

# Refugee and Migrant Health at WHO



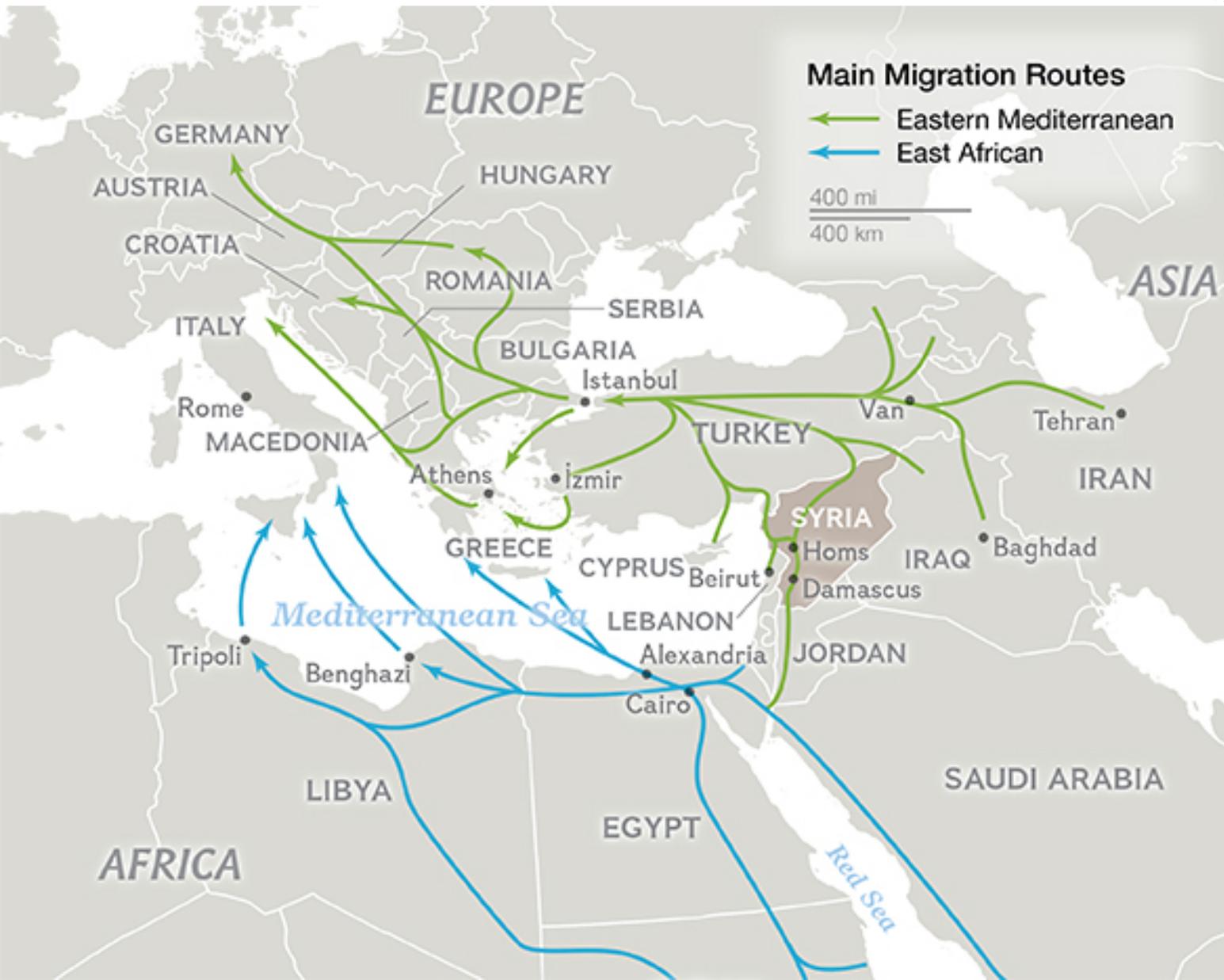
**The new Global Action Plan: expectations, gaps, perspectives**

