

## **Global strategies and plans of action that are scheduled to expire within one year**

### **WHO global action plan on promoting the health of refugees and migrants, 2019–2023**

#### **Report by the Director-General**

1. In January 2017 the Executive Board in decision EB140(9) mandated the preparation of a draft framework of priorities and guiding principles to promote the health of refugees and migrants. In May 2017, the Health Assembly in resolution WHA70.15 requested the Director-General inter alia to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region to contribute to the development of a draft global action plan on the health of refugees and migrants for consideration by the Seventy-second World Health Assembly in 2019.
2. In decision WHA72(14) (2019) the Seventy-second World Health Assembly took note of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. The Health Assembly also requested the Director-General to submit a report on progress in the implementation of the global action plan to both the Seventy-fourth and Seventy-sixth World Health Assemblies.
3. The global action plan will expire within the coming year. This report responds to the request in decision WHA73(15) (2020) to include as substantive items on the agendas of meetings of WHO's governing bodies any global strategies or action plans that are scheduled to expire within one year in order to allow Member States to consider whether such global strategies or action plans have fulfilled their mandates, should be extended and/or need to be adjusted.

## BACKGROUND

4. It is estimated that there are more than one billion people on the move globally,<sup>1</sup> about 1 in 8 of the global population. In 2020, there were 281 million international migrants<sup>2</sup> and by June 2022, the number of forcibly displaced people had reached more than 100 million.<sup>3</sup>

5. Migration and displacement are key determinants of health and well-being. Refugees and migrants remain among the most vulnerable members of society faced often with: xenophobia; discrimination; poor living and working conditions; and inadequate access to health services, despite frequently occurring physical and mental health problems.<sup>1</sup>

6. The pandemic of coronavirus disease (COVID-19) has exacerbated multiple intersecting risk factors and pre-existing structural inequalities among refugees and migrants, including crowded living environments, occupations in which working from home is not possible, and national and local policies that may limit refugees and migrants' accessibility to health services.<sup>1</sup>

7. WHO works with entities across the United Nations system, including the International Organization for Migration and the United Nations High Commissioner for Refugees, as well as civil society and other intergovernmental and nongovernmental mechanisms. The Secretariat provides support to Member States to create policies and interventions in addressing the health needs of refugees and migrants.

8. The Secretariat's Health and Migration Programme was established in 2020 as a development from the Special Initiative set up in 2019. It provides global leadership on health and migration issues, including implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. Reporting directly to the Deputy Director-General, the Programme works across all three levels of the Organization, through the Technical Expert Network, and externally to enhance the impact of WHO's programmes and activities.

## PROGRESS MADE IN THE IMPLEMENTATION OF THE GLOBAL ACTION PLAN

### **Priority 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions**

9. The Secretariat has developed a toolkit to assist the implementation of the global action plan. It contains the main tools and resources needed to support the strengthening of refugee and migrant health in alignment with the priority actions in the global action plan.

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<sup>1</sup> World report on the health of refugees and migrants. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240054462>, accessed 7 November 2022).

<sup>2</sup> United Nations Population Division. International migrant stock 2020. New York: United Nations Department of Economic and Social Affairs; 2021 (<https://www.un.org/development/desa/pd/content/international-migrant-stock>, accessed 7 November 2022).

<sup>3</sup> UNHCR. Refugee Data Finder. Geneva: United Nations High Commissioner for Refugees; 2022 (<https://www.unhcr.org/refugee-statistics/insights/explainers/100-million-forcibly-displaced.html>, accessed 7 November 2022).

10. The Secretariat has provided specialized technical support to Member States and partners for addressing public health challenges that are associated with movement of people, wherever needed and requested nationally and transnationally.

11. The COVID-19 pandemic has recently been a main focus of the work on refugee and migrant health. In April 2020, WHO conducted a systematic analysis of all 104 participants in COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, that submitted national deployment and vaccination plans, in order to understand whether and how those plans included refugees, asylum seekers, other displaced people, and international migrants. This work clarified country responses and helped to create a transparent platform for policies and protocols that support the inclusion of refugees and migrants.

12. WHO published guidance in 2020 on the principles and key considerations of COVID-19 immunization in refugees and migrants<sup>1</sup> and in 2021 operational guidance to strengthening COVID-19 vaccine demand and uptake in refugees and migrants.<sup>2</sup> Globally, the Secretariat supported several COVID-19 vaccination campaigns for refugees and migrants at country level. For example, it worked with the Government of Türkiye to provide Syrian health workers with advanced skills through distance learning during the pandemic.

13. The Secretariat has supported the preparation of public health responses to arrivals of refugees and migrants. For example, it worked with the Government of Senegal and partners to manage points of entry and strengthen capacities across the country. In Gambia, it supported the strengthening of mental health services for the sustainable reintegration of migrants and returnees. WHO has worked with partners to support public health responses to the crisis in Ukraine, both within the country and in neighbouring countries.

14. The Secretariat has also supported countries to strengthen their health services, for example by implementing immunization campaign activities. For example, in 2021 it worked with health authorities in Sudan to vaccinate host communities and refugees against yellow fever.

