

**EXPERT SYMPOSIUM ON  
INTERNATIONAL MIGRATION AND DEVELOPMENT**

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**CONTRIBUTION  
TO THE EXPERT SYMPOSIUM ON INTERNATIONAL MIGRATION AND DEVELOPMENT**

*World Health Organization (WHO)*

## WHO HQ Migrant Health activities 2018-2019:

### I Global level engagement

By basing its new Thirteen General Programme of Work, 2019-2023 (GPW13) on the SDGs, WHO has committed to leave no-one behind, at all levels of engagement, from the implementation of equity and rights-based approaches to health that enhances participation, builds resilience, and empowers communities. Migrant Health activities contribute to each “triple billion” goal to bring impact of WHO’s work to country level:

- One billion more people benefiting from UHC,
- One billion more people better protected from health emergencies, and
- One billion more people enjoying better health and well-being.

The WHO Strategic Initiatives Cluster (WSI) has been established in Headquarters to bring together and nurture critical and priority initiatives, which are an integral part of the GPW13, from their inception through a transition phase, to stability across the three levels of WHO. The Migrant (MIG) Health Unit terms of reference are linked to the GPW13 that addresses specifically the need to include migrants and refugees in the UHC paradigm.

Amongst its priority actions, WSI works at raising global awareness and commitment, as well as to build alliances, networks, collaboration and partnerships within a human rights and multi-stakeholder perspective.

The establishment of a Headquarters unit has been a priority in 2018. The unit has a primarily focus in the below mentioned **three strategic areas to help deliver the GPW13** and to implement the Global Action Plan to promote the health of refugees and migrants -which has been submitted in January 2019 to EB (EB144/27) and will be considered for endorsement by the WHA in May 2019.

With WHO’s Global Action Plan we aim to contribute by working with Member States, enhancing our strategic partnerships with IOM and UNHCR, Global Fund, GAVI, collaborating centers, and cross cutting WHO departments at the three levels.

WSI in some settings such engagement will be more upstream – policy-related, strategic and normative – and in others more downstream with a focus on technical assistance and strengthening service delivery. In many countries engagement will involve a mixture of approaches, and our support will evolve over time.

#### ***1. Leadership: WSI as an advocate and policy dialogue partner: Normative work***

- 2017: A Framework of priorities and guiding principles to promote the health of refugees and migrants[1] in collaboration with the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR).
- August 2017 to January 2018, the Secretariat conducted an online call for contributions on evidence-based information, country practices, experiences and lessons learned in meeting the health needs of refugees and migrants. In response, 199 inputs covering practices in 90 Member States from all WHO regions were received from Member States and partners, including the International Labour Organization (ILO), IOM and UNHCR. Reports on regional situation analyses and practices in addressing the health needs of refugees and migrants were subsequently published.

- Based on this Framework the Development of a Global Action Plan “Promoting the health of refugees and migrants 2019-2023“: development of policies and guidelines for each of the 6 priorities outlined in the GAP.
- In 2018, 3 Member States face to face consultations have taken place (October 2018/ November/December 2019) – One information sharing session in July, and one web-based consultation with an overarching end result for the GAP to be approved by WHA 2019.
- 2019: The GAP was presented to the EB January 2019 – The EB took note and the Secretariat proposed 2 more MS informal consultations to take place prior to WHA May 2019. These have been scheduled for 22 February and 12 March 2019.
- *2019: Expert Meeting on Migrant Health.* WHO is convening an Expert Committee meeting in Geneva on 27-28 February with the following objectives:
  - Experts to agree on the 6 GAP priorities.
  - Action for WHO’s role in implementing the GAP
  - How to ensure Migrant populations are covered under UHC

## **2. Partnerships:**

WHO HQ is leading to expand our current partnerships with the Global Fund, IOM, UNHCR, lead policy and university think tanks, CSOs, as well as with Member States.

### **Examples: Increased engagement with IOM and UNHCR – two MoUs updated.**

Throughout 2018 work with our partners was undertaken to clarify and enhance our collaborations at country level. On the margins of the Executive Board in January 2019 Dr Tedros and Mr. Antonino signed a revamped MoU between IOM and WHO.

We expect the MoU with UNHCR to become formal in the upcoming months.

In 2018 high level consultations took place and WHO HQ followed the Global Compact for Safe, Orderly and Regular Migration (GCM) and the Global Compact on Refugees (GCR) processes. Through statements and oral interventions, we ensured the voice of WHO was heard and Health is stronger asserted in the final versions of both Compacts.

Health is reflected in Article 15 of the GCM and in the GCR under areas of support 2.3 enjoys a whole section highlighting health related issues.

Both Compacts reflect a desire to improve a multi-stakeholder and partnership approach, data evidence and tools for effecting burden and responsibility sharing among agencies, MS and other partners.