October 2, 2019

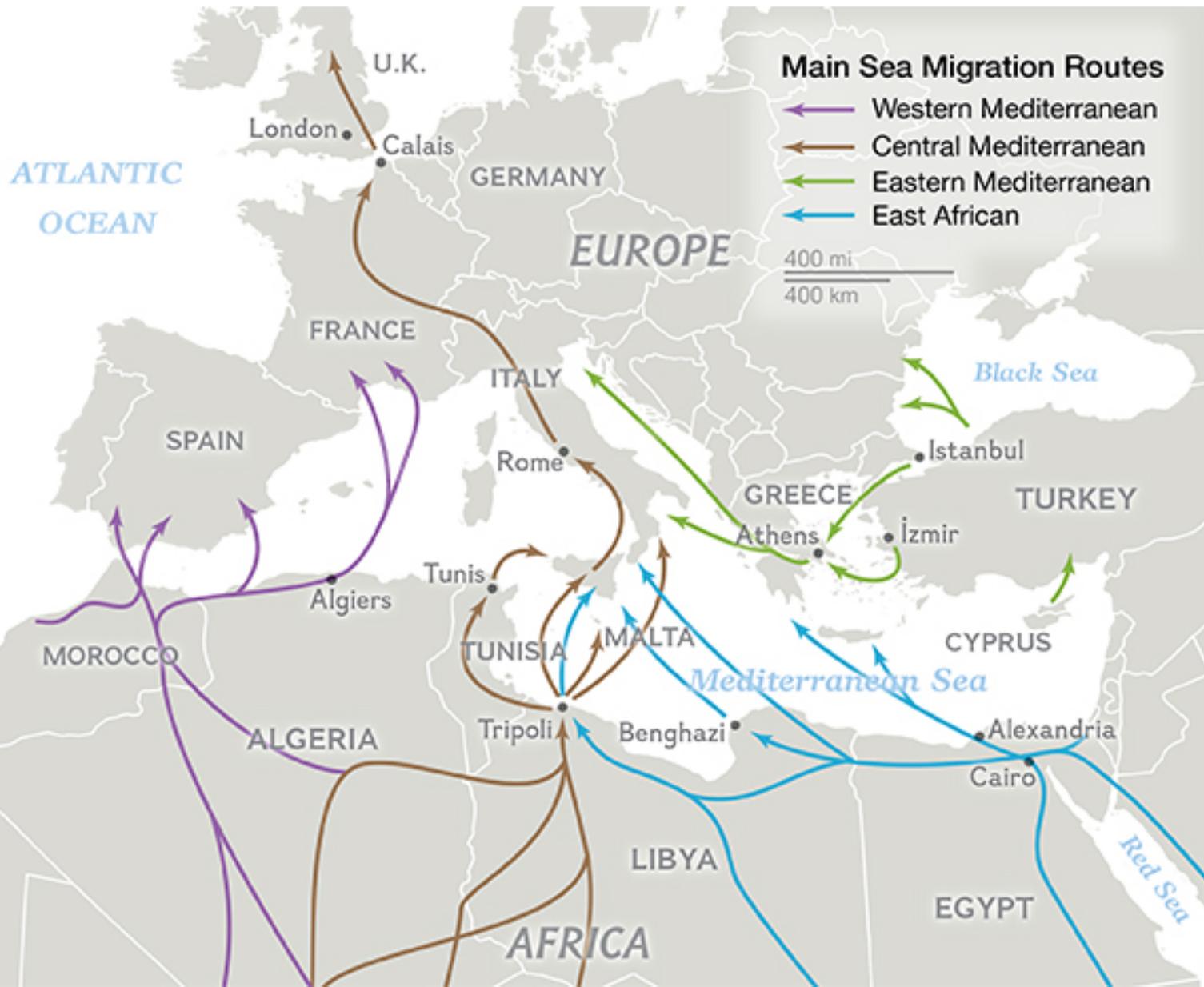
## References

- 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



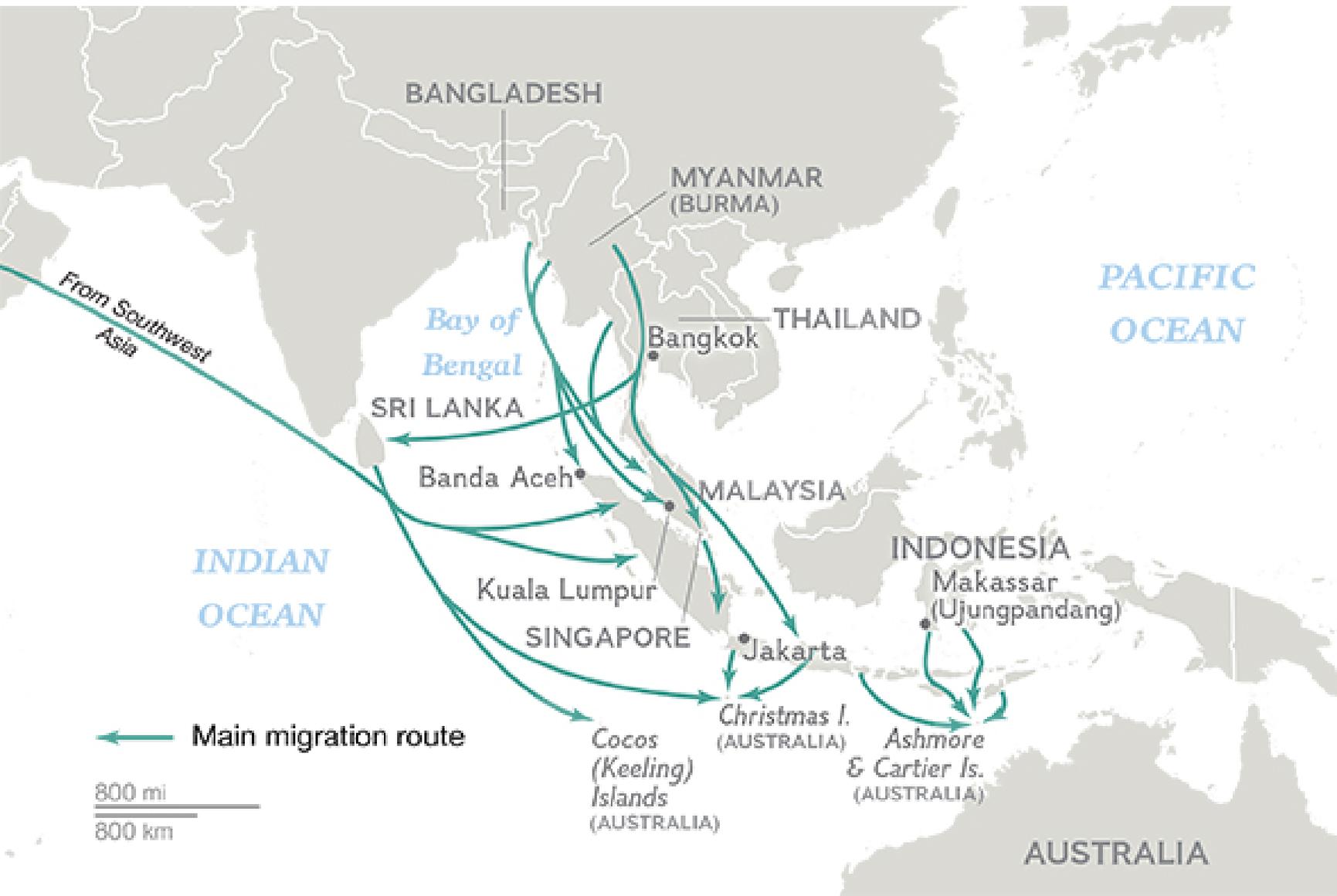
# Mediterranean Sea Route



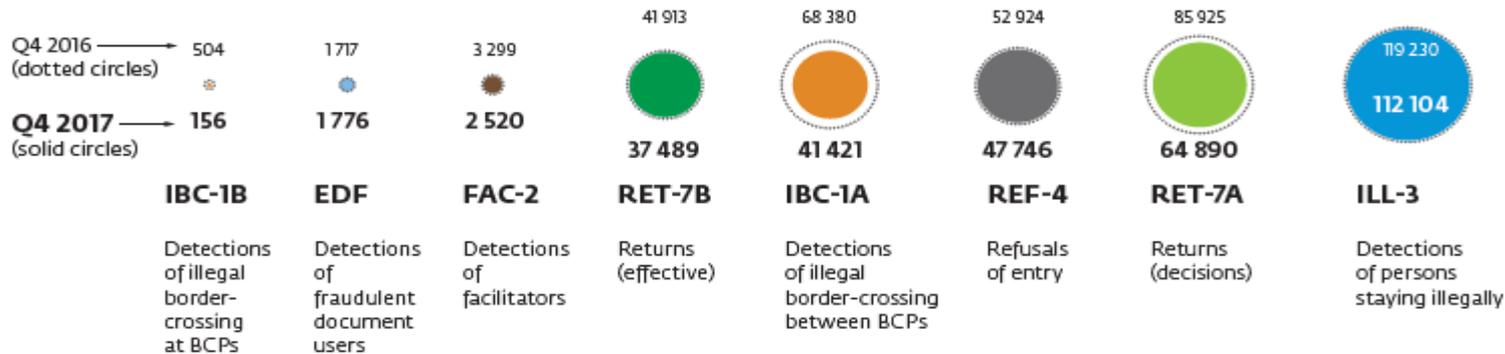
# Central American Route



# Southeast Asian Route



**Q4 2017** Reported cases



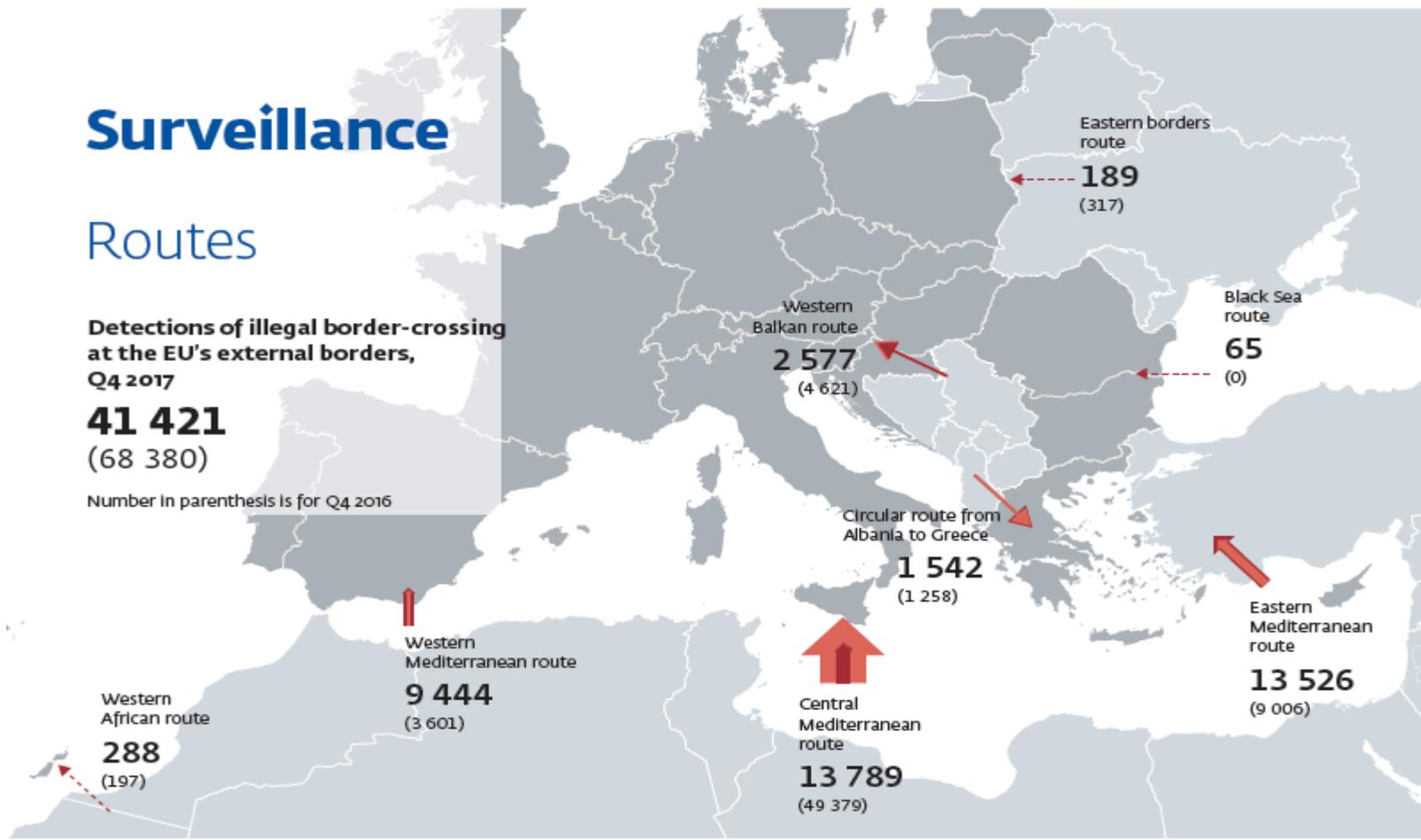
# Surveillance

## 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



## Available



- **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 13<sup>th</sup> 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/universal_health_coverage/en/)

<http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/>

<https://www.iom.int/who-is-a-migrant>

United Nations, Treaty Series, vol. 189, No. 2545.

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

## 10 migration-related indicators (1/2)

Targets (7)		Indicators (10)	Tiers	Custodians
 3	3.c Increase health financing and the recruitment, development, training and retention of the health workforce in developing countries	3.c.1 Health worker density and distribution.	Tier I	WHO
 4	4.b Expand the number of scholarships available to developing countries for enrolment in higher education in developed countries and other developing countries	4.b.1 Volume of official development assistance flows for scholarships by sector and type of study.	Tier I	OECD
 8	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	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status.	Tier II	ILO
		8.8.2 Level of national compliance with labour rights (freedom of association and collective bargaining) [...] by sex and migrant status.	Tier III	ILO
 10	10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.	10.7.1 Recruitment cost borne by employee as a proportion of yearly income earned in country of destination.	Tier III	ILO, World Bank
		10.7.2 Number of countries that have implemented well-managed migration policies.	Tier III	DESA-PD, IOM

