World Health Organization

SEVENTIETH WORLD HEALTH ASSEMBLY **A70/24**
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Promoting the health of refugees and migrants

Draft framework of priorities and guiding principles to promote the health of refugees and migrants

Report by the Secretariat

1. In January 2017, the Executive Board at its 140th session noted an earlier version of this report[1] and adopted decision EB140(9).[2] The version of the report that follows has been updated, new text has been included and a draft framework of priorities and guiding principles to promote the health of refugees and migrants has been added as an Annex.

2. Decision EB140(9) requests, inter alia, the Director-General to prepare, in full consultation and cooperation with Member States,[3] and in cooperation with IOM, UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly.

3. The present report summarizes the current global context and the health challenges associated with refugees and migrants, describes the Secretariat's actions at the global and regional levels to address the challenges, and briefly outlines priority actions for the future in relation to resolution WHA61.17 (2008), in which the Health Assembly requested the Director-General, inter alia, to promote: migrants' health on the international health agenda; the inclusion of migrants' health in the development of regional and national health strategies; dialogue and cooperation on migrants' health among all Member States involved in the migratory process; and interagency, interregional and international cooperation on migrants' health.

4. The draft framework of priorities and guiding principles to promote the health of refugees and migrants should inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration to ensure that the health aspects of refugees and migrants are adequately addressed. This framework will also be used as a basis for the development of a draft global plan of action on the health of refugees and migrants, which is to be submitted to the Seventy-second World Health Assembly in 2019. Furthermore, Member States can consider this framework when addressing the health needs of

[1] Document EB140/24.

[2] See the summary records of the Executive Board at its 140th session, seventeenth meeting.

[3] And, where applicable, regional economic integration organizations.

refugees and migrants, in alignment with the Sustainable Development Goals and other global and regional policy frameworks as appropriate to their contexts, priorities and partners.

CURRENT CONTEXT

5. More people are on the move now than ever before. The overwhelming majority of migrants leave their countries of origin voluntarily, in search of better economic, social and educational opportunities and a better environment. At the end of 2015, there were estimated to be over 244 million international migrants (about 3.5% of the world's population), representing an increase of 77 million – or 41% – compared with the year 2000. Of these, 48% were women. However, the world is also witnessing the highest level of forced displacement in decades due to insecurity and conflicts. At the end of 2015, there were estimated to be over 21 million refugees and 3 million asylum seekers worldwide, in addition to 763 million internal migrants (about 11% of the world's population), of whom over 40 million were internally displaced persons.[1,2]

6. In the WHO African Region, new and ongoing conflicts have generated further displacement in the Region over the past year. Violence in Burundi, the Central African Republic, Nigeria and South Sudan has displaced hundreds of thousands of people internally and across borders, while the deteriorating situation in Yemen has caused significant numbers to seek safety in different countries in the Region. Meanwhile, protracted conflicts in the Democratic Republic of the Congo, Mali and South Sudan have prevented millions from returning home. By the end of 2015, there were 4.2 million refugees and 6.4 million internally displaced persons in the Region. Their largest numbers were concentrated in Nigeria, South Sudan and the Democratic Republic of the Congo.[3]

7. In the WHO Region of the Americas, the number of people migrating across international borders surged by 36% between 2000 and 2015, to reach 63.7 million in 2015, including 7.1 million internally displaced persons (6.9 million of whom were in Colombia alone). The Region has also been experiencing an increase in irregular migrants, specifically unaccompanied children, many of whom are fleeing violence, with unforeseen consequences to their mental health.

8. In the WHO European Region, more than 1.2 million new migrants, asylum seekers and refugees had arrived in Europe by the end of 2015. This is in addition to the approximately 2.7 million refugees from the Syrian Arab Republic who are hosted in Turkey. During the period from January to June 2016, there were over 318 000 arrivals by sea, and over 3600 deaths or missing persons reported in the Region. The countries receiving the largest number of arrivals by sea are Greece and Italy.

