

GUIDANCE DOCUMENT ON MIGRATION AND HEALTH



PAHO

Contents

Introduction	1
Background	3
Situation Analysis	5
Scope	8
Recommended actions on migration and health in the Americas	9
Strategic line of action 1	
Strengthen health surveillance, information management and monitoring	9
Strategic line of action 2	
Improve access to health services for the migrant and host population	10
Strategic line of action 3	
Improve communication and exchange of information to counter xenophobia, stigma and discrimination	12
Strategic line of action 4	
Strengthen partnerships, networks, and multi-country frameworks to understand the status and promote and protect the health of migrants	13
Strategic line of action 5	
Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of migrants	14
References	15



Introduction

Migration has been a part of the experience of countries in the Region of the Americas at various moments throughout their history, as countries of origin, transit, or destination. Social and political conflict, food insecurity, natural disasters, climate change, environmental degradation, economic hardship, violence, and other adverse drivers and structural issues have hindered people from building healthy and sustainable livelihoods, and compelled them to seek better living conditions elsewhere for themselves and their families. These adverse drivers and structural issues have given rise to evolving dynamics in migration within the Region.

In 2016, the 55th Directing Council approved the Policy Document CD55/11, Rev. 1 and adopted Resolution CD55.R13 “Health of Migrants,” urging PAHO Member States to generate health policies and programs to address health inequities that affect migrants and develop targeted interventions to reduce migrants’ health risks; improve regulatory and legal frameworks to address the specific health needs of migrants; ensure access to the same level of financial protection and health services that other people living in the same territory enjoy, regardless of their migratory status; and generate proposals at all levels for the coordination of programs and policies on health issues considered to be of common interest in border areas.

During the 56th Directing Council in September 2018, the Pan American Sanitary Bureau (PASB) presented document CD56/INF/12, outlining its response to maintaining an effective technical collaboration agenda in countries in the Region affected by mass migration. During the plenary discussion, delegates from Member States agreed to participate in a high-level meeting to specifically tackle important issues related to mass migration and health.



Consequently, PAHO convened a high-level meeting on migration and health in November 2018. It was aimed at reviewing the regional health panorama within the context of mass migrations; addressing key challenges for improving the countries' health systems and services for migrants and host populations; identifying priority actions to address the health needs of migrants, while protecting regional gains in terms of elimination and control of endemic and epidemic-prone diseases; and discussing challenges for resource mobilization and health services financing. PAHO's Secretariat committed to develop, in consultation with Member States, an action plan that provides guidance and establishes actions to address the health needs of migrants, both at the country level and through bilateral agreements for joint work in border areas and transition zones, as well as through sub-regional mechanisms and initiatives.

Managing migration poses public health challenges within and outside the Region and demands strong regional and international cooperation. It is paramount to continue working toward a collaborative framework that highlights the relationship between migration and development, and emphasizes the need to address public health circumstances and challenges affecting migrants as key to consolidating regional and national health outcomes, and overcoming obstacles to attain Universal Health and achieve the Sustainable Development Goals.

Background

Discussions on migration at the global level are not new. The United Nations approved the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families in 1990. Since then, many other global instruments have been adopted in the UN System to address issues pertaining to migrant populations. In 2008, WHO adopted Resolution WHA61.17, “Health of Migrants”. In October 2013, the UN General Assembly adopted the Declaration of the High-Level Dialogue on International Migration and Development (Resolution A/RES/68/4), which recognizes that human mobility is a key factor for sustainable development. Additionally, the 2030 Agenda for Sustainable Development, adopted in 2015, recognizes “the positive contribution of migrants for inclusive growth. Subsequently, in 2016, the UN General Assembly adopted the New York Declaration for Refugees and Migrants (Resolution A/RES/71/1), which expresses the political will of world leaders to save lives, protect rights and share responsibility on a global scale. In December 2018, Member States of the UN General Assembly affirmed the non-legally binding Global Compact for Safe, Orderly and Regular Migration to ensure fundamental human rights for migrants in all policies and practicesⁱ. Also, in December 2018, UNHCR and IOM jointly launched the Regional Refugee and Migrant Response Plan (RMRP), an operational blueprint, coordination template, and strategy for responding to the needs of Venezuelans on the move and securing their social and economic inclusion in the communities receiving themⁱⁱ.