## 10 migration-related indicators (2/2)

Targets		Indicators	Tiers	Custodians
 10	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.	<b>10.c.1</b> Remittance costs as a proportion of the amount remitted.	Tier II	World Bank
 16	16.2 End abuse, exploitation, <b>trafficking</b> and all forms of violence against and torture of children	<b>16.2.2</b> Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation.	Tier II	UNODC
 17	17.3 Mobilize <b>additional financial resources</b> for developing countries from multiple sources	<b>17.3.2</b> Volume of remittances (in United States dollars) as a proportion of total GDP.	Tier I	World Bank
 17	17.18 Enhance capacity-building support to developing countries to increase significantly the <b>availability</b> of high-quality, timely and reliable <b>data disaggregated</b> by income, gender, age, race, ethnicity, <b>migratory status</b> , disability, geographic location and other characteristics relevant in national contexts	<b>17.18.1</b> Proportion of sustainable development indicators produced at the <b>national level with full disaggregation</b> when relevant to the target, in accordance with the Fundamental Principles of Official Statistics.	Tier III	UNSD

## 24 indicators relevant for disaggregation (1/2)

 <p>1 NO POVERTY</p>	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location
	1.3.1 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
 <p>3 GOOD HEALTH AND WELL-BEING</p>	3.1.1 Maternal mortality ratio
	3.2.1 Under-five mortality rate
	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
	3.8.1 Coverage of essential health services
	3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
 <p>4 QUALITY EDUCATION</p>	4.1.1 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
	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
	4.6.1 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

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

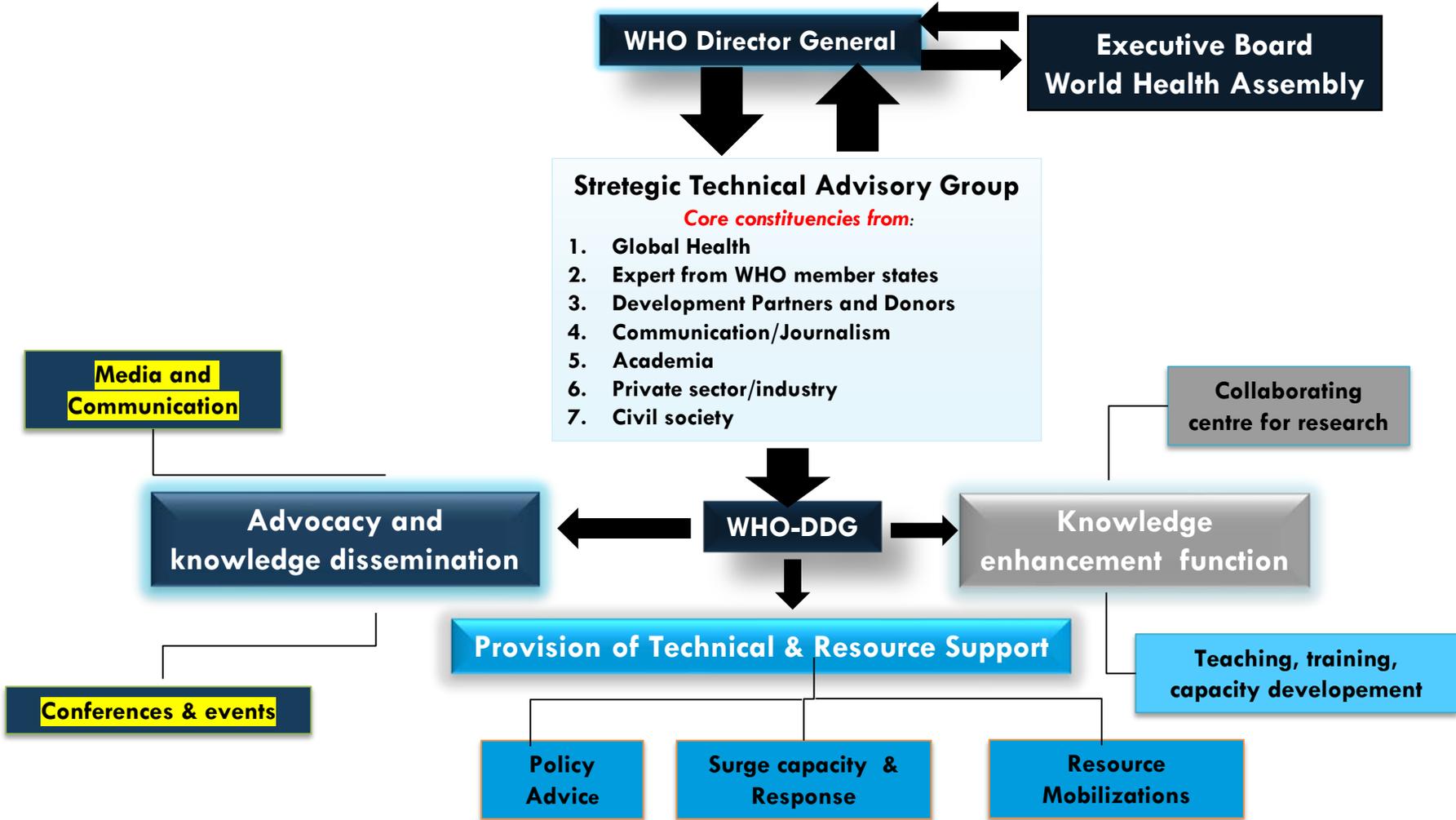
	5.5.2 Proportion of women in managerial positions
	8.3.1 Proportion of informal employment in non-agriculture employment, by sex
	8.5.1 Average hourly earnings of female and male employees, by occupation, age and persons with disabilities
	8.5.2 Unemployment rate, by sex, age and persons with disabilities
	8.6.1 Proportion of youth not in education, employment or training
	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status
	8.8.2 Level of national compliance of labour rights (freedom of association and collective bargaining) by sex and migrant status
	8.10.2 Proportion of adults with an account at a bank or other financial institution or with a mobile-money-service provider
	10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities
	10.3.1 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
	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing
	16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