9. The WHO Eastern Mediterranean Region is currently the region where the world's biggest emergencies and protracted crises are taking place. Of the total of 65 million refugees, asylum seekers and internally displaced persons worldwide, 34 million come from the Region. This includes more than 14 million refugees and asylum seekers and more than 20 million internally displaced persons. The Region has seen massive internal displacement in the Syrian Arab Republic with 6.6 million, Iraq with 4.4 million, Sudan with 3.2 million and Yemen with 2.5 million people fleeing their homes by the end of 2015. By the end of 2015, more than half of the 4.9 million refugees from the Syrian Arab

[1] See http://www.iom.sk/en/about-migration/migration-in-the-world (accessed 1 May 2017).

[2] New York Declaration for Refugees and Migrants, adopted by the United Nations General Assembly in resolution 71/1 (2016).

[3] Listed in descending order of number of refugees and internally displaced persons.

Republic were hosted by four countries in the Region, which has a direct or indirect impact on more than 12 million people in the host communities.

10. In the WHO South-East Asia and Western Pacific Regions, the overall number of refugees has remained stable at 500 000 people since 2001, but the number of internally displaced persons has decreased sharply from 2.5 million to less than 1 million, as some of the forced displacement situations have been resolved.

KEY GLOBAL AND REGIONAL FRAMEWORKS

11. Several resolutions adopted by the WHO governing bodies at the global and regional levels and at international consultations are relevant to the health of refugees and migrants. These include: resolution WHA61.17 on the health of migrants, adopted in 2008, which was followed up by the first and second Global Consultation on Migrant Health, organized by WHO, IOM and the Government of Spain in 2010 and the Government of Sri Lanka in 2017; resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development; resolution WHA62.14 (2009) on reducing health inequities through action on the social determinants of health; and resolutions adopted by the WHO Regional Committee for the Americas (CD55.R.13 (2016)) on the health of migrants, and the WHO Regional Committee for Europe (EUR/RC66/R6 (2016)) on a strategy and action plan for refugee and migrant health in the WHO European Region.

12. In the 2030 Agenda for Sustainable Development, the needs of refugees, internally displaced persons and migrants are explicitly recognized. The Agenda recognizes the positive contribution of refugees and migrants for inclusive growth and sustainable development, for which good health is a prerequisite. Member States have made a commitment to work towards its full implementation, have pledged that no one will be left behind and wish to see the Sustainable Development Goals and their targets met for all nations and peoples and for all segments of society. Pursuing the health-related Goals and their relevant targets, will help Member States and partners to address multiple economic, social and environmental determinants of the well-being of refugees and migrants.

13. On 19 September 2016, the United Nations General Assembly adopted the New York Declaration for Refugees and Migrants, setting out commitments to enhance the protection of both refugees and migrants. Its two annexes pave the way for the development of the global compact on refugees and the global compact for safe, orderly and regular migration in 2018.

HEALTH CHALLENGES AND OPPORTUNITIES ASSOCIATED WITH MIGRATION AND DISPLACEMENT

14. Migratory movements can benefit individuals as well as whole societies, through both remittances sent to a person's country of origin (with potentially positive impacts on health, education and business investments for economic growth) and labour market, human and social capital contributions. For example, as highlighted in the report of the High-Level Commission on Health Employment and Economic Growth,[1] the health sector is a leading source of employment and skilled migrant workforce. The international migration of health workers is increasing. Over the past decade, the number of migrant doctors and nurses working in OECD countries increased by 60%. Future

[1] WHO. Working for health and growth. Report of the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016.

projections in economic demand and the supply of health workers indicate a continuing acceleration in the international migration of health workers. Patterns of health worker mobility are also growing increasingly complex.[1]

15. Refugee and migrant movements may result from and can lead to human insecurity and health-related human rights restrictions. Economic deprivation, disparities, employment, food insecurity, disasters, climate change, environmental hazards, violence, conflict, political and religious persecution, and ethnic- and gender-based discrimination can all lead to large flows of refugees and migrants. It is important to note that the distinction between a refugee,[2] asylum seeker[3] and migrant[4] is not always an easy one to establish immediately. The distinction between transit and destination countries is also complex, as refugees and migrants may have been turned away from their initial destinations and may have returned to places that they had already travelled through. They often face different types and levels of vulnerability before, during and after migration and displacement, depending on their age, gender, ethnicity, income, education, access to employment opportunities and care responsibilities.

