Introduction

Being and staying healthy is a fundamental right of every human being. It is an essential precondition for people, including refugees and migrants, to be able to work, to be productive, to contribute to economic and social development in countries of origin, transit, and destination and return, and to improve livelihoods, including the affordability of health care for ‘left behind’ families. Moreover, addressing the health needs of migrants protects global public health and facilitates integration, social inclusion and peace building. Promoting “Health for All” including migrants, with a commitment to equity, solidarity and social justice, will create conditions enabling stability, social inclusion, hope and peace, and ultimately, a decent life Public health interventions reduce morbidity and mortality in the midst of conflicts, displacement and migration. It also supports conflict prevention, mitigates its impact, and facilitates the transition to peace and reconciliation, thus generating lasting health gains.

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health has been established in the WHO Constitution since 1948. Other widely ratified international human rights standards exist to protect the rights of refugees and migrants, which include their right to health. Nevertheless, many refugees and migrants still lack access to health services and financial protection for health. Worldwide, access to health services and the underlying determinants of health for refugees and migrants are not consistently addressed. Barriers in access to health services for migrants include the high costs of care, lack of social protection, language and cultural differences, discrimination, and lack of information on their health rights and entitlements.

In May 2017, the World Health Assembly endorsed the Resolution 70.15 on ‘Promoting the health of refugees and migrants’. The resolution urges WHO’s 194 member States to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants. The resolution also urges WHO Member States to consider providing necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants.

To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind, to strive for peace and decent life for all – it is imperative that the health needs of refugees and migrants be adequately addressed in the Global Compact on Refugees (GCR) and the Global Compact for Safe, Orderly and Regular Migration (GCM). Access of migrants to quality health services and financial protection for health are central to rights-based health systems and the public efforts aiming to reduce health inequities, promote peace and achieve the SDGs. We will not achieve the SDGs, in particular 3.8 on universal health coverage, unless the health needs of migrants are properly met.

Despite health being crosscutting, a prerequisite to sustainable development, and promoting peace, health is missing from the six thematic sessions of the modalities for development of the GCM, as well as from the 24 elements contained in Annex II of the New York Declaration for Refugees and Migrants. To address this, and to allow WHO to better support the GCR and GCM, in its 140 session in January 2017, the WHO Executive Board requested WHO to develop a framework of priorities and guiding principles, in close cooperation with IOM and UNHCR, to promote the health of refugees and migrants. The resolution 70.15 encourages Member States to use the Framework of priorities and guiding principles to promote the health of refugees and migrants at all levels and to ensure that health is adequately addressed in the GCR and the GCM.

Forced displacement, migration and health issues cannot be solved by the health sector alone, because they are inextricably linked to development, foreign policy, security, peace, and the environment. As such, solutions require coordination among a wide constituency. This side event aims to mainstream health, migration and forced displacement into the global agenda including in the GCR and GCM. It also presents the opportunity for unique multisectoral dialogue and debate on how to promote refugee and migrant health, and facilitate the sharing of
current perspectives and good practices. The session aims to emphasize the shared responsibility of promoting the health of migrants and refugees, and burden sharing for refugees, as a means of improving social cohesion, building peace, and protecting public health and human rights, guided by the 2030 Agenda for Sustainable Development.

**Proposed format**
A 120-minute moderated session will include the keynote speeches of a high-level panel, and a Q&A session as follows:

I. Opening remarks and introduction by: *6-7 mins each – 40 mins*
   - Co-sponsoring Member State
   - DG, WHO
   - DG IOM
   - SRSG (to be approached by WHO NY)

II. Panel: Promoting refugee and migrant health – striving for peace and decent life for all * (50 mins in all)*
   - A. Government Representative (development angle)
   - B. Government Representative – (humanitarian angle)
   - C. Government Representative – one African country
   - D. Presentation by WHO on the draft Health Component for the GCM

III. Q&A and discussion * (25 mins)*

IV. Closing remarks by Ambassadors of co-sponsoring countries * (5 mins).*

Moderator: tbc

**The distinguished panel will assist in responding to questions such as:**

- What health-related commitments could be included in the GCR and the GCM to improve the health of migrants at all phases of the migration and forced displacement cycle?
- How do we use health to build peace?
- How can we achieve universal health coverage for all? What have been some good practices by countries of origin, transit and destination in providing equitable health services and social protection to refugees and migrants?
- How can Member States with limited resources and consequent challenges in already addressing their own nationals’ health needs, meet the health needs of refugees and migrants?
- What could a sustainable platform and mechanism for multi-sectoral and international consultation and partnership on refugee and migrant health look like?