During its 144 Executive Board, in January 2019, the WHO Secretariat presented a report on the Draft Global Action Plan, 2019–2023 for promoting the health of refugees and migrants, which will be considered by the 72nd World Health Assembly in 2019. This is in response to the request from the 70th World Health Assembly in May 2017, when the Assembly adopted resolution WHA70.15ⁱⁱⁱ on promoting the health of



refugees and migrants and urged Member States, in accordance with their national context, priorities, and legal frameworks, inter alia to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants^{iv}.

PAHO has approved several resolutions that promote the incorporation of the human rights and human security approaches in country health policies, plans, programs, and health-related laws that contribute to strengthening the resilience of migrant populations in the highest conditions of vulnerability. These include the following resolutions and initiatives: PAHO Gender Equality Policy (2005); Health and Human Rights (2010); Health, Human Security, and Well-Being (2010); Plan of Action on Health in All Policies (2014); Plan of Action for the Coordination of Humanitarian Assistance (2014); the Strategy for Universal Access to Health and Universal Health Coverage (2014); Resilient Health Systems (2016); Health of Migrants (2016); and Plan of Action on Disaster Risk Reduction (2016).

PAHO Member States, through numerous Resolutions since 1976 (most recently CSP28.R19 in 2012 and CD53.R9 in 2014), have requested the Director to assist countries in time of an emergency and, where appropriate, in mobilizing resources to address the multiple challenges posed by the emergency health response; promote the formation of alliances among countries, with regional integration forums, international agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, in order to further enhance the capacity of Member States to respond to health emergencies.

In 2018, with amplified mass migration processes globally, and particularly in the Americas, migrant issues gained heightened visibility in national, sub-regional, and regional agendas. In September 2018, for example, eight Latin American countries issued the Declaration of Quito on Human Mobility of Venezuelan Citizens in the Region^v. A Plan of Action on this Declaration, published in November 2018, recognizes the health sector as a key pillar of the response, with a focus on disease control, vaccination, access to health systems, particularly for migrants. A Ministerial Declaration in Mesoamerica^{vi} and a Resolution of the Andean Countries^{vii} on Health and Migration were adopted in April 2017 and November 2018 respectively.

Situation Analysis

The number of international migrants^{viii}, as a proportion of the global population, has grown over time. In 2017, international migrants constituted 3.4% of the global population, compared with 2.8% in 2000^{ix}. During the period from 2000 to 2017, the total number of international migrants rose from 173 million to 258 million—an increase of 49%^x. Nevertheless, internal migration is even more prevalent, with the most recent global estimate indicating that more than 740 million people had migrated within their own country of birth^{xi}. In terms of the Americas, in 2017, out of the 258 million international migrants worldwide, Latin America and the Caribbean was the region of birth of the third largest number of international migrants (38 million), while Northern America was the fifth largest (4 million). That same year, data by geographic region reports that Northern America hosted 58 million international migrants and Latin America and the Caribbean hosted 10 million, third and fifth largest numbers worldwide, respectively^{xii}. When considering these migration trends, it is important to keep in mind two types of migration phenomena, as described elsewhere^{xiii}: structural long-term migration patterns owing to global inequalities and large-scale arrivals resulting from war and conflict, and natural disasters. The Americas have witnessed many migration waves related to economic, social, and political challenges, including conflicts, wars, and natural disasters. Nonetheless, as earlier described, migration is increasing in unprecedented magnitude with new destination countries, and changing migrant profiles (with more women and children and not primarily the traditional young men seeking economic opportunities).