16. Despite the fact that the right of everyone to enjoy the highest attainable standard of physical and mental health is established in the WHO Constitution of 1948, and despite the existence of ratified international human rights conventions to protect the rights of refugees and migrants, including their right to health, refugees and migrants often lack access to health services and financial protection for health. Worldwide, access to health services among vulnerable refugee and migrant populations within the host countries remains highly variable and is not consistently addressed. The health needs of refugee and migrant populations may differ significantly from those of the populations of the host countries. Barriers to accessing health care may include high costs, language and cultural differences, discrimination, administrative hurdles, the inability to affiliate with local health insurance schemes, and lack of information about health entitlements.

17. Many refugees and migrants often have to deal with poverty, poor living conditions and marginality. They often work in sectors and occupations with high levels of occupational health risks and substandard working conditions, which can increase the risk of occupational accidents. Few workplaces employing refugees and migrants provide basic occupational health services, and few refugees and migrants benefit from national social security compensation or rehabilitation schemes for

[1] WHO. Working for health and growth. Report of the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016.

[2] A 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 General Assembly. Convention relating to the Status of Refugees. A/CONF.2/108/Rev.1; http://www.refworld.org/docid/3be01b964.html, accessed 3 May 2017).

[3] An individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker. Source: UNHCR. Master glossary of terms. Rev.1 (http://www.refworld.org/docid/42ce7d444.html, accessed 3 May 2017).

[4] 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). Source Strategy and action plan for refugee and migrant health in the WHO European Region (http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealth StrategyActionPlan_160424.pdf, accessed 3 May 2017).

occupational-related illness or injury. Female migrant care workers, despite increasingly contributing to buttressing host country health systems and filling gaps in care work, face multiple layers of disadvantage, discrimination and exclusion from services that are themselves based on intersecting forces of inequality. More comprehensive policy and legal frameworks (including visas and work permits) that cover all cadres of health and care workers, from formal health system settings to informal home-based settings, are needed, taking into account the changing dynamics of transnational care chains.

18. Victims of conflict and human trafficking – especially women, children including unaccompanied minors, and people with disabilities – are particularly vulnerable to health problems. These individuals are at higher risk of developing communicable and noncommunicable diseases, including mental health problems. Migration and displacement can also pose specific health threats, including sexual violence, especially against women and girls. This is particularly significant, since women and girls who are refugees or migrants often face diverse sexual and reproductive health challenges and are most vulnerable to preventable mortality and morbidity arising from lack of sexual and reproductive health services.

19. Mass population movement, lack of clean drinking water, and inadequate shelter and poor sanitation conditions increase the risk of refugees and migrants acquiring communicable diseases. Access to the full vaccination schedule, through follow-up vaccinations, is difficult to ensure while people are on the move. Those most at risk of developing vaccine-preventable diseases are young children who have not yet been vaccinated because the vaccination programmes in their home countries have been interrupted by civil unrest and war. Furthermore, many refugees and migrants choose not to be vaccinated due to misconceptions about vaccines, complacency, poor awareness of the benefits of vaccination, or religious or philosophical beliefs. Others do not have access to vaccination services because they do not have health insurance or are not registered with the health system.[1]

20. Being a refugee or a migrant does not, by itself, make individuals significantly more vulnerable to developing mental disorders, but refugees and migrants can be exposed to various stress factors that influence their mental well-being.[2] Refugees and migrants often face war, persecution and extreme hardship in their countries of origin. Many experience displacement and hardship in transit countries and embark on dangerous travels. Lack of information, uncertainty about immigration status, potential hostility, changing policies, and undignified and protracted detention all add additional stress. Furthermore, forced migration often requires multiple adaptations in short periods of time, making them more vulnerable to abuse and neglect. Pre-existing social and mental health problems can be exacerbated. Importantly, the way people are received by host countries and how protection and assistance are provided may induce or aggravate problems, for example by undermining human dignity. An acute sense of urgency among people on the move may prompt them to take extreme

[1] See http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/news/news/2015/11/who,-unicef-and-unhcr-call-for-equitable-access-to-vaccines-for-refugees-and-migrants/who-unhcr-unicef-joint-technical-guidance-general-principles-of-vaccination-of-refugees,-asylum-seekers-and-migrants-in-the-who-european-region (accessed 1 May 2017).

