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Strategy and action plan for refugee and migrant health in the WHO European Region



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Strategy and action plan for refugee and migrant health in the WHO European Region

This document contains the draft Strategy and action plan for refugee and migrant health in the WHO European Region. It focuses on strategic areas and priority actions to address the public health and health system challenges related to migration, in the spirit of the recently adopted 2030 Agenda for Sustainable Development, the European policy framework for health and well-being – Health 2020, and World Health Assembly resolution WHA61.17 on health of migrants.

This draft Strategy and action plan has been developed based on the discussions on migration and health that took place at side events during the 64th and 65th sessions of the WHO Regional Committee for Europe in 2014 and 2015, respectively. It has been guided by the discussions at the High-level Meeting on Refugee and Migrant Health, held in Rome, Italy, in November 2015 as presented in the outcome document,¹ and the discussion on promoting the health of migrants held during the 138th session of the WHO Executive Board and at the Sixty-ninth World Health Assembly. This document will be submitted to the 66th session of the WHO Regional Committee for Europe, along with a draft resolution, for the Regional Committee's consideration.

¹ Stepping up action on refugee and migrant health. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/stepping-up-action-on-refugee-and-migrant-health>).

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Strategy for refugee and migrant health in the WHO European Region

Introduction

1. At the High-level Meeting on Refugee and Migrant Health, held in Rome, Italy, on 23–24 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, thereby avoiding uncoordinated single-country solutions. This agreed framework has led to the development of the present Strategy and action plan for refugee and migrant health in the WHO European Region. Member States made this commitment keeping in mind that migration is a global phenomenon, which poses key political, social and economic challenges, and – given the recent influx of refugees, asylum seekers and migrants to Europe – requires a coherent, regional response. Discussions at the High-level Meeting were informed by the broader scope of the 2030 Agenda for Sustainable Development (1), in which countries pledged that “no one should be left behind”, and its Sustainable Development Goals, in particular Goal 3 on health, Goal 5 on gender equality, and Goal 10 on reducing inequalities within and among countries.

2. Several WHO resolutions, adopted at the global and regional levels, and international consultations are relevant to the health of refugees, asylum seekers and migrants. These include: World Health Assembly resolution WHA61.17 on health of migrants (2), adopted in 2008, which was followed up by a Global Consultation on Migrant Health, organized by WHO, the International Organization for Migration (IOM) and the Government of Spain, and its resulting operational framework during the Spanish Presidency of the European Union in 2010 (3); World Health Assembly resolution WHA62.14 on reducing health inequities through action on the social determinants of health (4); and WHO Regional Committee for Europe resolution EUR/RC52/R7 on poverty and health (5), and related follow-up, such as efforts to address health inequity linked to migration and ethnicity (6).¹

Status of migration and health in Europe

3. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), there were approximately 59.5 million people forcibly displaced worldwide by the end of 2014 (7), the highest number ever recorded since the Second World War. Overall, the number of international migrants worldwide reached 244 million in 2015,

¹ Also relevant are the Bratislava Declaration on Health, Human Rights and Migration, signed by the member countries of the Council of Europe in 2007, and the recommendations on mobility, migration and access to health care, adopted by the Council of Europe Committee of Ministers in 2011. The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families provides a broader framework for the universal human right to health without discrimination. Also important is the Dublin Regulation (Regulation No 604/2013; sometimes the Dublin III Regulation; previously the Dublin II Regulation) and the new Communication from the European Commission to the European Parliament, the Council, European Economic and Social Committee, and the Committee of the Regions: Towards a European agenda on Migration.

partly due to the growth in global population, a 41% increase compared to the figures for 2000 (8). It is estimated that 75 million international migrants live in the European Region, amounting to 8.4% of the total European population and one third of all international migrants worldwide (9). Furthermore, over 1 million refugees and migrants entered the European Region in 2015 (10). Throughout 2015, more than 3700 refugees and migrants are known to have died or gone missing at sea (11). The influx of refugees, asylum seekers and migrants into the Region is not an isolated crisis but an ongoing reality that will affect European countries for some time to come, with medium- and longer-term security, economic and health implications.

4. Refugees, asylum seekers and migrants are heterogeneous groups, and no universally accepted definitions of these groups exist. There is also a lack of consistency in the use of the terms “migration” and “migrant”. The working definitions of these terms as applied in this document are contained in Annex 1. While in some contexts the definitions in Annex 1 may have important implications for entitlement of and access to health services, the definitions as applied in this Strategy and action plan do not denote any particular legal status or entitlement. The entitlement of and access to health services for the various groups is determined by national regulations and legislation. In this document, the term “migrant” is used as an overarching category in line with resolution WHA61.17, the terms “refugee” and “asylum seeker” are included and applied in accordance with the 1951 Refugee Convention and as recommended by UNHCR and IOM. When considering global and regional migration trends, it may also be useful to distinguish between two types of migration phenomena: structural long-term migration patterns owing to global inequalities; and large-scale arrivals resulting from war and conflict, and natural disasters.

