

Promoting the health of migrants¹

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 them, 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 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. The Executive Board at its 138th session considered and noted an earlier version of this report.²

CURRENT CONTEXT

2. The recent increase in the displacement of populations across international borders around the world is the highest in 70 years, and contributed to there being an estimated 244 million migrants (3.3% of the world's population) in 2015 (United Nations Commission on Population and Development), 20 million of whom are refugees (UNHCR). In addition, there are estimated to be 740 million internal migrants worldwide. International migrants leave their countries of origin seeking security or better access to economic and social services, including employment opportunities, health and education. Their flows are generated by globalization, climate change, persecution, insecurity, conflict and disasters, frequently exacerbated by lack of access to services and means of livelihood. Over the past four years, countries in the Middle East have become host to more than 4.2 million new refugees. About 2.5 million Syrian refugees have arrived in Turkey since 2012, and more than 1.2 million new migrants, asylum seekers and refugees had arrived in Europe by the end of 2015. Conditions in the main countries of origin show no signs of improving, indicating that large-scale flows of migrants and refugees are likely to continue for the foreseeable future.

¹ The International Organization for Migration defines migration as follows: The movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification (<https://www.iom.int/key-migration-terms>).

² See document EB138/26 and the summary records of the Executive Board at its 138th session, eighth meeting, section 2 (document EB138/2016/REC/2).

HEALTH CHALLENGES ASSOCIATED WITH MIGRANTS AND REFUGEES

3. There are many health challenges associated with today's large migrant and refugee populations. Despite the existence of ratified international human rights standards and conventions to protect the rights of migrants and refugees, including their right to health, many such people 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, sexual violence and forced prostitution, issues related to sexual reproductive health, mother and child health, diabetes, cardiovascular diseases, mental health, etc. Providing adequate standards of care for refugees and migrants is not only important for population health but is also fundamental to protecting and promoting their human rights as well as those of the host communities. 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 lack of appropriate preventive 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.

SECRETARIAT ACTIONS

4. WHO works with the International Organization for Migration and the UNHCR, among others, to understand the health needs and to improve the health status of displaced populations worldwide while protecting the health of host communities.

5. Most recently, following a September 2015 decision of the Regional Committee for Europe, WHO and the Ministry of Health of Italy gathered 50 Member States from the African, European and Eastern Mediterranean regions, as well as several United Nations agencies and international organizations, in Rome in late November for a high-level meeting on migrant and refugee health to discuss the public health aspects of the recent influx of migrants and refugees to European countries. The results of the discussions are gathered in the outcome document, *Stepping up action on refugee and migrant health*,¹ in which European Member States identified and agreed on a framework for collaborative action on refugee and migrant health in the European Region.

6. This meeting complemented previous initiatives such as the Global Consultation on Migrant Health, organized in March 2010 in Madrid by WHO in collaboration with the International Organization for Migration and the Ministry of Health and Social Policy of the Government of Spain, which led to an operational framework to guide the work of WHO and partners on migrant health in the areas of: migrant health monitoring; policy and legal frameworks; migrant-sensitive health systems; and partnerships, networks and multicountry frameworks.

¹ Available in English and Russian at <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/stepping-up-action-on-refugee-and-migrant-health>.

7. In the African Region, to address the unique health challenges of migrants, refugees and internally displaced persons, especially in emergency situations, WHO supports health promotion, vaccination campaigns, health care service delivery and disease surveillance, and helps to build national capacities for emergency risk management, such as data and supply management. During the 2015 political crisis in Burundi, for example, nearly 200 000 Burundians were forced to move to neighbouring countries. The complex situation included a cholera outbreak. WHO provided expertise in surveillance, epidemiology, public health and risk communications, and delivered medical supplies.

8. The Eastern Mediterranean Region hosts an estimated 4.2 million refugees, more than half of them from three countries in the Region: Afghanistan, Somalia and the Syrian Arab Republic. In all host countries, WHO leads the health cluster at country level when it is activated; leads health assessments (20 have been conducted since 2012 in the five countries affected by the crisis in the Syrian Arab Republic); generates and disseminates health information through situation reports, health bulletins and donor snapshots; provides health impact analysis; and gathers surveillance data. WHO also provides technical support and training to ministries of health and partners, and works with partners to monitor water quality, support vector control and conduct immunization campaigns. WHO provides health facilities with medicines and medical equipment for refugees and host communities, including support for referral services and patients with disabilities. In exceptional circumstances, WHO also directly provides health care services as provider of last resort, as in Syrian refugee camps in Iraq.