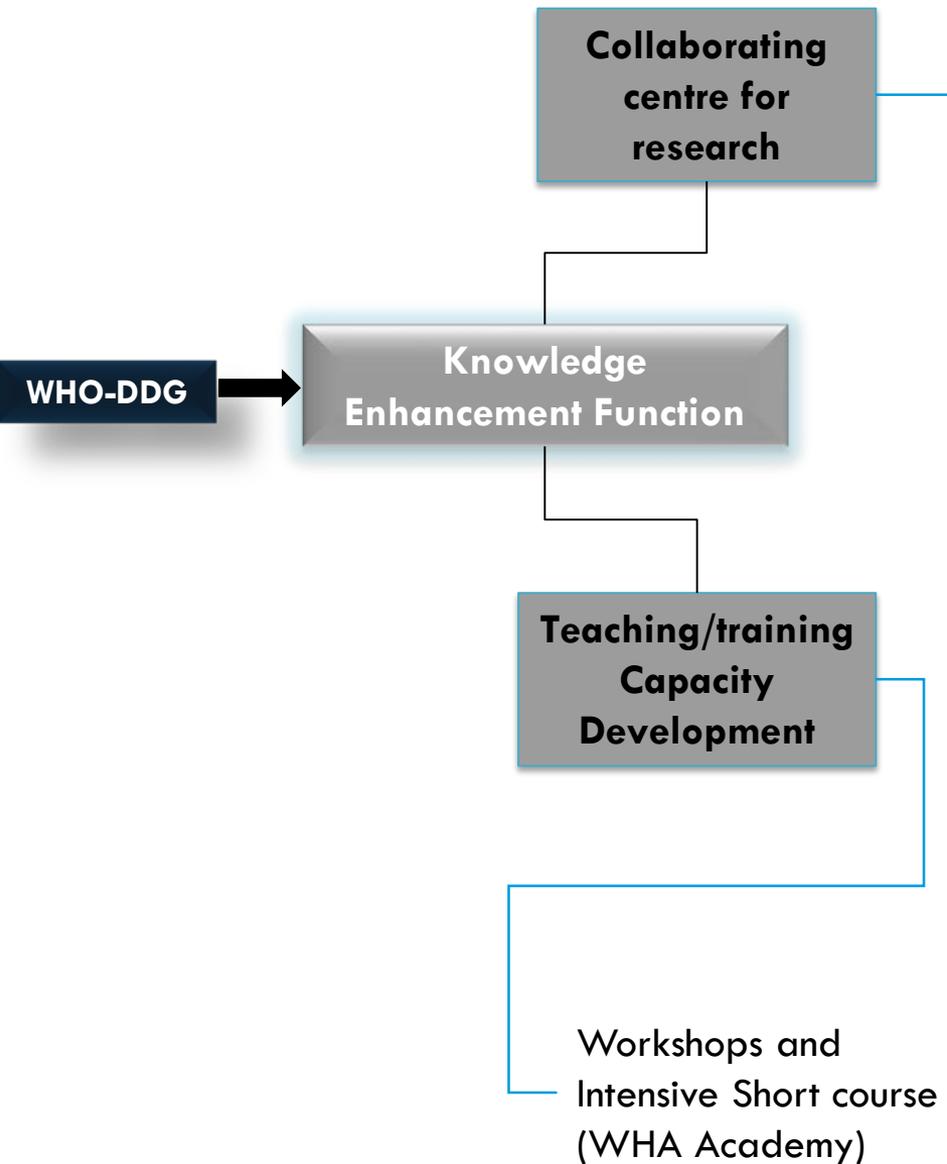
# Examples of Relevant Measures for Migrant Populations



Indicator	Target
Coverage of essential health services among vulnerable groups, and women and girls in the poorest wealth quintile	Increase to 70%
Tuberculosis deaths (including TB deaths among people with HIV)	Reduce by 50%
Treatment coverage of RR-TB	Increase to 80%
Availability of essential medicines for primary health care, including the ones free of charge	Increase to 80%
Number of vulnerable people in fragile settings provided with essential health services	Increase to at least 80%