5. Migration has a number of positive societal effects, including economic, employment and development benefits (12). While this positive perspective remains important, the recent large-scale population movement from countries of the Eastern Mediterranean and African regions to the European Region has given rise to a number of epidemiological and health system challenges, to which public health and health systems must adjust. With regard to demographic composition, while most refugees, asylum seekers and migrants are usually young adults, migrant populations currently arriving in the European Region include many elderly and disabled persons, as well as an increasing number of minors, many of whom are unaccompanied children (11). Women, including pregnant women, comprise half of all refugees, asylum seekers and migrants and are often disproportionately represented in vulnerable groups, such as victims of gender-based violence, human trafficking and sexual exploitation (13).

6. Statistics, where available, generally indicate that refugees, asylum seekers and migrants may be at risk for worse health outcomes including, in some cases, increased rates of infant mortality (14). Their susceptibility to illness is largely similar to that of the rest of the population, although there are substantial variations between groups, countries of origin and health status. Many refugees, asylum seekers and migrants will have experienced burdensome travels and temporary stays in transit centres, during which they may have been exposed to hazards and stress, including heat, cold, wet weather, poor sanitation and lack of access to healthy food and/or a safe water supply.

7. Gender differences in health status are also manifest: women are more exposed to sexual violence, abuse and trafficking. In addition, women experience risks related to pregnancy and childbirth, particularly when these are unassisted. Migrants account for a high percentage of the working age population in low paid jobs and are more likely to be employed on insecure, temporary and illegal contracts. These can contribute to social exclusion, depression and early onset cardiovascular disease (15). Risk factors that affect men in particular include exposure to accidents, physical stress and other work-related health hazards (6). Evidence also suggests higher mental distress among refugee and migrant populations, with increased risk for women, older people, and those who have experienced trauma, and further risk caused by lack of social support and increased stress after migration (16).

Need and opportunity to act now

8. The influx of refugees and migrants, together with the political context and the public debate about it, change rapidly; so, too, should the response of the health sector. Nevertheless, the overall, long-term goal of the Strategy and action plan for refugee and migrant health in the WHO European Region is to protect and improve the health of refugee and migrant populations, within a framework of humanity and solidarity and without prejudice to the effectiveness of health care provided to the host population. This document considers the public health concerns associated with large-scale arrivals, which could potentially constitute a crisis for host and recipient countries in the event of a lack of preparedness or due to limited resources, and calls for urgent action and a concerted and coordinated response based on solidarity among Member States. It seeks to ensure the implementation of a coherent and consolidated national and international response to the health needs of refugee and migrant populations in countries of transit and destination in order to address the short-term challenges and the longer-term public health aspects of refugee and migrant health.

9. Although in the context of their specific circumstances and legal frameworks, most Member States of the European Region have the capability to respond to the public health challenges associated with migration, they may still require better preparedness, greater capacity for rapid humanitarian response and increased technical assistance. The migration crisis in Europe in 2015 demonstrated that the capacity of individual countries has been pushed to the limit and that the development of resilience to sustained migration is needed. The current situation is an opportunity not only to deal with short-term needs but also to strengthen public health and health systems in the longer term. It is important that Member States follow up on actions taken and share experiences and lessons learned concerning both effective and less effective actions.

10. At the outset, an influx may cause unexpected pressure on health systems, particularly at the local level where it is first managed. Some actions are urgent and should be taken immediately when large numbers of refugees, asylum seekers and migrants enter a country. For example, in the initial phase of arrival, such actions should include logistical solutions and administrative arrangements and the development and assurance of multisectoral cooperation for the provision of immediate humanitarian assistance, medical examination and urgent treatment. Later on, systems will need to cope with, and respond to, the needs of people who are settling in host countries, while preserving fiscal sustainability and addressing the general need for improving the

quality, availability, accessibility, affordability and cost–effectiveness of essential health care for the entire population, provided without discrimination, with dignity and respect, and in accordance with national regulations. Inequality and economic analysis will be an important part of the policy debate.

11. Many of the health, social and economic challenges associated with migration are the product of global inequity; action that focuses solely on host countries will be less effective than integrated global, interregional and cross-border public health interventions and programmes. Emphasis should be placed on the approaches required to meet the different needs of refugees, asylum seekers and migrants, addressing the immediate and long-term health requirements, as well as public health aspects and social determinants of health.

12. This Strategy and action plan for refugee and migrant health in the WHO European Region will be submitted to the 66th session of the WHO Regional Committee for Europe, along with a draft resolution, for the Regional Committee’s consideration, in September 2016.

13. Furthermore, subject to the Regional Committee’s decision and reflecting the accountability of Member States for timeframes and processes, it is proposed that the WHO Regional Office for Europe would regularly monitor the implementation of the Strategy and action plan, using the indicators set out in Annex 2, and would report on the progress of such implementation to the Regional Committee at its 68th, 70th and 72nd sessions in 2018, 2020 and 2022, respectively.

Scope

14. Within the framework of resolution WHA61.17, the Strategy and action plan targets the large-scale international movement of refugees, asylum seekers² and migrants,³ with the objective of preventing disease and premature death. It is therefore designed to respond to the health needs associated with the migration process, namely, the need to ensure the availability, accessibility, acceptability, affordability and quality of essential services in transit and host environments, including health and social services, together with basic services such as water and sanitation, as well as addressing vulnerability to health risks, exposure to potential hazards and stress, and increased susceptibility to poverty and social exclusion, abuse and violence, and stigmatization

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