World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY **A72/25 Rev.1**
Agenda item 12.4 **23 May 2019**

Promoting the health of refugees and migrants

Draft global action plan, 2019–2023

Report by the Director-General

1. The Executive Board at its 144th session, in January 2019, considered and noted an earlier version of this report,[1] which has been extensively revised in light of the discussion at the Board.

2. At its 140th session in January 2017 the Executive Board in decision EB140(9) on promoting the health of refugees and migrants requested the Director-General, inter alia, to prepare, in full consultation and cooperation with Member States and, where applicable, regional economic integration organizations, and in cooperation with the International Organization for Migration and the United Nations High Commissioner for Refugees and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants. The framework should be a resource for Member States in meeting the health needs of refugees and migrants and contributing to the achievement of the vision of the 2030 Agenda for Sustainable Development.

3. In May 2017, the Health Assembly in resolution WHA70.15 on promoting the health of refugees and migrants noted with appreciation the framework of priorities and guiding principles and urged Member States, in accordance with their national contexts, 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.[2] In addition, the Health Assembly requested the Director-General, inter alia, to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region in order to contribute to the development of a draft global action plan on the health of refugees and migrants for consideration by the Seventy-second World Health Assembly. A version of the draft plan was considered by the Executive Board at its 144th session,[3] and a revised text is submitted in this document.

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[1] See document EB144/27 and the provisional summary records of the Executive Board at its 144th session, thirteenth meeting.

[2] United Nations General Assembly resolution 71/1 (2016). New York Declaration for Refugees and Migrants (http://undocs.org/a/res/71/1, accessed 20 March 2019).

[3] Contained in document EB144/27. For purposes of clarity, this global action plan on the health of refugees and migrants is voluntary; its acceptance by the Health Assembly would not change the voluntary nature of the plan. The plan is intended solely for the Secretariat and will not have any financial implications for Member States. The Secretariat will provide support to Member States only upon request and in accordance with national legislation and country contexts.

4. Pursuant to resolution WHA70.15, the Secretariat from August 2017 to January 2018 invited online contributions on evidence-based information, best practices, experiences and lessons learned in meeting the health needs of refugees and migrants. In response, 199 inputs covering practices in 90 Member States from all WHO regions were received from Member States and partners, including the International Labour Organization, the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees. Reports on regional situation analyses and practices in meeting the health needs of refugees and migrants were subsequently published.[1]

5. Several WHO regional offices have gained extensive experience in addressing the challenges of refugee and migrant health. In 2016, the Regional Committee for Europe at its sixty-sixth session adopted a regional strategy and action plan for refugee and migrant health,[2] and the Regional Committee for the Americas at its sixty-eighth session (55th Directing Council) adopted a resolution on health of migrants.[3] Regional migration and health plans as well as technical assessment tools are being developed in other regions, such as the African Region[4] and the Eastern Mediterranean Region.

6. To contribute to the achievement of the vision of the 2030 Agenda for Sustainable Development, the framework of priorities and guiding principles to promote the health of refugees and migrants takes into consideration the New York Declaration for Refugees and Migrants, while acknowledging specific national approaches with respect to other instruments.[5]

7. In line with resolution WHA70.15, the objective of the proposed global action plan is to promote the health of refugees and migrants in collaboration with the International Organization for Migration, the Office of the United Nations High Commissioner for Refugees, other international organizations and relevant stakeholders.

8. Although their treatment is governed by separate legal frameworks, refugees and migrants are entitled to the same universal human rights and fundamental freedoms as other people. Refugees and migrants also face many common challenges and share similar vulnerabilities.[6] The Secretariat will focus on achieving universal health coverage and the highest attainable standard of health, as mandated in WHO's Consitution, for refugees, migrants and host populations within the context of WHO's Thirteenth General Programme of Work, 2019–2023.

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[1] Reports on situation analysis and practices in addressing the health needs of refugees and migrants. See links on the following page: http://www.who.int/migrants/publications/situation-analysis-reports/en/ (accessed 21 March 2019).

[2] Resolution EUR/RC66/R6 (2016) on strategy and action plan for refugee and migrant health in the WHO European Region.

[3] Resolution CD55.R13 (2016) on health of migrants.

[4] There is currently momentum in the regions towards durable solutions to forced displacement in Africa, specifically referred to in the 32nd Ordinary Session of the Assembly of the African Union (Addis Ababa, 10 and 11 February 2019) on the theme of the year 2019: the year of refugees, returnees and internally displaced persons.

[5] Such as the Global Compact for Safe, Orderly and Regular Migration, endorsed by the United Nations General Assembly through resolution 73/195 (2018), in its action (e), on health needs, of Objective 15 (Provide access to basic services for migrants) in accordance with national contexts, priorities and legal frameworks; and the global compact on refugees, in its programme of action, areas in need of support, section 2.3 on Health (https://www.unhcr.org/gcr/GCR_English.pdf, accessed 9 April 2019). The framework also takes into account the report of the United Nations Secretary-General on making migration work for all (document A/72/643).

