

Health of refugees and migrants

Regional situation analysis, practices,
experiences, lessons learned and
ways forward

WHO European Region
2018

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Acronyms and abbreviations

EU	European Union
ILO	International Labour Organization
IOM	International Organization for Migration
MKD	The former Yugoslav Republic of Macedonia.
MIG	Migration and Health programme
NGO	Nongovernmental Organization
TB	Tuberculosis
UNHCR	Office of the United Nations High Commissioner for Refugees

I. INTRODUCTION

Background

To achieve the vision of the 2030 Agenda and the Sustainable Development Goals, to leave no one behind (1), it is imperative that the health needs of refugees and migrants be adequately addressed. In its 140th session in January 2017, the Executive Board requested that its Secretariat develop a framework of priorities and guiding principles to promote the health of refugees and migrants (2). In May 2017, the World Health Assembly endorsed resolution 70.15 on Promoting the health of refugees and migrants (3). This resolution urges Member States to strengthen international cooperation regarding the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants. It urged Member States to consider providing the necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants, as well as using the Framework of priorities and guiding principles at all levels. In addition, the resolution requested the Director-General to conduct a situation analysis and identify best practices, experiences and lessons learned in order to contribute to the development of a global action plan for the Seventy-second World Health Assembly in 2019.

In alignment with World Health Assembly resolution 70.15, WHO made an online call from August 2017 to January 2018 for contributions on evidence-based information, best practices, experiences and lessons learned in addressing the health needs of refugees and migrants. This generated 46 inputs covering practices in 28 Member States in the WHO European Region; these were received from 22 Member States as well as from partners such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the International Labour Organization (ILO). The submissions included valuable information on the current situation of refugees and migrants, health challenges associated with migration and forced displacement, past and ongoing practices and interventions in promoting the health of refugees and migrants, legal frameworks in place for addressing the health needs of this population, lessons learned and recommendations for the future.

Furthermore, at the High-level Meeting on Refugee and Migrant Health, held in Rome in November 2015, Member States of the WHO European Region agreed on the need for a common framework for collaborative action on refugee and migrant health, acting in a spirit of solidarity and mutual assistance to promote a common response and avoid uncoordinated single-country solutions.

In the context of the Sustainable Development Goals and the European policy framework Health 2020 (4), the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region was developed and endorsed by the WHO European Regional Committee in 2016 (5). The Strategy and Action Plan provides a coherent and consolidated national and international response to protect lives and provide for the health needs of refugee and migrant populations in the countries of transit and destination, and to respond to the health needs associated with the migration process.

Scope of the report and evidence synthesis

This report has examined the contributions from WHO regional and country offices, Member States and partners in responding to a global call for contributions, as well as from evidence available on current migration trends, legal frameworks, health challenges and outcomes, policies and public health interventions and good practices to improve the health of refugees and migrants in the Region. The report will contribute to the development of a draft global action plan to promote the health of refugees and migrants to be considered at the Seventy-second World Health Assembly.

The report also aims to provide information to Member States and partners in the Region regarding current public health intervention, and good practices in promoting refugee and migrant health, including access to and outcomes of care. In addition, the report's accompanying document highlights practices in the Region that include efforts to address the health needs of refugees and migrants. The information received from Member States, partners and WHO Country Offices in response to the aforementioned WHO global call for contributions was examined and compiled in the accompanying document – practices in addressing the health of refugees and migrants in the European Region.

Methodology and type of evidence

A rapid scoping review of available technical reports, peer-reviewed and grey literature in English, as well as from Member States and partners' contributions to the global call for contributions, was conducted between August 2017 and 20 January 2018.

The synthesis question

The objective of the review was to address the following questions.

- What are the current migration and displacement trends in the Region?
- What are the relevant global and regional legal frameworks used in the Region in addressing the health of refugees and migrants?
- What are the current health challenges and outcomes of refugees and migrants in the Region?
- What are the current policies, interventions and practices, experiences and lessons learned within the Region? The section on current public health interventions gives examples of interventions and good practices.
- What is the way forward and what recommendations can be identified for addressing refugee and migrant health in the Region?

II. CURRENT SITUATION

Migration trends in the Region

The United Nations Department of Economic and Social Affairs' estimates indicate that more than 90 million migrants live in the WHO European Region, amounting to almost 10% of the total population in the Region, and almost one third of international migrants worldwide (6). Based on the latest UNHCR estimates (7), approximately 5.2 million refugees (including people in refugee-like situations) and 1.4 million asylum seekers live in the Region (Fig. 1).¹

¹ Figures from Andorra and San Marino are not available.

