Refugee and Migrant Health at WHO

The new Global Action Plan: expectations, gaps, perspectives

October 2, 2019
New York Declaration for Refugees and Migrants, adopted by the UNGA on 19/09/2016, and the health-related commitments in the Global Compact on Refugees and the Global Compact on Safe, Regular and Orderly Migration (GCM)

Secretary-General’s report, *Making migration work for all*, adopted by the UNGA on 12/12/2017

140th EB session, January 2017: Secretariat to develop a *Framework of priorities and guiding principles to promote the health of refugees and migrants* with IOM and UNHCR

May 2017, WHA endorsed resolution WHA70.15 on promoting the health of refugees and migrants … in line with the New York Declaration for Refugees and Migrants

Global Migration Network, Geneva 15-16/10/2018

2018: Regional plans (EURO, PAHO, EMRO, AFRO), and good practices published (http://www.who.int/migrants/publications/situation-analysis-reports/en/) (knowledge hub at: http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/resources)

2019: January EB endorsed GAP draft; May WHA noting and adopting GAP (http://www.who.int/migrants/en/)
Eastern Mediterranean Route
Surveillance

Routes

Detections of illegal border-crossing at the EU’s external borders, Q4 2017

41,421

(68,380)

Number in parenthesis is for Q4 2016

Western African route
288

(197)

Western Mediterranean route
9,444

(3,601)

Eastern Mediterranean route
13,526

(9,006)

Eastern borders route
189

(317)

Black Sea route
65

(0)

Circular route from Albania to Greece
1,542

(1,258)

Eastern Mediterranean route
13,789

(49,379)
• comprehensive situation analysis at the global level, including good practices by regions and countries (http://www.who.int/migrants/publications/situation-analysis-reports/en/)

• repository accessible at http://www.who.int/migrants/en/, based on EURO pioneer work http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migrant-health-in-the-european-region/migration-and-health-key-issues, including a strategy and an action plan used by MS to draft their own contingency plan currently used in the

• knowledge hub, summer school and health knowledge management tool, all available at: http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/resources.
The WHO GAP

The GAP positions WHO in the international arena at global and regional levels to support the public health aspects of refugee and migrant health. WHO action will be focused on achieving universal health coverage (UHC) within the context of WHO’s 13th General Programme of Work (GPW 13). Modalities for WHO action will include promoting technical assistance, evidence and research, communication and knowledge sharing, and supporting coherent country policy development.

The GAP refers to both refugees and migrants and presents a cooperative framework addressing migration health in all its dimensions. Refugees and migrants are entitled to the same universal human rights and fundamental freedoms, which must be respected, protected and fulfilled always. However, migrants and refugees are distinct groups governed by separate legal frameworks. Only refugees are entitled to the specific international protection defined by international refugee law.

http://www.who.int/universal_health_coverage/en/
http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/
https://www.iom.int/who-is-a-migrant
Ibid., vol. 606, No. 8791.
Guiding principles

- Right to health for all regardless of status
- Equality and non-discrimination
- Equitable access to health services
- Integrated people centred, migrant sensitive health systems
- Non restrictive health practices based on health conditions
- Whole of governmental and whole-of-society response
- Social inclusion and participation of refugees and migrants
Priorities and options for action, in line with GPW13

Priority 1. Reduce mortality and morbidity among refugees and migrants through short- and long-term health interventions

Priority 2. Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures

Priority 3. Advocate mainstreaming refugee and migrant-sensitive health policies, legal and social protection, and gender equality, including interventions to protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings; and promote partnership and intersectoral, intercountry and interagency coordination and collaboration mechanism in global, regional and country agendas

Priority 4. Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including Universal Health Coverage

Priority 5. Support measures to improve communication and counter xenophobia

Priority 6. Strengthen health monitoring and health information systems
Priority 1a

• Expert group for an essential health care packages for different typologies of mobile groups and migration/displacement patterns, in line with country context, including cross-border health prevention, health promotion, treatment, rehabilitation, and palliation for acute, chronic and infectious diseases, injuries, mental and behavioral disorders, and sexual and reproductive health needs

• Expert group to analyze existing data systems, and provide advice on means to ensure that mortality and morbidity patterns among refugees and migrants are better understood, analyzed, and used for evidence-based programming and policy development

• Develop guidance, models and standards to support countries in the prevention and management of communicable and non-communicable diseases among refugees and migrants, particularly those in conditions of vulnerability;
Priority 1b

- Ensure by means of training, development of guiding instruments, and coordination of responders that health systems capacity to meet the needs of migrants and displaced is built within emergency and humanitarian health responses, emphasizing in this context an emergency-development nexus;

- Provide support to Member States by means of tools, assessments, and capacity development in planning and developing public health capacities and services in the event of sudden and large inflows of refugees, asylum seekers, and migrants;

