

**FIFTEENTH COORDINATION MEETING ON
INTERNATIONAL MIGRATION**

Population Division

Department of Economic and Social Affairs

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**CONTRIBUTION
TO THE FIFTEENTH COORDINATION MEETING ON INTERNATIONAL MIGRATION¹**

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¹ The views expressed in the paper do not imply the expression of any opinion on the part of the United Nations Secretariat.

1. The right of everyone to enjoy the highest attainable standard of physical and mental health is established in the WHO Constitution of 1948, and ratified international human rights standards and conventions exist to protect the rights of refugees and migrants, including their right to health. Nevertheless, many refugees and migrants lack access to health services and financial protection for health. Worldwide, access to health services among refugee and migrant populations within affected countries remains highly variable and is not consistently addressed. Barriers in access to health services may include high costs, language and cultural differences, discrimination, administrative hurdles, the inability to affiliate with local health financing schemes, and lack of information about health entitlements. Furthermore, the health of many refugees and migrants 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, as well as increased risk of diabetes, psychological disorders, or cardiovascular diseases.
2. WHO Member States endorsed a Resolution on the Health of Migrants (WHA 61.17) in May 2008. This Resolution 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.

A. ACTIVITIES UNDERTAKEN DURING 2016 TO SUPPORT THE IMPLEMENTATION OF THE
MIGRATION-RELATED COMMITMENTS OF THE 2030 AGENDA

- B. Good progress has been made by WHO Headquarters and WHO Regions in 2016. 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 coordination mechanism has been established across the organization. External coordination includes Member States through the establishment of a Member States Core Group championed by Argentina and Italy as well as close coordination and partnership with UNHCR, IOM and other UN agencies.
- C. In May 2016, during the 69th World Health Assembly, a technical briefing on health and migration was organized. 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 United Nations 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.
- D. On 12-14 December 2016, WHO organized a meeting, to start the process to develop an Organization-wide Framework for Action on Health and Migration. Participants included health and migration focal points from WHO headquarters, regional offices and key country offices from each of the six WHO regions. The meeting also aimed to share knowledge and experiences and to discuss how the Organization might best scale up its support to countries to meet the increasing health needs of refugees and migrants and respond to the growing public health challenges associated with migration and displacement.

- E. 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”, 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.
- F. 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 side-lines of the Seventy-first session of the United Nations General Assembly. The report recognizes both the challenges and the opportunities presented by the international migration of health workers.
- G. 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.
- H. 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, 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, WHO 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.
- I. To address the sexual and reproductive health needs of refugees and migrants, WHO 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.

- J. In the African Region, WHO has been providing support to strengthen local health systems, enhance surveillance, preparedness and response to certain key diseases. Health services and assistance have been provided for over 1.5 million refugees inside and outside 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 advocated and supported countries in their efforts to include refugees and internally displaced persons in national health programmes, including vaccination campaigns. WHO and health partners responded to outbreaks of meningitis in South Sudanese refugee populations in Ethiopia, and to cholera outbreaks in IDP camps in Malawi; more than 160 000 affected persons were vaccinated. In Ghana, 87% of refugees had access to the national health insurance scheme in 2016. In Ethiopia, vaccines against measles and polio for children under 15 were delivered, with over 19 600 refugee children being vaccinated against measles and over 21 000 against polio. Working across sectors, WHO and partners have put in place prevention and control measures in the quality of water and sanitation facilities in camps, community mobilization on hygiene and health risk education, support for case management and surveillance.
- K. In the WHO Region of the Americas, at the 55th Directing Council, Member States adopted the Regional Resolution and Policy Document on the Health of Migrants to support implementation of the Universal Access to Health and Universal Health Coverage Strategy for all migrants, including forced and irregular migrants. The regional strategy establishes the framework whereby the Region's countries 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.
- L. In the WHO Eastern Mediterranean Region WHO is leading health assessments, generating and disseminating health information to provide health care based on real time evidence. WHO is also providing technical support and training to ministries of health and partners, and working with partners to monitor water quality, support vector control and conduct immunization campaigns. WHO is also coordinating with regional partners including IOM and UNHCR to integrate migrant-related health challenges into the operational framework of public health interventions, which are now being given higher consideration in the national emergency preparedness plans in some countries of the Region. In the host countries, WHO is providing health care, including support for referral services and for patients with disabilities. WHO is strengthening the interventions of communicable disease and early warning alert and response systems, immunization campaigns against polio and measles, maternal and child health strategies, noncommunicable diseases, covering the refugee population and host populations.
- M. In the WHO European Region, the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region was adopted, along with an accompanying resolution, at the 66th session of the Regional Committee for Europe. Technical assistance has been provided to ministries of health to better respond to the public health challenges of migration. Joint World Health Organization - Ministry of Health assessment missions have taken place, to develop and/or update national and subnational preparedness and contingency plans and for the development of training modules on health and migration and medical supplies were provided to countries in response to the crisis as well. Technical guidance related to health and migration has been developed such as the joint WHO-UNHCR-UNICEF technical guidance on vaccination principles for refugees and migrants. Guidance on mental health for refugees and migrants developed with multiple international partners is also being developed. WHO has begun a major exercise to analyse the available evidence on health and migration across the 53 countries of the Region, and is compiling it into synthesis reports for policy-makers in order to promote more evidence-informed migration health policy-making. Several Health Evidence Network (HEN) reports have been published on maternal health, mental health, and the