Most countries in the Region have been, at some point in time, territories of origin, transit, destination, and return. However, sudden large-scale movements of people may disrupt systems and infrastructures in an abrupt way and severely test the collective response capacity. This is a complex and expanding reality in the Region that has quickly moved up the priority ladder in national agendas of Member States. The intensification of two mass migratory phenomena has recently been observed in the Americas: migration from Mesoamerica towards the United States, and the migration from Venezuela to neighboring South American



and Caribbean countries. These new migratory flows have placed the issue of migration at the center of the attention of the countries of the Western Hemisphere. Migration northward by Central Americans continues as a predominant trend, and Mexico and territories within the Northern Triangle of Central America (NTCA) are key transit territories^{xiv}. During October 2018, an estimated 7000 migrants have reportedly entered Mexico from Central America on their way to the United States of America^{xv}. On the other hand, as of 31 October 2018, three million Venezuelans were living outside their country of origin and 2.4 million of them were hosted by countries in Latin America and the Caribbean^{xvi}. Colombia, Peru, and Ecuador bear the heaviest burden of migration, with over 1.7 million Venezuelan migrants (70%) currently being hosted in those three countries^{xvii}. Rapid and large movements of people have triggered a humanitarian situation, a financial problem, and a test to the resilience of countries' health systems.

Managing sudden and large movements of people within a short timeframe has prompted profound questions about the resilience and adaptive capacity of health systems in the Region. Countries in the Americas have demonstrated regional solidarity in providing support for migrants over the past few years. However, the increased demand for health services and public health protections to promote health and prevent diseases by large movements of people has put pressure on institutions, and health care systems have struggled to adequately address the health needs of migrants entering their borders, while addressing those of the local population. Limited financial, human, and infrastructural resources, as well as legislative constraints are among the biggest challenges faced by health systems.^{xviii} A comprehensive and gendered understanding of migrants' contributions to formal and informal economies of destination countries is also needed, as well as ways in which their financial participation in health and social systems can be optimized, recognized and protected^{xix}.

At the same time, countries are coping with the growing burden of noncommunicable diseases, re-emergence of infectious diseases, such as measles, diphtheria, and malaria, previously eliminated or controlled¹; ^{xx}, ^{xxi}, ^{xxii}; increase in gender-based violence; mental health issues; and lack of access to healthy and



1. According to criteria included in the regional measles elimination plan, if transmission persists for 12 months or longer in a given geographic area, endemic transmission is reestablished. Thus, endemic transmission of measles has been reestablished in Venezuela, but the other 34 PAHO Member States maintain their elimination status.

nutritious food, resulting in acute malnutrition in children under 5 years of age, pregnant women, and older persons, to cite a few.

Within this context, throughout their migration journey, migrant populations may be at a higher risk of developing or worsening non-communicable diseases, mental health and substance abuse disorders, for example, due to lack of access to ongoing medication or care needs for those with pre-existing conditions; contracting communicable diseases, including sexually transmitted infections, such as HIV; experiencing sexual and gender-based violence, abuse and trafficking; lacking adequate shelter, sanitation, and clean water; experiencing food insecurity and nutritional problems; and experiencing occupational diseases and injuries. These risks are exacerbated by barriers to accessing health services while in transit, in countries of destination and origin or return. Barriers include language and cultural differences, high costs, discrimination, and inability to affiliate to local financing schemes. Often it is women, adolescents, children, and persons with disabilities who are the most vulnerable in these situations. Sometimes, nationality or legal status may be used as a basis for deciding who is entitled to access health care services. Migrants may, in some circumstances, fear detection, detention and deportation, and may be subject to trafficking or slavery^{xxiii}. In addition, reduced human resources for health and gaps in essential medicines and supplies are factors limiting access to health services. Health emergencies and disaster events can also exacerbate the health risks for these populations.

There is a general recognition that the situation is evolving from what was initially seen as an acute emergency to a scenario that will require a switch of paradigm for national health systems and medium- and long-term solutions to be integrated in countries' development plans. Countries are investing heavily in developing capacity through multi-sectoral actions at national and local levels. As countries continue these efforts, mobilization of resources and ensuring their most effective use continue to be priorities.

