calls for better data on migration, and for better use and presentation of migration data, IOM has created the Global Migration Data Analysis Centre (GMDAC).

Located in Berlin, Germany, the Centre aims to provide authoritative and timely analyses of data on global migration issues as a global hub for data and statistics on migration.

For more information, please contact:
IOM's Global Migration Data Analysis Centre (GMDAC)
Taubenstr. 20–22 | 10117 Berlin, Germany
Tel.: +49 30 278 778 21

GMDAC website: https://gmdac.iom.int
Migration Data Portal: https://migrationdataportal.org

Authors

Gemma Hennessey
Overseas Development Institute (ODI)
g.hennessey@odi.org.uk

Jessica Hagen-Zanker
Overseas Development Institute (ODI)
j.hagen-zanker@odi.org.uk

Contact

Marzia Rango
IOM's GMDAC
mrango@iom.int

Emma Borgnäs
IOM's GMDAC
eborgnas@iom.int

Mailan Thai
IOM Geneva
mthai@iom.int

Data Bulletin: Informing the implementation of the Global Compact for Migration
Issue No. 15 | DECEMBER 2018

International Organization for Migration
17 route des Morillons, P.O. Box 17, 1211 Geneva 19, Switzerland
Tel.: +41 22 717 9111 • Fax: +41 22 798 6150
E-mail: hq@iom.int • Website: www.iom.int

Funded by the
European Union