- Analyze and develop specific competences in relation to human mobility/displacement and health risk reduction, to strengthen Member States’ capacities in relation to the implementation of International Health Regulations and prevention of antimicrobial resistance
Priority 2a

- Promote at regional and inter-regional level as feasible, the harmonization of treatment protocols for chronic conditions, that facilitate cross-border continuity of care

- Review experiences and identify good practices on the use of electronic personal health records for refugees and migrants to enhance cross-border continuity of care

- Develop assessment tools on capacity, and ensure coordination of efforts in the strengthening of referral mechanisms for secondary/tertiary health care and service delivery networks to include mental and psychological care provision in the context of emergencies, arrival and post-arrival phases

- Explore and expand health information/communication for refugees, migrants and communities using technological and social innovation
Priority 2b

Support Member States in the development of plans of actions, policies, and capacities in the promotion of the health of all workers in line with resolution WHA 60.26 (2007)

Review good practices and advocate development of insurances schemes, cross-border portability of entitlements, and social protection floors, in partnership with leading entities and private sector
Priorities 3 and 4

• Work at the inclusion of refugees and migrants within strategies meant to achieve **Universal Health Coverage** as applicable, including coverage, quality of service, and financing and relevant indicator frameworks

• Working in **partnership** with agencies such as UNHCR, IOM, and ILO, and others ensure that the health of migrants is maintained as a topic both within migration and health national and global dialogues, and cooperation platforms to strengthen synergies and achieve results

• Identify, map, and address social determinants of refugee and migrant ill health, through **multiple SDGs and inter-sector collaboration**

• Work at building more **resilient health systems** for the benefit of all strata of societies, including migrants in vulnerable situations
Priorities 5 and 6

- Support Member States with the provision of appropriate, accurate, timely, culturally-sensitive and user-friendly information on health issues of refugees and migrants, to counter stigmatization and xenophobia.
- Promote operational research, provision of evidence and good practices in addressing identified needs and priorities.
- Provide reporting as needed, in collaboration with IOM, UNHCR, other agencies.
- Work with Member States to monitor health-related aspects of the movement of people, disease-risk distribution and risk reduction.
- Convene a technical working group to discuss disaggregation of data on the health of refugees and migrants, including health-seeking behaviours and access to, and utilization of, health care services and propose to Member States options for adaptation.
<table>
<thead>
<tr>
<th>Targets (7)</th>
<th>Indicators (10)</th>
<th>Tiers</th>
<th>Custodians</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.c Increase health financing and the recruitment, development, training and retention of the health workforce in developing countries</td>
<td><strong>3.c.1</strong> Health worker density and distribution.</td>
<td>Tier I</td>
<td>WHO</td>
</tr>
<tr>
<td>4.b Expand the number of scholarships available to developing countries for enrolment in higher education in developed countries and other developing countries</td>
<td><strong>4.b.1</strong> Volume of official development assistance flows for scholarships by sector and type of study.</td>
<td>Tier I</td>
<td>OECD</td>
</tr>
<tr>
<td>8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment</td>
<td><strong>8.8.1</strong> Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status.</td>
<td>Tier II</td>
<td>ILO</td>
</tr>
<tr>
<td>8.8 Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment</td>
<td><strong>8.8.2</strong> Level of national compliance with labour rights (freedom of association and collective bargaining) [...] by sex and migrant status.</td>
<td>Tier III</td>
<td>ILO</td>
</tr>
<tr>
<td>10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.</td>
<td><strong>10.7.1</strong> Recruitment cost borne by employee as a proportion of yearly income earned in country of destination.</td>
<td>Tier III</td>
<td>ILO, World Bank</td>
</tr>
<tr>
<td>10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.</td>
<td><strong>10.7.2</strong> Number of countries that have implemented well-managed migration policies.</td>
<td>Tier III</td>
<td>DESA-PD, IOM</td>
</tr>
</tbody>
</table>
## 10 migration-related indicators (2/2)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>10.c Reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent.</td>
<td><strong>10.c.1</strong> Remittance costs as a proportion of the amount remitted.</td>
<td>Tier II</td>
<td>World Bank</td>
</tr>
<tr>
<td>16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</td>
<td><strong>16.2.2</strong> Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation.</td>
<td>Tier II</td>
<td>UNODC</td>
</tr>
<tr>
<td>17.3 Mobilize additional financial resources for developing countries from multiple sources</td>
<td><strong>17.3.2</strong> Volume of remittances (in United States dollars) as a proportion of total GDP.</td>
<td>Tier I</td>
<td>World Bank</td>
</tr>
<tr>
<td>17.18 Enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts</td>
<td><strong>17.18.1</strong> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics.</td>
<td>Tier III</td>
<td>UNSD</td>
</tr>
</tbody>
</table>
## 24 indicators relevant for disaggregation (1/2)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Proportion of population below the international poverty line, by</td>
<td>Proportion of population below the international poverty line, by sex, age, employment status and geographical location.</td>
</tr>
<tr>
<td>sex, age, employment status and geographical location</td>
<td></td>
</tr>
<tr>
<td>1.3.1 Proportion of population covered by social protection, by sex,</td>
<td>Proportion of population covered by social protection, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.</td>
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<tr>
<td>distinguishing children, unemployed persons, older persons, persons with</td>
<td></td>
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<tr>
<td>disabilities, pregnant women, newborns, work-injury victims and the poor</td>
<td></td>
</tr>
<tr>
<td>and the vulnerable</td>
<td></td>
</tr>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>Maternal mortality ratio.</td>
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<tr>
<td>3.2.1 Under-five mortality rate</td>
<td>Under-five mortality rate.</td>
</tr>
<tr>
<td>3.3.1 Number of new HIV infections per 1,000 uninfected population, by</td>
<td>Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.</td>
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<tr>
<td>sex, age and key populations</td>
<td></td>
</tr>
<tr>
<td>3.4.1 Mortality rate attributed to cardiovascular disease, cancer,</td>
<td>Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease.</td>
</tr>
<tr>
<td>diabetes or chronic respiratory disease</td>
<td></td>
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<tr>
<td>3.8.1 Coverage of essential health services</td>
<td>Coverage of essential health services.</td>
</tr>
<tr>
<td>3.8.2 Proportion of population with large household expenditures on</td>
<td>Proportion of population with large household expenditures on health as a share of total household expenditure or income.</td>
</tr>
<tr>
<td>health as a share of total household expenditure or income</td>
<td></td>
</tr>
<tr>
<td>4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at</td>
<td>Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex.</td>
</tr>
<tr>
<td>the end of primary; and (c) at the end of lower secondary achieving at</td>
<td></td>
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<tr>
<td>least a minimum proficiency level in (i) reading and (ii) mathematics,</td>
<td></td>
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<tr>
<td>by sex</td>
<td></td>
</tr>
<tr>
<td>4.3.1 Participation rate of youth and adults in formal and non-formal</td>
<td>Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex.</td>
</tr>
<tr>
<td>education and training in the previous 12 months, by sex</td>
<td></td>
</tr>
<tr>
<td>4.6.1 Proportion of population in a given age group achieving at least a</td>
<td>Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex.</td>
</tr>
<tr>
<td>fixed level of proficiency in functional (a) literacy and (b) numeracy</td>
<td></td>
</tr>
<tr>
<td>skills, by sex</td>
<td></td>
</tr>
</tbody>
</table>