[6] United Nations General Assembly resolution 71/1 (2016). New York Declaration for Refugees and Migrants, paragraph 6 (http://undocs.org/a/res/71/1, accessed 20 March 2019).

9. The plan uses the definition of "refugee" contained in the 1951 Convention relating to the Status of Refugees and its 1967 Protocol.[1] There is no universally accepted definition of the term "migrant". Migrants may be granted a different legal status in the country of their stay, which may have different interpretations regarding entitlement and access to essential health care services within a given national legislation, yet under international law such access remains universal for all in line with the 2030 Agenda for Sustainable Development, in particular with Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

BRIEF OVERVIEW OF THE GLOBAL SITUATION

10. The number of international migrants[2] has grown as a proportion of the global population. In 2017, international migrants constituted 3.4% of the global population as compared with 2.8% in 2000. During the period 2000–2017, the total number of international migrants rose from 173 million to 258 million, an increase of 49%.[3]

11. The Office of the United Nations High Commissioner for Refugees reports that, globally, the number of forcibly displaced people, 68.5 million, is the highest level of human displacement ever;[4] the figure includes 25.4 million refugees. There are also 10 million stateless people, who lack a nationality and access to basic rights such as education, health care, employment and freedom of movement.

HEALTH CONSEQUENCES AND CHALLENGES

12. Many refugees and migrants lack access to health care services, including health promotion, mental health services (in particular those for post-traumatic disorders, which affect many refugees and migrants), disease prevention, treatment and care, as well as financial protection.

13. Nationality should never be a basis for determining access to health care; legal status (often) determines the level of access, as appropriate within national insurance schemes and health systems, without revoking the principle of universal health coverage as set in international agreements. Refugees and migrants may, in some circumstances, fear detection, detention or deportation and may be subject to trafficking or slavery. Unaccompanied children are particularly vulnerable and need specific provisions.

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[1] Article 1 of the Convention states that: 'For the purposes of present Convention, the term "refugee" shall apply to any person who … owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (Source: United Nations High Commissioner for Refugees. Convention and Protocol relating to the Status of Refugees. https://www.unhcr.org/3b66c2aa10.html, accessed 11 April 2019).

[2] United Nations, Department of Economic and Social Affairs, Population Division. International migration report 2017. New York: United Nations; 2017. (http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf, accessed 21 March 2019).

[3] United Nations, Department of Economic and Social Affairs, Population Division. Population facts. December 2017 (http://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2017-5.pdf, accessed 27 March 2019).

[4] UNHCR. Figures at a glance (http://www.unhcr.org/uk/figures-at-a-glance.html, accessed 21 March 2019).

14. Barriers to accessing health care services differ from country to country; they may include language and cultural differences, high costs, discrimination, administrative hurdles, inability to affiliate with local health-financing schemes, adverse living conditions, occupation or blockade of territories and lack of information about health entitlements. All these conditions make seeking care difficult. Additionally, these experiences can precipitate negative mental health outcomes.

15. Refugees and migrants may come from areas where communicable diseases are endemic. This does not, however, necessarily imply that they are an infectious risk to host and transit populations. They may rather be at risk of contracting communicable diseases, including foodborne and waterborne diseases, as a result of the perils of travelling and factors in the host country associated with poor living and working conditions, together with lack of access to essential health care services. Access to vaccination and continuity of care is more difficult for people on the move. Poor access to medicines and poor management of treatment may facilitate the development of antimicrobial resistance. Specific vulnerabilities to HIV infection and tuberculosis require specific integrated health care services for refugees and migrants.

16. Public health circumstances and obstacles that affect refugees and migrants are specific to both those populations and each phase of the migration and displacement cycle (namely, before and during departure, travel, arrival at destination and possible return). Refugees and migrants with existing chronic conditions and hereditary diseases may experience interruption in their care or episodic care, and they may move without medicines or health records.

17. The migration and displacement process may lead to food insecurity and nutritional problems, including malnutrition (both undernutrition and micronutrient deficiencies). The process also leads to disruption of infant and young child feeding practices and care, and women and children face constraints in accessing essential health care services[1] because of insecurity, gender inequality, cultural discrimination and limited mobility. When food is in short supply, refugee and migrant women and girls in vulnerable situations are more likely than the host population to experience poor nutrition. Pregnant and lactating women are at particular risk of undernutrition owing to their increased physiological requirements.

18. Migrant women and displaced women may have limited access to sexual and reproductive health care services[2] and may face specific threats to their corresponding rights.[3] Many migrant and refugee women do not take up antenatal care or face delays in receiving it because of payment barriers at hospitals, lack of referrals to gynaecologists or fears, including that of being brought to the attention of

[1] Sustainable Development Goal 3, Target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all).