health care access implications of the different definitions of ‘migrant’. In addition, The WHO Regional Office for Europe is currently working with the European Commission on finalizing a joint project entitled Health and migration Knowledge Management (MIHKMA) in order to develop and disseminate technical guidance notes on key issues related to noncommunicable diseases and migration; and to organize webinars using new and existing training materials on health and migration, to improve the education of health and non-health professionals on this specific topic. The MIHKMA project is part of the Knowledge Hub on Health and migration, launched in November 2016 in Sicily.

- N. In the WHO South-East Asia Region, the 69th session of its Regional Committee in September 2016 included an agenda item of health and migration. In Bangladesh, WHO has supported the Government and partners to develop a National Strategic Action Plan on Health and migration 2015-2018, aiming to enhance the policy and legal framework for migrants and to establish the monitoring and information system and promote multisectoral partnerships. In Sri Lanka, a National Migration Health Policy has been developed since 2013 to promote health of out-bound and in-bound as well as internal migrants. Sri Lanka is also playing a major role in coordinating the different sectors, and in collaboration with WHO and IOM, it will host the Second Global Consultation on Migrant Health in February 2017. In Thailand, migrant health is a current priority in the WHO Country Cooperation Strategy. Support has been given to the Ministry of Health to update a Second Border Health Development Master Plan 2012-2016 and for the development of a national plan for migrant health 2016-2021. Under this plan, undocumented migrants and their dependents would be covered under a compulsory migrant health insurance scheme similar to the Universal Health Coverage scheme for Thai people. In addition, WHO is supporting the Association of Southeast Asian Nations in implementation of the “Healthy borders” programme in the Greater Mekong subregion.
- O. In the WHO Western Pacific Region, a review of access to health services by migrant populations in the Greater Mekong subregion is currently being finalized. The Mekong WHO Representatives meeting provides a forum for inter-country and regional collaboration, for addressing important migration issues, including health risks, social determinants and access to essential services of migrant populations in the cross-border areas. A second bi-regional “Healthy borders” meeting is under consideration, to be convened with partners in 2017.

B. INITIATIVES THAT WILL BE UNDERTAKEN DURING 2017 TO SUPPORT THE IMPLEMENTATION OF THE NEW YORK DECLARATION FOR REFUGEES AND MIGRANTS

- Given the importance of the topic, *Promoting the Health of Migrants* will be discussed during the 140th session of the Executive Board in January. It is expected that key decisions will be made during the session to guide Member States and WHO’s actions to promote the health of refugees and migrants;
- To co-organize and co-facilitate the 2nd Global Consultation on Health and migration with IOM, to be hosted by Sri Lanka, on 21 - 23 February 2016;
- To prepare, in full consultation and cooperation with Member States, and in cooperation with IOM and 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 70th World Health Assembly;
- To work in close collaboration with Member States to ensure that health aspects are adequately addressed in the development of the Global Compact on Refugees and the Global Compact on Safe, Orderly and Regular Migration;
- To support Member States in achieving the health commitments included in the Global Compact on Refugees and the Global Compact on Safe, Orderly and Regular Migration;
- To conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the framework of priorities and guiding principles to promote the health of refugees and migrants;

- To promote a humanitarian development nexus by bridging short-term humanitarian assistance with long-term health system strengthening;
- To strengthen intersectoral, intercountry and interagency coordination and collaboration mechanisms to achieve synergies and efficiency, including within the United Nations system, and with UNHCR and the International Organization for Migration in particular, and with other stakeholders.