### 24 indicators relevant for disaggregation (2/2)

<table>
<thead>
<tr>
<th>Indicator ID</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5.5.2</td>
<td>Proportion of women in managerial positions</td>
</tr>
<tr>
<td>8.3.1</td>
<td>Proportion of informal employment in non-agriculture employment, by sex</td>
</tr>
<tr>
<td>8.5.1</td>
<td>Average hourly earnings of female and male employees, by occupation, age and persons with disabilities</td>
</tr>
<tr>
<td>8.5.2</td>
<td>Unemployment rate, by sex, age and persons with disabilities</td>
</tr>
<tr>
<td>8.6.1</td>
<td>Proportion of youth not in education, employment or training</td>
</tr>
<tr>
<td>8.8.1</td>
<td>Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status</td>
</tr>
<tr>
<td>8.8.2</td>
<td>Level of national compliance of labour rights (freedom of association and collective bargaining) by sex and migrant status</td>
</tr>
<tr>
<td>8.10.2</td>
<td>Proportion of adults with an account at a bank or other financial institution or with a mobile-money-service provider</td>
</tr>
<tr>
<td>10.2.1</td>
<td>Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities</td>
</tr>
<tr>
<td>10.3.1</td>
<td>Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
</tr>
<tr>
<td>11.1.1</td>
<td>Proportion of urban population living in slums, informal settlements or inadequate housing</td>
</tr>
<tr>
<td>16.1.3</td>
<td>Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
</tr>
<tr>
<td>16.9.1</td>
<td>Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
</tr>
</tbody>
</table>
## Examples of Relevant Measures for Migrant Populations

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile</td>
<td>Increase to 70%</td>
</tr>
<tr>
<td>Tuberculosis deaths (including TB deaths among people with HIV)</td>
<td>Reduce by 50%</td>
</tr>
<tr>
<td>Treatment coverage of RR-TB</td>
<td>Increase to 80%</td>
</tr>
<tr>
<td>Availability of essential medicines for primary health care, including the ones free of charge</td>
<td>Increase to 80%</td>
</tr>
<tr>
<td>Number of vulnerable people in fragile settings provided with essential health services</td>
<td>Increase to at least 80%</td>
</tr>
</tbody>
</table>
STAG- Strategic Technical Advisory Group on Refugee and Migrant Health & Partnership