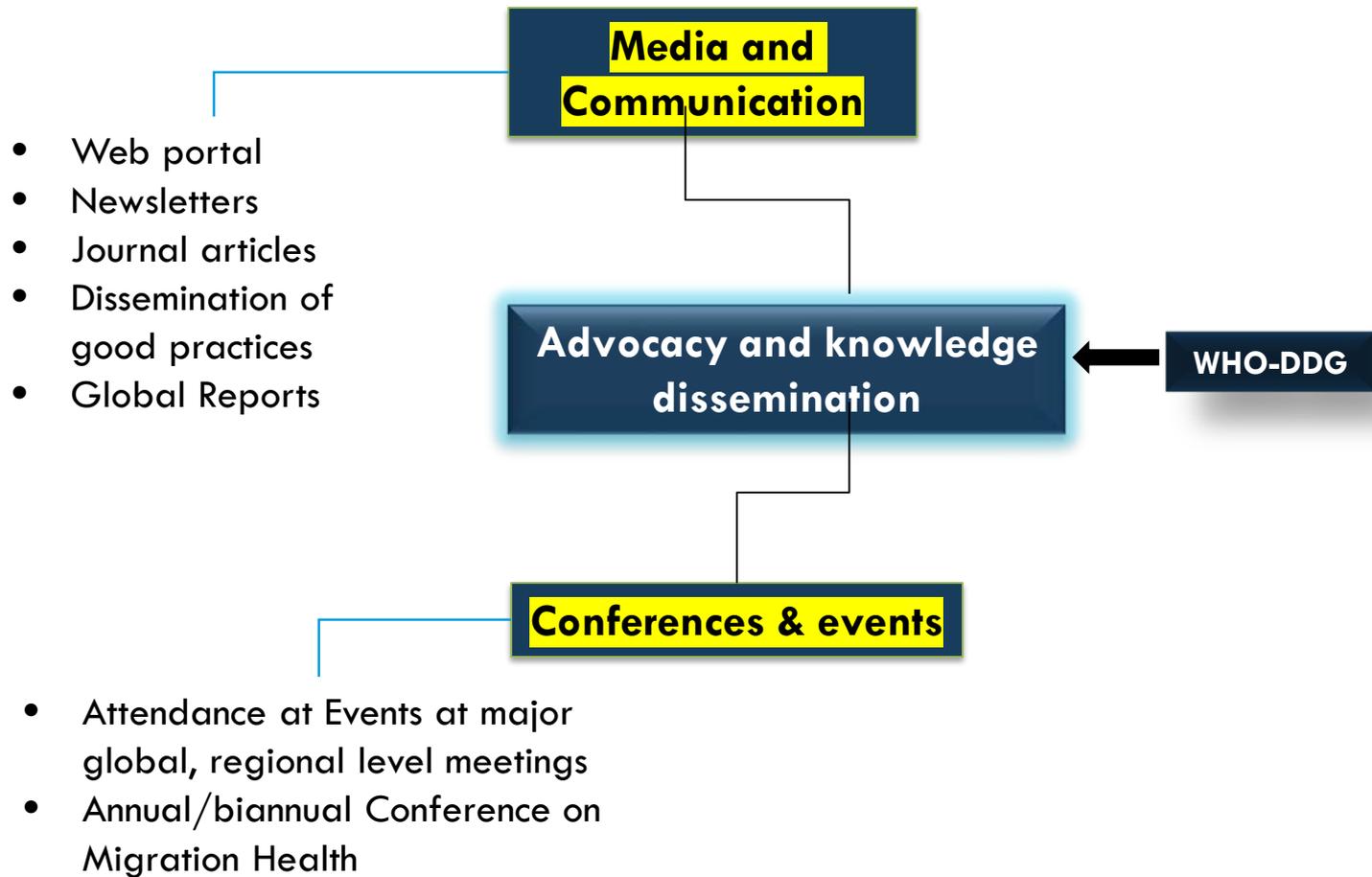
# STAG- Strategic Technical Advisory Group on Refugee and Migrant Health & Partnership





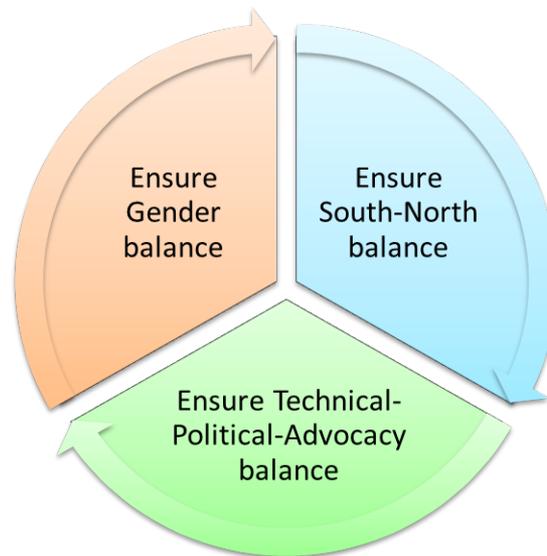
## **Establishing Migrant-Health Collaborating Centres with Academia and societies on key research themes:**