Countries are coordinating and adapting their responses at national levels to ensure migrants' right to health, within the limitations of their capacities and available resources. However, countries recognize migration is a multidimensional reality that cannot be addressed in isolation and requires multi-sectoral collaboration at national and local levels that is combined with multi-country or regional interventions.

Scope

This document was developed to serve as a resource for Member States to address the public health and health system challenges related to migration, including the promotion and protection of the health of migrants throughout their migration process. It aims to support the integration of the health needs of migrants into national health policies, strategies, and programs, to not only protect the health of this population, but also that of the host population. It is expected to contribute to the overall protection of the health and well-being of the peoples of the Americas, be they host or migrant populations, recognizing that no one must be left behind.

This document is a response to the PAHO Secretariat's commitment at the November 2018 High Level Meeting on Migration and Health to develop guidance to address the health needs of migrants. It is in line with the mandates outlined above and considers discussions with Member States on the experiences, lessons learned, and challenges in meeting the health needs of migrants. Despite the wide array of categories encompassed under the terms migration and migrants², this document focuses primarily on the health of persons who, as part of large-scale international migration arrivals due to war, conflict, and natural disasters, are placed in conditions of vulnerability.

The proposed interventions in the document are underpinned by people-centered actions, a multi-hazard approach, and shared responsibility among national and subnational institutions and authorities, and the public and private sectors. It incorporates approaches based on health equity, gender and ethnic equality, and the right to health. This means that all men and women have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. As gender and ethnic discrimination often create barriers to access to health, specific attention is needed to promote and address these structural determinants of health, within the context of migrant population needs, vulnerabilities and human rights protection. The document also recognizes the need to bridge the short-term emergency response, and medium to long-term actions for integrating the health needs of the migrant population, while ensuring the sustainability of actions currently being implemented.

Interventions will benefit from coordination of actions with relevant actors at national, local, and regional levels, including strategic partners of the UN System, such as PAHO, OCHA, IOM, UNHCR, to facilitate effective implementation and avoid duplication of actions.

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2. **Migration** is defined as the movement of a person or a group of persons either across an international border or within a State. As such, migration encompasses any movement of people, no matter its length, composition, or cause. It includes the flow of refugees, displaced persons, economic migrants (voluntary or forced), temporal workers, students, undocumented migrants, and persons moving for other purposes, including family reunification, with different health determinants, needs, resources, capabilities, and levels of vulnerability (definition as contained in the 2016 Resolution on Migrants Health, Document CD55/11, Rev. 1).

Migrants: At the international level, there is no universally accepted definition of the term "migrant". Migrants may remain in the home country or host country ("settlers"), move on to another country ("transit migrants"), or move back and forth between countries ("circular migrants" such as seasonal workers) (definition as contained in the 2016 Strategy and action plan for refugee and migrant health in the WHO European Region).

The entitlement of and access to health services for the various groups is determined by national regulations and legislation. In addition to these legal provisions, ethical considerations must also be borne in mind when dealing with issues related to migrants health, including the collection and exchange of information.

Recommended actions on migration and health in the Americas

Strategic line of action 1 – Strengthen health surveillance, information management, and monitoring

This line of action focuses on ensuring that national surveillance systems integrate considerations for both host and migrant populations. It seeks to ensure that information and disaggregated data are generated at regional and country levels (national and sub-national), and that adequate, standardized, and comparable records on the health of migrants are available to support policy- and decision-makers to develop more evidence-informed policies, plans and interventions. This will, amongst other things, support the adaptive capacity of health systems of destination countries and guide health interventions to address migrants' specific health needs.

Key Interventions

- Establish and/or strengthen early warning alert and response to support the identification of health risks and guide prevention and control interventions.
- Strengthen national and decentralized health surveillance and information systems to better capture the health status and needs of migrant populations, including the development of sentinel surveillance systems as necessary, and collection of disaggregated data, such as health-seeking behaviors and access to, and utilization of, health care services.
- Strengthen epidemiological surveillance and information management and reporting capacities of host countries within the framework of the IHR.
- Develop and share comprehensive profiles on the health status of key migrant populations, including identification of risk factors, to support the adaptive capacity of health systems of host countries and guide equitable health interventions to address migrants' specific health needs.
- Promote the portability of health data in accordance with national law, to ensure that an individual's health data and information can be available for use in different countries, as necessary.