[2] See Policy brief on migration and health: mental health care for refugees (http://www.euro.who.int/__data/assets/pdf_file/0006/293271/Policy-Brief-Migration-Health-Mental-Health-Care-Refugees.pdf, accessed 3 May 2017).

medical and psychosocial risks and their fast-paced mobility through several countries leaves only very little time for service provision.[1]

21. Some transit and destination countries perform health assessments of refugees and migrants. Other countries have provisions imposing certain health conditions that may prevent refugees and migrants from entering the country or result in them being subject to deportation. This issue poses a challenge in defining public health preventive and treatment measures that adhere to basic human rights. The challenge is even more complicated when dealing with refugees and undocumented/irregular migrants, since there are no mechanisms to detect health conditions before migration and displacement.

22. At the global and national levels, health policies and strategies to manage the health consequences of migration and displacement have not kept up with the speed and diversity of modern migration and displacement. Numerous national, international and civil society organizations are finding ways to improve aspects of refugee and migrant health, including by providing access to health services and addressing health equality and the social determinants of health. But the approaches are often fragmented and costly, sometimes operating in parallel to national health systems, and may depend on external funding, which can lack sustainability.[2] Few country health information systems disaggregate data in a way that permits analysis of the main health issues either found among refugees and migrants or resulting directly from migration and displacement. Lack of disaggregated data hampers the efforts to fully understand the extent of their health challenges and develop evidence-informed health policies.

ACTION BY THE SECRETARIAT

23. Since March 2016, WHO has shifted its approach on migration and health from a solely humanitarian-based approach to one based on broader health systems strengthening and the push for universal health coverage. A well-functioning mechanism for coordinating WHO's efforts on migration and health at the global level has been established across the Organization. In May 2016, during the Sixty-ninth World Health Assembly, a technical briefing on health and migration was organized and the recommendations and priority actions discussed during the briefing have been used to guide WHO's work on health and migration. WHO was fully engaged in the discussions on the content of the New York Declaration for Refugees and Migrants, to ensure that health commitments were included in the Declaration. In September 2016, a United Nations General Assembly side event on health in the context of migration and forced displacement was successfully co-organized by the Governments of Italy and Sri Lanka, WHO, IOM and UNHCR. This was the first time that the health of refugees and migrants had been discussed at the General Assembly. In addition, as a member of the Working Group on Migration, Human Rights and Gender within the Global Migration Group, WHO provided technical support towards the development of the draft principles and guidelines, supported by practical guidance, on the human rights protection of migrants in vulnerable situations within large and/or mixed migratory movements. This initiative places emphasis on the human rights protection

[1] See Mental health and psychosocial support for refugees, asylum seekers and migrants on the move in Europe. A multi-agency guidance note (http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psychosocial-support-for-refugees,-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015, accessed 3 May 2017).

[2] See Strategy and action plan for refugee and migrant health in the WHO European Region (http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf, accessed 3 May 2017).

gaps, including right to health, experienced by migrants in vulnerable situations who do not have access to refugee protection.

24. Unfortunately, health is not included in the six thematic sessions of the modalities for the development of the global compact for safe, orderly and regular migration, despite health being cross-cutting and a prerequisite to sustainable development. To ensure that health is adequately addressed, WHO is actively providing input on health issues into the six issue briefs for the six thematic sessions of this global compact. These issue briefs are being developed by the Office of the Special Representative of the United Nations Secretary General on International Migration for the Office of the President of the General Assembly. They will be used to inform Member States for the intergovernmental negotiations. WHO co-leads on health with the Office of the High Commissioner for Human Rights to develop the Global Migration Group's inputs into issue brief 1 on human rights, social inclusion, cohesion and all forms of discrimination, including racism, xenophobia and intolerance. WHO is working and liaising closely with IOM and UNHCR and international organizations such as ILO and UNICEF on these issue briefs. In addition, WHO is working closely with UNHCR and the pilot countries on a comprehensive refugee response framework.