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



# MEMBERS

- ADVOCATES
- POLITICAL LEADERS
- EXPERTS
- COMMUNICATORS
- PRACTITIONERS
- ADVOCATES
- RESEARCHERS

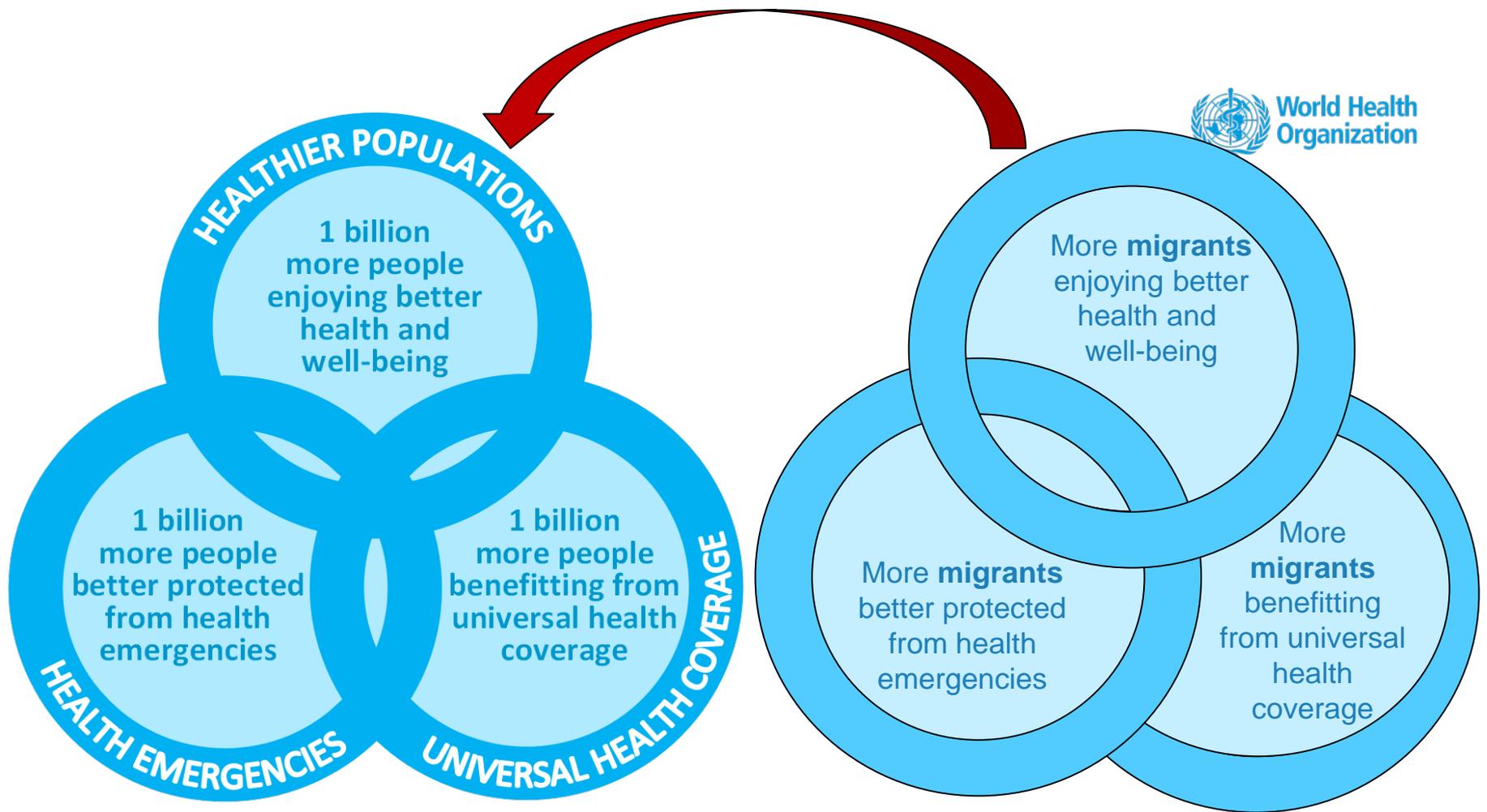


## Representative domains:

- **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).

# High level declaration

## UNGA, September 2019

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;

## High level declaration UNGA, September 2019

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