9. Throughout 2015, more than 1 million migrants and refugees arrived in Europe, adding to the almost 2.5 million Syrian refugees who have sought shelter in Turkey since February 2012. An estimated 5% of these migrants and refugees require immediate access to health care services. To analyse and improve the health services available to those in need, in 2015 WHO conducted joint public health and health system assessment missions in 11 recipient Member States (Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia). The results of these assessments¹ are being used to support Member States with technical advice, training and medical supplies. WHO is developing Health Evidence Network reports and collaborating with other relevant organizations, including UNHCR, the International Organization for Migration, the European Commission and the European Centre for Disease Prevention and Control. WHO has also developed a self-assessment tool kit for ministries of health to gauge health system capacity to manage acute phases of large influxes of migrants. In 2015, the tool kit was piloted in country assessment missions in the 11 countries mentioned above. In 2011, through financial support from the Ministry of Health of Italy, the WHO Regional Office for Europe established the Public Health Aspects of Migration in Europe project to respond to growing requests for policy advice and technical assistance from Member States. Among other things, the project translates evidence – on refugee and migrant health, vulnerability and social determinants of health – into action. WHO has since stepped up such work in implementing Health 2020: the European policy framework for health and well-being. The Secretariat has advised Member States on migrant-sensitive health policies; has helped to strengthen health system capacities to meet the health needs of migrants, refugees and host populations; has helped to establish information systems to assess migrant and refugee health and share information on best practices through situation reports, newsletters and websites; has provided evidence-based technical guidance to strengthen and scale up service provision and care for migrants and refugees, including through training, assessment missions and assessment

¹ Some of the assessments can be downloaded at <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications>.

tools; has provided emergency assistance; and has promoted cooperation among international partners on relevant health issues.

10. The South-East Asia Region continues to exhibit increasing trends in migrant workers, urban migration and displacement due to conflicts and emergencies. In Thailand, a WHO-supported Government programme is using a health systems approach to improve the health of the migrant populations. In 2010, the Asia-Pacific Forum on Migration and Development called for specific actions to improve migrant health, including the adoption of human rights-based policies, the integration of migrant issues into poverty reduction strategies; the ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, and other relevant conventions and protocols; bilateral and regional cooperation on migration; and legislation to protect migrant workers and their families. The Government of Sri Lanka, through the Ministry of Labour, publishes an online report card tracking progress against resolution WHA61.17. According to the Asian Development Bank, the main driver of population displacement in the near future will be climate change-related weather events.

FUTURE PRIORITIES

11. The Secretariat has identified the following priorities for Member States, partners and other stakeholders in addressing the health needs of migrants and refugees: (i) to support the development and implementation of migrant-sensitive health policies that incorporate a public health approach and equitable access to health services (health promotion, disease prevention and clinical care) for migrants and refugees, regardless of status and without discrimination or stigmatization; (ii) to ensure that health services are culturally, linguistically and epidemiologically appropriate, and increase the capacities among the health workforce to understand and address the health issues associated with population displacement; (iii) to promote coherence among policies of various sectors that may affect migrants' and refugees' abilities to access health services, as well as among countries involved in the migration process, to guarantee continuation and effective surveillance; (iv) to develop or strengthen bilateral and multilateral social protection agreements between source and destination countries to include portable health care benefits; (v) to explore the role of relevant sectors, including employers and private partners, in health security schemes; (vi) to raise awareness among migrants and refugees of their entitlements and obligations; (vii) to involve migrants and refugees in decisions relating to the delivery of health care and social services so as to enhance integration and self-reliance and improve public health; and (viii) in the most difficult circumstances, to continue to mobilize and coordinate partners in support of Member States to provide life-saving health care in countries of origin and host communities alike.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to note the report.

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