[2] Sustainable Development Goal 3, Target 3.7: by 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes; Sustainable Development Goal 5, Target 5.6: ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

[3] In accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conference.

the authorities and a sense of shame.[1] International migration results in differences in perinatal outcomes between migrant women and women born in receiving countries and between groups of migrants.[2] Women are at particular risk of sexual and other forms of gender-based violence, abuse and trafficking. Unaccompanied children are particularly vulnerable and need provision of specific services and care.

19. Many migrants (and in some cases, refugees), particularly those who are low-skilled and semi-skilled, work in low-paid jobs that are dirty, dangerous and demanding. They often work for longer hours than host-country workers and in unsafe conditions but are less inclined to complain and consequently have worse work-related health outcomes. This is especially the case for migrants and refugees in precarious employment in the informal economy.

20. Several elements link humanitarian crises with disruption of health care services. The health infrastructure may be damaged or destroyed. Health workers may be killed, injured, too distressed to work or displaced, or they may have fled. In crisis-affected environments, health facilities are subject to direct attacks, and health workers may be exposed to physical assault, threats and sexual and gender-based violence.[3]

ROLES AND RESPONSIBILITIES OF INTERNATIONAL ORGANIZATIONS AND NON-STATE ACTORS[4]

21. Within the United Nations, WHO has a constitutional function to act as the "directing and coordinating authority on international health work".[5] WHO has primary responsibility for promoting and achieving Health for All and universal health coverage within the context of the 2030 Agenda for Sustainable Development and its associated Goals, while leaving no one behind. Additionally, WHO is the health normative agency within the United Nations system; its Thirteenth General Programme of Work, 2019–2023, determines its strategic work, to which this draft global action plan is aligned.

22. Implementing the global action plan will require the Secretariat to address and manage refugee and migrant health through strongly coordinated work at all levels and in close collaboration with Member States, the International Organization for Migration, the Office of the United Nations High

[1] See, for example: WHO. Women on the Move: migration, care work and health. Geneva: World Health Organization; 2017 (http://apps.who.int/iris/bitstream/handle/10665/259463/9789241513142-eng.pdf;jsessionid=74E54C79BA2766B73CF7DEE615602CF7?sequence=1, accessed 21 March 2019).

[2] European perinatal health report: health and care of pregnant women and babies in Europe in 2010. Paris: EURO-PERISTAT; 2013 (http://europeristat.com/images/doc/EPHR2010_w_disclaimer.pdf, accessed 21 March 2019).

[3] In resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies the Health Assembly called on the Director-General to provide leadership at the global level in developing methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health vehicles, and patients in complex humanitarian emergencies.

[4] WHO's Framework of Engagement with Non-State Actors covers nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

[5] Constitution of the World Health Organization, Article 2(a). Furthermore, the International Covenant on Economic, Social and Cultural Rights (1966), in Articles 2.2 and 12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Commissioner for Refugees and other United Nations agencies and networks as well as other international organizations and relevant stakeholders.

23. WHO has collaborated with the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees on several processes to promote the health of refugees and migrants.[1] In support of collaboration between organizations in the United Nations system, WHO is also a member of the recently established United Nations Network on Migration, for which the International Organization for Migration is the coordinator and secretariat, and whose mandate is to ensure effective United Nations system-wide support for implementation, including the capacity-building mechanism, in response to the needs of Member States.

24. The International Organization for Migration is mandated by its Constitution to further the humane and orderly management of migration, while ensuring effective respect for the human rights of migrants in accordance with international law. It is also mandated to assist in meeting the operational challenges of migration, advancing the understanding of migration issues, encouraging social and economic development through migration, and upholding the human dignity and well-being of migrants. It considers health a core component of all migration or population mobility issues, topics or undertakings.

25. The United Nations General Assembly has mandated the Office of the United Nations High Commissioner for Refugees to provide international protection to refugees and to find durable solutions for their problems, including voluntary repatriation, local integration and voluntary resettlement in third countries. During periods of displacement, it also provides emergency assistance, including health care, as well as clean water, sanitation, shelter, non-food items and sometimes food. The General Assembly has adopted resolutions that have extended its mandate, giving it responsibilities for stateless persons and returnees. In specific situations, and further to a request from the Secretary-General or a competent principal organ of the United Nations, the Office provides protection and assistance to internally displaced persons. It considers health to be a core component of refugee protection.

SCOPE

26. The goal of this proposed global action plan is to assert health as an essential component of refugee assistance and good migration governance. The aim of the plan is to improve global health by addressing the health and well-being of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting, including the coordination of international efforts to link health care for refugees and migrants to humanitarian programmes. It acknowledges that the entitlement of and access to health services by refugees and migrants vary by country and are determined by national law. Implementation of the plan, once adopted, will take account of specific country situations and be in accordance with national legislation, priorities and circumstances and international instruments on equal access to public health care services.

