
Promoting the health of migrants

Report by the Secretariat

1. The present report summarizes the current global context and the health challenges associated with migrants and refugees, 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.

CURRENT CONTEXT

2. 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 to 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 which over 40 million were internally displaced persons.^{1,2}

3. 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

¹ International Organization for Migration (2016). Migration in the world. Available at <http://www.iom.sk/en/about-migration/migration-in-the-world> (accessed 28 November 2016).

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

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.¹

4. 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 which are 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.

5. 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.

6. 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 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.

7. 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.

8. On 19 September 2016, the United Nations General Assembly convened a high-level plenary meeting on addressing large movements of refugees and migrants in the light of the need for greater international solidarity and support in response to such movements, at which the New York Declaration for Refugees and Migrants was adopted,² setting out principles and recommendations that apply to both migrants and refugees (including with regard to rescue en route, reception at borders, combating xenophobia and encouraging inclusion), as well as separate commitments for migrants and refugees. Its two annexes pave the way for global compacts on refugees and on migrants in 2018. In the Declaration, Member States acknowledge a shared responsibility towards refugees and migrants and make a commitment to work towards the adoption in 2018 of the two global compacts.

9. The 2030 Agenda for Sustainable Development recognizes migrants, refugees and displaced persons as vulnerable groups and calls for full respect of their human rights. It recognizes the positive contribution of migrants for inclusive growth and sustainable development, for which health is a prerequisite. Pursuing the Sustainable Development Goals and targets, including Goal 3.8 on universal health coverage, will help address multiple economic, social and environmental determinants of the

¹ Listed in descending order of number of refugees and internally displaced persons.

² United Nations General Assembly resolution 71/1 (2016).

well-being of migrants and refugees. To achieve the vision of the 2030 Agenda for Sustainable Development – to leave no one behind – it is imperative that the health needs of migrants and refugees be addressed. Providing adequate standards of care for refugees and migrants is not only important for population health; it is also fundamental to protecting and promoting their human rights, as well as those of the host communities.

HEALTH CHALLENGES ASSOCIATED WITH MIGRATION AND DISPLACEMENT

10. 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 standards and conventions to protect the rights of migrants and refugees, including their right to health, migrants and refugees often lack access to health services and financial protection for health. The health of many migrants and refugees is at risk due to abuse, violence, exploitation, discrimination, barriers to accessing health and social services, and a lack of continuity of care. Large-scale migration may have negative effects on the physical and mental health of mobile populations, who may be exposed to violence, including gender-based violence and sexual violence, forced prostitution, and issues related to sexual reproductive health, maternal and child health, diabetes, cardiovascular diseases, mental health, and so on. Worldwide, access to health services among vulnerable migrant and refugee populations within the recipient countries remains highly variable and is not consistently addressed. The health needs of migrant and refugee populations may differ significantly from those of the populations of the recipient 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. In wealthier host countries, health professionals increasingly find themselves treating patients with symptoms that are unfamiliar to them. Delayed or deferred care and a lack of appropriate preventative services are associated with the progression of diseases and the subsequent need for more extensive and costly treatment. Late or denied treatment may be discriminatory, contravene human rights principles and threaten public health.

ACTION BY THE SECRETARIAT

11. 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 migration and health was organized and the recommendations and priority actions discussed during the briefing have been used to guide WHO's work on migration and health. 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, the International Organization for Migration and UNHCR. This was the first time that the health of migrants and refugees 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 gaps, including right to health, experienced by migrants in vulnerable situations who do not have access to refugee protection.

12. 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: A 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 migrants.

13. 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.

14. 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 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 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.

15. 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 2014,⁴ the Sixty-seventh World Health Assembly placed

¹ Available at: <https://consultations.worldhumanitariansummit.org/file/530140/download/580250> (accessed 28 November 2016).

² OECD International Migration Outlook 2015. OECD Publishing, Paris. 2016.

³ 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.

⁴ Resolution WHA67.1 (2014).

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 migrants and refugees 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 the International Organization for Migration, UNHCR and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

16. 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 experiences faced by women and girls on the move affect their health.