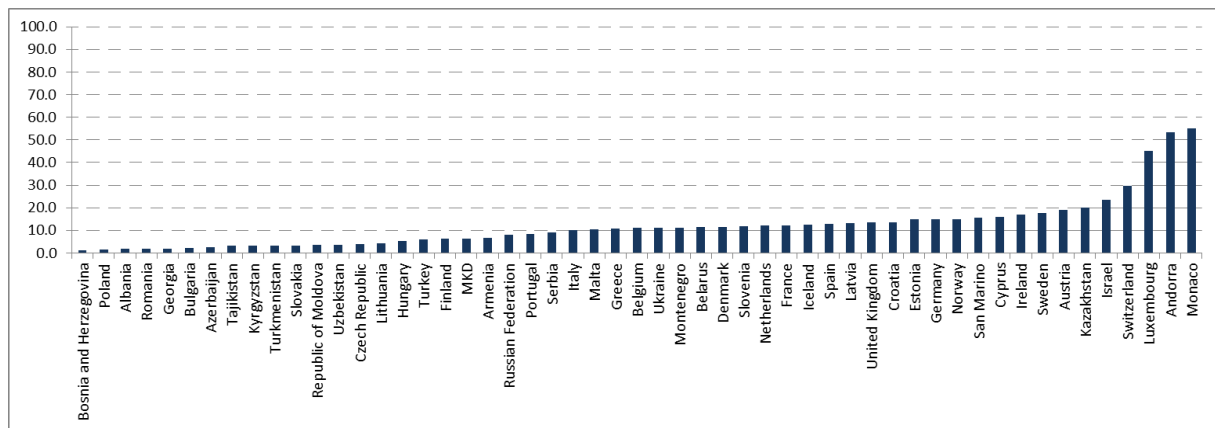


Fig. 1. International migrant numbers as a percentage of total population, 2017

Source: United Nations Department of Economic and Social Affairs (6).

During recent years, the WHO European Region has experienced an influx of refugees and asylum seekers trying to reach European shores. According to IOM estimates (8), the Mediterranean Sea is one of the commonly used routes by refugees and migrants to reach Europe. The route is also considered to be one of the deadliest, claiming lives of 3139 refugees and migrants in 2017. In 2016, 363 401 individuals arrived in Europe via this route and 5143 lost their lives during the journey.

Based on recent ILO estimates (9), 56.6 million labour migrants reside in the Region.² The average labour force participation rate for the migrant population was estimated to be 73%, and around 12% of all workers in the Region were migrants.

While most refugees and migrants are usually young adults, migrant populations currently arriving in Europe include many elderly and disabled people, as well as an increasing number of minors, many of whom are unaccompanied children (10). Globally, the number of applications for asylum from unaccompanied or separated children reached record highs in 2015 (98 400) and 2016 (75 000) (11,12). Sweden and Germany received the highest number of unaccompanied minors in 2015 (35 800) and 2016 (35 900), respectively. Women, including pregnant women, made up more than half of all refugees and migrants (45 million) living in the Region (6) and were often disproportionately represented in vulnerable groups, such as victims of gender-based violence, human trafficking and sexual exploitation (13).

Refugees are formally owed protection, including access to health services, by their first country of registration for asylum. In practice, however, according to the European Union (EU) Agency for Fundamental Rights, fundamental rights remain under threat in many Member States (14). Such rights may routinely be denied, particularly at the stage at which asylum is determined.

III. KEY REGIONAL FRAMEWORKS AND LEGAL INSTRUMENTS

Globally, the relevant policy framework is provided by the 2008 World Health Assembly resolution 61.17 on health of migrants (15), the 2017 Executive Board 140.9 Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants (2) and the 2017 World Health Assembly resolution 70.15 on promoting the health of refugees and migrants (3). Of paramount importance will be active WHO engagement with the Global Compact on Migration and the Global Compact for Safe, Orderly and Regular Migration.

² Figures from Andorra, Monaco and San Marino are not available.

Other relevant frameworks and resolutions include:

- the 1951 Convention relating to the status of refugees (ratified by 50 of 53 Member States) and the 1967 Protocol relating to the status of refugees;
- the 1990 International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (ratified by five of the 53 Member States);
- the 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women And Children (ratified by 52 of the 53 Member States);
- the 2000 Protocol against the Smuggling of Migrants by Land, Sea and Air (ratified by 48 of the 53 Member States);
- World Health Assembly resolution 62.14 on reducing health inequities through action on the social determinants of health; and
- WHO Regional Committee for Europe resolution EUR/RC52/R7 on poverty and health, and related follow-up, such as efforts to address health inequity linked to migration and ethnicity.

Of regional relevance are the Bratislava Declaration on Health, Human Rights and Migration, signed by the Member States of the Council of Europe in 2007; the recommendations on mobility, migration and access to health care, adopted by the Council of Europe Committee of Ministers in 2011; and the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, adopted by the Member States in 2016.

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence assures rights and protection from gender-based violence; promotes the empowerment of women and equality between men and women; and promotes and provides assistance to international cooperative efforts to eliminate violence against women and domestic violence, including support for the integration of law enforcement approaches (14). The convention contains a number of articles that ensure the protection of women from violence, through commitments to education, prevention, substantive law, and protection and support; these are all explicitly secured without discrimination on any grounds, including migrant or refugee status.

Also important are the Dublin Regulation (Regulation No 604/2013; sometimes known as the Dublin III Regulation; previously the Dublin II Regulation); the new Communication from the European Commission to the European Parliament, the Council, European Economic and Social Committee; and the Committee of the Regions document on the delivery of the European Agenda on Migration.

IV. HEALTH CHALLENGES AND OUTCOMES ASSOCIATED WITH MIGRATION AND DISPLACEMENT IN THE REGION

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25930