25. At the World Humanitarian Summit, convened in Istanbul in May 2016 by the United Nations Secretary-General, donors and aid organizations endorsed "The Grand Bargain: shared commitment to better serve people in need",[1] a document that identifies 10 areas, such as providing cash-based assistance and increasing support to local and national responders, where donors and aid organizations propose to change existing practices to render humanitarian assistance more effective and efficient. WHO actively participated in the discussions on, and continues to work towards the implementation of, the Grand Bargain commitments, many of which were included in its strategic plans and programme of work before the World Humanitarian Summit. Its current work includes the development of an essential package of health services and a framework for working in protracted emergencies. In addition, WHO is leading a discussion on cash-based programming for health activities in emergency situations. All these activities are applicable to situations affecting refugees and migrants.

26. The international migration of health workers is increasing. Over the last decade, there has been a 60% increase in the number of migrant doctors and nurses working in OECD countries.[2] This figure rises to 84% for doctors and nurses originating from countries facing severe health workforce shortages. WHO has been working with key partners, including ILO and OECD, to support the development of an international platform on health worker mobility, with the aim of strengthening existing instruments, such as the WHO Global Code of Practice on the International Recruitment of Health Personnel, and ensuring mutuality of benefits. The report of the High-level Commission on Health Employment and Economic Growth was submitted to the United Nations Secretary-General in the sidelines of the Seventy-first session of the United Nations General Assembly.[3] The report recognizes both the challenges and the opportunities presented by the international migration of health workers. In it, the Commission calls for the development of an international platform on health worker migration, which should be in line with the discussion on and development of the global compact for safe, orderly and regular migration in 2018.

[1] See https://consultations.worldhumanitariansummit.org/file/530140/download/580250 (accessed 1 May 2017).

[2] See OECD. International migration outlook 2016. Paris: OECD Publishing; 2016.

[3] WHO. Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016.

27. WHO is working with partners to address the increased vulnerability to HIV of refugees, asylum seekers and migrants. For example, steps are being taken to mitigate risk factors such as increased rates of male and female sex work among refugees and migrants, sexual violence, incarceration, an absence of social protection, increased susceptibility to sexually transmitted infections, and a lack of access to HIV prevention, testing, care and treatment services. WHO is working to expand the cross-border sharing of information to ensure HIV service continuity among this population, as well as to define and implement HIV interventions for refugees, migrants and mobile populations, tailored to the local context, capacity and resources. WHO is also working to ensure that services are relevant, acceptable and accessible and provided in an environment that protects the human rights of people living with HIV.

28. The WHO's End TB Strategy seeks to end the tuberculosis epidemic, with milestones for 2030 of achieving a 90% reduction in the number of deaths due to tuberculosis and an 80% reduction in the tuberculosis incidence rate compared with 2015, and eliminating the catastrophic cost burden for those affected. When adopting the strategy in 2014,[1] the Sixty-seventh World Health Assembly placed particular emphasis on the need for cross-border collaboration to address the needs of vulnerable communities, including migrant populations, and the threats posed by multidrug resistance. Since then, the Secretariat has taken action to meet the specific health needs of refugees and migrants with tuberculosis by providing specific guidance, promoting research, establishing regional frameworks and partnerships and providing technical assistance, in particular to address the urgent needs arising from the current migration crisis. It is also helping to generate and review evidence on effective screening, diagnosis and continuity of care among migrant populations in high and low tuberculosis burden settings. In addition to working with Member States, the Secretariat is working with partners, such as IOM, UNHCR and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29. There are an estimated 26 million women and girls of reproductive age living in emergency situations, all of whom need sexual and reproductive health services. Maternal mortality ratios are estimated to be above 300 per 100 000 live births in three quarters of States designated as fragile. To address these sexual and reproductive health needs, the Secretariat is working to implement the Global Strategy for Women's, Children's and Adolescents' Health, and priority is being given to the provision of a minimum initial service package for reproductive health by national health systems and partners in emergencies. The strategy recognizes that sustainable service delivery depends on programmes that transition from the emergency response to long-term health systems strengthening and that there is a critical need to ensure the safety of health workers and their facilities in conflict settings. For some women, migration can be a disempowering experience, especially when they are employed in unregulated sectors of the economy. A Director-General's report entitled Women on the Move is expected to be launched in May 2017. The report will examine how the inequities and the