Strategic Technical Advisory Group
Core constituencies from:
1. Global Health
2. Expert from WHO member states
3. Development Partners and Donors
4. Communication/Journalism
5. Academia
6. Private sector/industry
7. Civil society

WHO Director General
Executive Board
World Health Assembly

WHO-/DDG

Provision of Technical & Resource Support
- Policy Advice
- Surge capacity & Response
- Resource Mobilizations

Advocacy and knowledge dissemination
Media and Communication
Conferences & events

Knowledge enhancement function
Collaborating centre for research
Teaching, training, capacity development
Establishing Migrant-Health Collaborating Centres with Academia and societies on key research themes:

1. Migrant-sensitive Health Systems
2. Labor migrants and Health
3. UHC, SDH, SDGs and migration
4. Migrant Health Metrics
5. Human Trafficking, smuggling and irregular migrant health
6. Emergencies (IDPs, Refugees)
7. Health Emergencies, GHS, IHR, and Human Mobility
8. Health Policy
9. Migrant Health Assessment and Screenings
10. Health Equity
11. Migrant Health and Human Rights
12. Climate change, health and mobility
13. Migration health law
14. Financing migrants health
15. Social mobilization, technical innovation, and migrant communications
Advocacy and knowledge dissemination

Media and Communication
- Web portal
- Newsletters
- Journal articles
- Dissemination of good practices
- Global Reports

Conferences & events
- Attendance at Events at major global, regional level meetings
- Annual/biannual Conference on Migration Health

WHO-DDG
MEMBERS

- ADVOCATES
- POLITICAL LEADERS
- EXPERTS
- COMMUNICATORS
- PRACTIONERS
- ADVOCATES
- RESEARCHERS

Representative domains:
- **Political** – selected MS, and countries representing major relevant multi-country frameworks
- **Celebrity-Advocate** on migrant health rights
- **Media** – Private sector/industry

**Academia:**
- Scholars in field of migration health
- Journal editors
- Developmental Economists
- Political Scientists
- **Public health experts**
- **Coll. Centres**
- **NGOs**
- **Civil society/Activists**
- **UN network**
- **Donors**
- **WHO 3 levels (HQ, RO, CO)**
The UN Network on migration is a gateway and an opportunity that allows us to work together as one UN, with our sister agencies and other partners. WHO is a SC member of the relevant Multi-stakeholders Trust Fund (http://migrationnetwork.un.org/). WHO is leading working group 6, *Improved common understanding of safe and inclusive access to services for migrants*. A number of agencies have expressed an interest in participating and we are currently organizing the WG accordingly.
Issues for consideration

Population in Europe will decline from 738 to 665 million, a 10% fall. In itself, not a catastrophic decline over a 35 years period. However, disaggregating this change by age group we find a 15% decline (23 million) for the under 20 years, a 22% decline for the 20–70 age group (107 million) and a 62% increase for the over 70 years 157 million). Median age would increase from 41 to 47 years. At the country level, out of 40 European countries (excluding microstates), population will decline in 33 (with four-fifths of the total population) and among them, Russia, Germany, Italy, Spain, Poland and Ukraine, and their decline will be comprised between 11% and 21%. The population will increase in 7 (one-fifth of the total population) including the third and fourth most populous countries of the continent, UK and France (both with a 4% increase). In all countries, however, demographic ageing will continue unabated, even in France, the demographically most ‘healthy’ country in Europe (median age from 41 to 44 years). The declining trend would accelerate past mid-century (with a loss of an additional 33 million people between 2050 and 2060). Migrants are both beneficiary and (increasingly) providers of health care (see WHO Global Code of Practice, 2010).
In order for the recently adopted historic UHC political declaration to be truly universal, migrants are included in Paragraphs 70 and 71:

70. Ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination, as well as to empower those who are vulnerable or in vulnerable situations and address their physical and mental health needs which are reflected in the 2030 Agenda for Sustainable Development, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants;

71. Address the particular needs and vulnerabilities of migrants, refugees, internally displaced persons and indigenous peoples which may include assistance, health care, psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities;
In order for the recently adopted historic UHC political declaration to be truly universal, migrants are referred also in paras 72, 73, 74:

72. Promote strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations, and capable of effectively implementing the International Health Regulations (2005), ensuring pandemic preparedness and the prevention and detection of and response to any outbreak;

73. Promote more coherent and inclusive approaches to safeguard universal health coverage in emergencies, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

74. Enhance emergency health preparedness and response systems, as well as strengthen capacities at national, regional and international levels, including to mitigate the impacts of climate change and natural disasters on health;
No more