### **Other examples of engagements and representations from WHO HQ in 2018:**

#### **Participations with IOM**

- GCM High Level Meeting in Marrakesh. Our EURO and EMRO regional offices represented HQ in the adoption of the Global Compact.
- The International Dialogue on Migration 2018 dedicated to the overarching theme of ‘Inclusive and innovative partnerships for effective global governance of migration’
- October Framing Meeting to establish the UN Network on Migration
- IOM 109th council

IOM is hosting the Secretariat for the UN Network on Migration:

WHO continues to advocate the UN network for Migration in Geneva and expresses the need to address health as well as to include WHO in the Executive Committee. We think not including health has been a major mistake that needs to be amended as the GCM makes explicit reference to the WHO framework, now to be updated with the incoming GAP.

The following is the mission statement: *“The United Nations system is committed to supporting the implementation, follow-up and review of the Global Compact for Safe, Orderly and Regular Migration (GCM). To this end, the United Nations establishes a Network on Migration to ensure effective, timely and coordinated system-wide support to Member States. In carrying out its mandate, the Network will prioritize the rights and wellbeing of migrants and their communities of destination, origin and through which they transit. It will place emphasis on those issues where a common UN system approach would add value and from which results and impact can be readily gauged.*

*In all its actions the Network will respect the principles of the Global Compact for Safe, Orderly and Regular Migration and be guided, inter alia, by the United Nations Charter, international law, and the Agenda 2030 for sustainable development.* “

#### **Participation with UNHCR:**

- 11th Annual Dialogue on Protection and Challenges: The role and cities and municipalities
- WHO delegation for the 69th Executive Committee of the High Commissioner’s Program (ExCom)

#### **Regional: Participation in the School on Refugee and Migrant Health**

<http://www.euro.who.int/en/media-centre/events/events/2018/09/summer-school-on-refugee-and-migrant-health>

#### **Regional focal point meetings:**

The 2nd Global Meeting for WHO Refugee and Migrant Health Focal Persons Meeting 2018 hosted by EMRO Regional Office.

#### **At country level: Collaborations with IOM, Global Fund, talks with GAVI.**

Strengthen service delivery in States and settings characterized by extreme fragility, vulnerability or the existence of large-scale conflict where migrants reside and no services are provided to them by the MS. WHO HQ is preparing cross border activities to align MS and WRs in providing coherent assistance and delivery of essential services (eg, implementing guidelines and providing treatment for TB and HIV across countries boundaries).

The following are the priority countries where cross border assessment will be carried out starting in February 2019:

- Sudan, Chad, Niger, Ethiopia, Eritrea, S. Sudan and Somalia, with preparations to Tanzania and Uganda.

**Country assessments preparations:** The Migrant Health Unit will undertake a mission to Sudan from 20 to 26 February to assess the public health functions and health needs assessment of returnees, migrants, host populations and displaced population in Sudan. In collaboration with the Sudanese Government, the WHO Country Office and the WHO Regional office (EMRO), the scope and objectives of the mission are to:

- Conduct a public health functions and health needs assessment of migrants/host communities, returnees and displaced populations.
- Develop preliminary considerations in line with the assessment findings for program development and resource mobilization to ensure an integrated, quality, coordinated and equal access to public health services by displaced populations, returnees, migrants and host communities.

- Develop a framework strategy to fulfill Sudan commitment to provide equitable quality health care to migrants/host communities, returnees and displaced populations.
- Provide a reflection of funding gaps in responding to health needs of refugees, migrants, host communities and IDPs.
- Assess the financial gaps requested to finance the sustainable health care services to migrants/host communities and displaced people to propose financial options possible to ensure their proper access to health care services.

**Panel: Contributing to move forward the multisectoral dialogue:**

- UCL-Lancet Commission on Migration & Health and Chatham House – Panel and Roundtable “Migration and health: addressing migrant access to healthcare and inclusion in universal health coverage”

***3. Strengthening data and research on migrant health:***

WHO HQ is coordinating internally to ensure the disaggregated WHO data includes this invisible population, by gender, age, geographic location:

- Through increase collaborations with specialized centers currently working on date in migrant settlements.
- Develop tools to gather data in countries with heavy migrant presence.

From the research perspective, WHO continues to bring together actors from diverse academic, operational and policy arenas to help come up with common ground in concert with regional based SEARO, EMRO, PAHO, EURO, AFRO institutions to garner support to produce tools that will help deliver the GAP.

**II Regional level activities of WHO**

In addition to several examples provided in the text above, various activities on migrant health are consistently and regularly undertaken in the WHO Regional Offices. More information is available at the following links:

African Region: [AFRO](#)

Region of the Americas: [PAHO](#)

Eastern Mediterranean Region: [EMRO](#)

European Region: [EURO](#)

South-East Asian Region: [SEARO](#)

Western Pacific Region: [WPRO](#)