Strategic line of action 2 – Improve access to health services for the migrant and host population

This line of action focuses on increasing equitable access to comprehensive, timely, quality health services for all people, including the migrant population, without discrimination and with a people- and community-centered approach. It is essential to determine specific barriers to access and define specific interventions, for example, facilitating linguistic, intercultural, and financial support to improve access to health services for migrant and host populations. Existing mechanisms in place should be strengthened to increase health services capacity in areas with a high influx of migrant populations. Services should cover the continuum of care, including promotion, treatment, rehabilitation and palliation based on the health needs ascertained.

In general, migrants do not pose an additional health security threat to host communities^{xxiv}. Initial screening—not limited to infectious diseases—can be an effective public health instrument, but should be nondiscriminatory and non-stigmatizing, and carried out to the benefit of the individual and the public; it should also be linked to accessing treatment, care and support. It is unlikely to be necessary if health systems are strong and capable^{xiii}.

Key Interventions

- Identify health needs of migrants and health systems gaps to respond to these needs, including specific and common gaps related to access and coverage in communities along border areas.
- Include health needs in country plans, policies, and programs related to migration, while promoting the participation of the Ministry of Health in their development processes.
- Develop health contingency plans and ensure that emergency-affected populations, including migrants, have access to an essential package of life-saving health services.



- Scale-up prevention and control interventions, including short term and longer-term responses for the management of communicable diseases, non-communicable diseases, mental health and risk factors, recognizing the importance of integrated interventions based on the different needs of migrants, considering key determinants of health, such as age, gender, education, cultural sensitivity, and the nature of the trauma.
- Develop protocols and institute measures to ensure the monitoring and provision of sexual, reproductive and maternal-child health care, as well as specialized care for the survivors of trauma and violence.
- Implement strategies within national immunization plans to increase vaccination coverage for hard-to-reach populations, including migrant communities.
- Provide adequate resources to enhance continuity and quality of care, and ensure health services are accessible and inclusive for all, including populations with mental, physical and sensory impairments.
- Provide access to comprehensive, high-quality health services on a continuing long-term basis, if required, supported by referral processes and an Integrated Health Service Delivery Network (IHSDN), with an inclusive approach that integrates the health needs of the migrant population (including relevant health care providers, NGOs and civil society organizations).
- Provide health workforce training to develop inter-professional teams at the first level of care with combined competencies in comprehensive care and an intercultural and social determinants approach to health. Training on health equity and human rights-based approaches is a key element for health professionals and relevant non-health actors.
- Include, if feasible, qualified migrant health workers in the design, implementation and evaluation of migrant-sensitive health services and educational programs.
- Ensure core capacities for national and international implementation of the International Health Regulations (2005).
- Make available information on health care services provided to migrants by all relevant actors, at national and local levels (including NGOs and civil society organizations), to avoid duplicating efforts.

Strategic line of action 3 – Improve communication and exchange of information to counter xenophobia, stigma, and discrimination

This line of action focuses on the provision of accurate information and dispelling of fears and misperceptions among migrant and host populations about the health impacts of migration and displacement on mobile populations, and on the health of local communities and health systems. It also seeks to build a culture of inclusion, solidarity and diversity, promoting the exchange of information (including epidemiological information), protocols, communication material and strategies, national plans, and relevant policy instruments among Member States.