[1] See, for example, the first and second global consultations on the health of migrants in 2010 and 2017, respectively; the outcome of the second (High-level meeting of the Global Consultation on Migrant Health, Colombo, 23 February 2017) was the Colombo Statement which was endorsed by participating countries, and resolution CD55.R13 (2016) of the PAHO Directing Council on health of migrants. Furthermore, on 31 January 2019 the International Organization for Migration and WHO signed a Memorandum of Understanding to provide a framework for cooperation and understanding, and to facilitate collaboration between the two Parties.

27. The proposed plan reflects the urgent need for the health sector to deal more effectively with the impact of migration and displacement on health, wherever people have settled. It is fully aligned with the principles set forth and specific references made in WHO's Thirteenth General Programme of Work, 2019–2023.

GUIDING PRINCIPLES

28. The guiding principles for implementation of the proposed global action plan are set out in the framework of priorities and guiding principles to promote the health of refugees and migrants and build on existing instruments and resolutions,[1] for example, the New York Declaration for Refugees and Migrants and resolution WHA70.15 on Promoting the health of refugees and migrants, in which in particular the Health Assembly recalled the need for international cooperation to support countries hosting refugees, and recognizing the efforts of the countries hosting and receiving large populations of refugees and migrants.

29. In responding to the reality of refugee and migrant movements the plan recommends the following priorities and options for action by the Secretariat in coordination and collaboration with the International Organization for Migration, the Office of the United Nations High Commissioner for Refugees and other relevant partners. These are aligned with the cycle of the Thirteenth General Programme of Work, 2019–2023, and would be implemented in line with nationally expressed needs, national contexts, priorities, legal frameworks and financial situations, with no binding implications for individual Member States.

PRIORITIES OF THE GLOBAL ACTION PLAN

Priority 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions

Objectives

30. To promote the physical and mental health of refugees and migrants by strengthening health care services, as appropriate and acceptable to country contexts and financial situations and in line with their national priorities and legal frameworks and competence, ensuring that essential components, such as vaccination of children and adults and the provision of health promotion, disease prevention, timely diagnosis and treatment, rehabilitation and palliative services for acute, chronic and infectious diseases, injuries, mental and behavioural disorders, and sexual and reproductive health care services for women, are addressed.

Options for the Secretariat in response to requests by Member States include:

(a) supporting enhanced coordination and collaboration in order to achieve the goal of universal health coverage and the principle of "leaving no one behind" and to develop emergency and humanitarian health responses based on humanitarian principles and the Sendai Framework

[1] For ease of reference the principles are as follows: The right to the enjoyment of the highest attainable standard of physical and mental health; equality and non-discrimination; equitable access to health services; people-centred, refugee-, migrant- and gender-sensitive health systems; non-restrictive health practices based on health conditions; whole-of-government and whole-of-society approaches; participation and social inclusion of refugees and migrants; and partnership and cooperation.

for Disaster Risk Reduction 2015–2030 and building on WHO's role as the lead agency for the Inter-Agency Standing Committee Global Health Cluster;

(b) supporting the preparation of public health responses to refugee and migrant arrivals, while continuing to meet the health needs of the existing migrant and refugee populations and of the receiving population, by ensuring that services for refugees and migrants are delivered through existing health systems to the largest possible extent;

(c) supporting: diagnostic capacity to detect, and responses to, communicable disease outbreaks, for instance through enhanced surveillance, strategic preparedness and administration of essential vaccines; and access to emergency health services and to medicines and medical products that are safe, effective, affordable, of high-quality medicines and available to all – all these activities within comprehensive national health policies and strategies that are aligned with international legal responsibilities and commitments related to the International Health Regulations (2005), with attention to appropriate antibiotic use and prevention of antimicrobial resistance;

(d) supporting the development of national guidance, models and standards that are designed to underpin the prevention and management of communicable and noncommunicable diseases and mental health conditions: by focusing on risk groups, such as women and girls, unaccompanied and accompanied children, adolescents and youth, older persons, persons with disabilities, those with chronic illnesses, including tuberculosis and HIV infection, survivors of human trafficking, torture, trauma or violence, including sexual and other forms of gender-based violence; by conducting or strengthening areas including situation assessments, screening, diagnostics, treatment and prevention of gender-based violence; and by addressing risk factors such as tobacco and alcohol use and poor nutrition.

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

Objectives

31. To improve the quality, acceptability, availability and accessibility of health care services, for instance by overcoming physical, financial, information, linguistic and other cultural barriers, with particular attention to services for chronic conditions and mental health, which are often inadequately addressed or followed up during the migration and displacement process, and by working to prevent occupational and work-related diseases and injuries among refugee and migrant workers and their