17. In the WHO African Region, in order to address the health needs of migrants, refugees, asylum seekers and internally displaced persons, WHO has provided support to strengthen local health systems and to enhance surveillance, preparedness and response to disease. Health services and assistance have been provided for over 1.5 million refugees both inside and outside of camps across the Region. Promoting access to national health care structures and adopting a community approach have been key components for achieving sustainability. WHO and health partners have supported countries in their efforts to include refugees and internally displaced persons in national programmes, including vaccination campaigns, and have responded to outbreaks of meningitis in South Sudanese refugee populations in Ethiopia, and to cholera outbreaks in camps for internally displaced persons in Malawi, where more than 160 000 affected persons were vaccinated. In Ghana, by the end of 2015, 87% of refugees had access to the national health insurance scheme. In Ethiopia, vaccines against measles and polio for children under 15 years of age were delivered, with over 19 600 refugee children being vaccinated against measles and over 21 000 against polio. Working across sectors, WHO and partners put in place preventive and control measures relating to the quality of water and sanitation facilities in camps, promoted community mobilization on hygiene and health risk education, and provided support for case management and surveillance.

18. In the WHO Region of the Americas, at the 55th Directing Council, in September 2016, Member States adopted a resolution on the health of migrants,¹ supporting a policy document on the issue and recognizing that the regional Strategy for universal access to health and universal health coverage constituted a framework for the health system's actions to protect the health and well-being of all migrants. In other words, the Strategy establishes the framework whereby the Region's countries

¹ Resolution CD55.R13 (2016).

can design and implement collaborative strategies to address the health needs of migrant populations with a firm commitment to the right to health. Such a commitment entails providing access to quality comprehensive health services for migrants in their territories of origin and destination, during transit, and upon return to their country of origin. In addition, it recognizes the contributions of previous strategies or mandates from the Region that deal with this issue, and is aligned with other related strategies and commitments, including the Sustainable Development Goals.

19. In the WHO South-East Asia Region, several countries are both receiving and sending migrants. In Bangladesh, WHO has supported the Government and partners in developing a national strategic action plan on migration and health for 2015–2018, with the aim of enhancing the policy and legal framework for migrants, establishing a monitoring and information system and promoting multisectoral partnerships. In Sri Lanka, a national migration health policy has been developed since 2013 to promote health of outbound, inbound and internal migrants. Sri Lanka is also playing a major role in coordinating the different sectors. For example, in collaboration with WHO and the International Organization for Migration, it will host the second Global Consultation on Migrant Health, in February 2017. The 69th session of the Regional Committee for South-East Asia, held in September 2016, included an agenda item on migration and health. The Committee proposed that rapid situation analyses should be conducted by each country in the Region on the health of migrants, and made available prior to the Global Consultation. In Thailand, migrant health is a priority in the country cooperation strategy. Support has been given to the Ministry of Public Health to update the Second Border Health Development Master Plan 2012–2016 and for the development and implementation of a national plan for migrant health 2016–2021. Under this plan, undocumented migrants and their dependents are covered under a compulsory migrant health insurance scheme similar to the scheme for Thai people. In addition, WHO is supporting ASEAN in the implementation of the “Healthy borders” programme in the Greater Mekong subregion.

20. In the WHO European Region, the Strategy and action plan for refugee and migrant health in the WHO European Region was adopted in September 2016, along with an accompanying resolution, at the 66th session of the Regional Committee for Europe. Technical assistance has been provided to health ministries in order to improve the response to the public health challenges of migration. This assistance includes joint assessment missions, the development and updating of national and subnational preparedness and contingency plans and the development of training modules on migration and health. Medical supplies have been provided to countries in response to the health needs of migrants, refugees and asylum seekers. Technical guidance related to migration and health has been developed, such as the WHO-UNHCR-UNICEF joint technical guidance on general principles of vaccination of refugees, asylum-seekers and migrants in the WHO European Region. Guidance on mental health for refugees and migrants is also being developed with multiple international partners.

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