Key interventions

- Collect and exchange relevant information on migrants' health, especially among neighboring countries where there is active human mobility along the borders, to foster collaborative and targeted health actions.
- Share positive experiences, best practices, policy instruments, successful tools and lessons learned in promoting and protecting the health of migrants, among countries, agencies, and other relevant actors involved to support transregional learning and the adaptation and replication of successful interventions in other countries of the Region, or even outside of the Region.
- Develop gender and culturally-sensitive material for awareness-campaigns that inform migrants and host communities about the rights of migrants (including their right to health), while dispelling negative perceptions surrounding this population.
- Conduct sensitization/awareness trainings, with health care providers and other government officials, about the health needs of migrants and the services available for appropriate referral, considering intercultural differences.
- Develop periodic progress reports and country profiles, to monitor health-related aspects of the movement of people, disease-risk distribution and risk reduction, in the context of the Sustainable Development Goals.
- Develop, subject to national contexts and legal frameworks, cross-border approaches and databases to share information about health risks in countries of origin, transit and destination, as well as portable health records and health cards, including the possibility of a health card for population groups in movement, thereby promoting continuity of care.



Strategic line of action 4 – Strengthen partnerships, networks, and multi-country frameworks to understand the status and promote and protect the health of migrants

This line of action seeks to ensure that the determinants affecting migrants' health are addressed through joint action and coherent multi-sectoral public health policy responses, including differentiated impacts among women and girls, children, and indigenous and afro descendant communities. It promotes synergy and efficiency through partnerships and intersectoral, intercountry, and interagency coordination and collaboration mechanisms, including with agencies within the United Nations System, such as PAHO, IOM, UNHCR, and UNWomen.

Key interventions

- Enhance inter-sectoral collaboration, including with education, social welfare, amongst others, to facilitate the planning of response interventions and the assignation of resources with a comprehensive short-, medium-, and long-term vision.
- Improve multi-country dialogues and cooperation, aimed not only at identifying common interests, but also at creating common protocols and treatment schemes, avoiding duplication of efforts, and ensuring a more effective use of resources.
- Establish or reactivate intercountry partnerships and alliances to strengthen ongoing efforts to address trans-border health issues related to migration. Such agreements could also foster multi-sectoral cooperation along borders, with greater participation from sectors such as health and education.
- Develop binational coordination mechanisms and plans of action to more effectively address common health challenges linked to this migratory crisis.
- Participate in regional needs assessment and prioritization efforts to facilitate the planning of response interventions and the assignation of resources with a comprehensive short-, medium-, and long-term regional vision.
- Identify solutions and financing mechanisms for the mobilization of resources for health, to support host countries' increased healthcare demands related to large-scale international migration.



Strategic line of action 5 – Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of migrants

This line of action targets the mainstreaming of migrant's health in national agendas, and promotes migrant-sensitive health policies and legal and social protection, and the health and well-being of women, children and adolescents living in migrant settings. Given that gender and ethnicity can affect the reasons for migrating, as well as the social networks migrants use to move in host countries, there is a need to ensure equality approaches in national programs and policies, including the empowerment of migrant women and girls and gender equality.

It also advocates for the inclusion of migrant health in national and local policies and programs, as well as the development or modification of legal frameworks to address migrants' right to the highest attainable standard of physical and mental health, in accordance with international human rights obligations, relevant international and regional instruments, and by working to lower or remove physical, financial, information and discrimination barriers in accessing health care services, in synergy with WHO's partners, including non-State actors.

Key interventions

- Strengthen/scale up interventions to ensure the effective promotion, respect, and fulfillment of the human rights of migrants, while upholding their right to health and principles of non-discrimination.
- Apply a gender sensitive, intercultural and rights-based approach to the preparation and review of national health policies, strategies, and plans at national or subnational level to protect the right to health and respond to the health needs of migrants.
- Address discriminatory processes, health barriers affecting migrants and support modifications of legal frameworks that ensure the effective promotion, respect, and fulfillment of the human rights of migrants, while upholding their right to health and principles of non-discrimination.
- Develop social protection policies and actions to address health inequalities and barriers to access services throughout the migration process.
- Generate evidence of the impact on health systems if the health needs of migrants are not addressed, as well as, to develop targeted interventions to reduce health risks and health inequities among migrants.
- Participate in the establishment of a research agenda on migration, mobility, and health.



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