15. Further, the Secretariat has supported the development of guidance, models and standards designed to underpin the prevention and management of health conditions. In the Democratic Republic of the Congo, for example, it supported the development of a situation analysis for delivering integrated comprehensive sexual and reproductive health services for the displaced people of Kasai Province. In Cox's Bazar, Bangladesh, it supported continuity of care and management of COVID-19 in pregnant women.

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<sup>1</sup> WHO. COVID-19 immunization in refugees and migrants: principles and key considerations: interim guidance, 31 August 2021. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/covid-19-immunization-in-refugees-and-migrants-principles-and-key-considerations-interim-guidance-31-august-2021>, accessed 7 November 2022).

<sup>2</sup> WHO. Strengthening COVID-19 vaccine demand and uptake in refugees and migrants. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/i/item/WHO-2019-nCoV-immunization-demand\\_planning-refugees\\_and\\_migrants-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-immunization-demand_planning-refugees_and_migrants-2022.1), accessed 7 November 2022).

**Priority 2. Promote continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures**

16. To improve the quality, acceptability, availability and accessibility of health services for refugees and migrants, the Secretariat developed a technical support planning tool to assess the capacities of health systems and their components in providing essential health services to refugees and migrants.

17. WHO published the results of a review of the common health needs of refugees and migrants<sup>1</sup> in 2021, a framework to assist partners in overcoming barriers to health systems and developing programmes on migrant and refugee health.

18. At country level, for example, the Secretariat provided support to health authorities in Colombia, Ecuador and Peru for strengthening the organization of border health service networks based on primary health care. In Lebanon e-learning platforms were provided to ensure continuity of provision of good-quality care to Syrian migrants and refugees, helping them to overcome cultural and linguistic barriers.

19. The Secretariat provided support for the strengthening of institutional capacities for promoting the health of refugee and migrant workers. For example, it worked with the Government of Cambodia and partners to offer mental health support to migrant workers and other groups in vulnerable situations.

**Priority 3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of: refugee-sensitive and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms**

20. WHO has promoted and monitored adherence to international policy frameworks and mechanisms on refugee and migrant health. For example, as a member of the United Nations Network on Migration, WHO participated in the revision process of the Global Compact for Safe, Orderly and Regular Migration through the first International Migration Review Forum in May 2022.

21. As the co-lead of the working group on access to services of the United Nations Network on Migration, together with the United Nations Human Settlements Programme (UN-Habitat), WHO jointly developed a policy brief<sup>2</sup> making the case for enhanced access to services for migrants in the context of COVID-19, and a document on promising practices in migrant essential services provision,<sup>3</sup> including health.

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<sup>1</sup> WHO. Common health needs of refugees and migrants: literature review. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240033108>, accessed 7 November 2022).

<sup>2</sup> UN Network on Migration. Enhancing access to services for migrants in the context of COVID-19 preparedness, prevention, and response and beyond. Geneva: United Nations Network on Migration; 2021 ([https://migrationnetwork.un.org/sites/g/files/tmzbd1416/files/docs/final\\_network\\_wg\\_policy\\_brief\\_covid-19\\_and\\_access\\_to\\_services\\_0.pdf](https://migrationnetwork.un.org/sites/g/files/tmzbd1416/files/docs/final_network_wg_policy_brief_covid-19_and_access_to_services_0.pdf), accessed 7 November 2022).

<sup>3</sup> UN Network on Migration. Promising practices in the provision of essential services to migrants. Geneva: United Nations Network on Migration; 2022 ([https://migrationnetwork.un.org/sites/g/files/tmzbd1416/files/docs/provision\\_of\\_essential\\_services\\_-\\_good\\_practices.pdf](https://migrationnetwork.un.org/sites/g/files/tmzbd1416/files/docs/provision_of_essential_services_-_good_practices.pdf), accessed 7 November 2022).

22. In line with the global action plan, implementation of regional strategies continued in WHO's Region of the Americas and European Region and was initiated in the Eastern Mediterranean Region in 2021. In March 2022, and acknowledging the interregional dimensions of migration and displacement, the regional offices for Africa, Europe and the Eastern Mediterranean convened a High-Level Meeting on Health and Migration<sup>1</sup> in Istanbul, Türkiye, on current realities and joint opportunities for collaboration. In October 2022, the Regional Committee for the Eastern Mediterranean at its sixty-ninth session endorsed its strategy to promote the health and well-being of refugees, migrants and other displaced people.<sup>2</sup>

#### **Priority 4. Enhance capacity to tackle the social determinants of health and to accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage**

23. The WHO Global School on Refugee and Migrant Health is a yearly event aiming to help countries and territories to build competency on public health aspects of migration and support the development and dissemination of knowledge and information. In 2020 the Global School was conducted online, and in 2021 and 2022 in a hybrid form from Jordan and Bangladesh, respectively.

24. The Secretariat has supported the development of national guidance and standards through a series of global evidence reviews on health and migration.<sup>3</sup> The WHO global research agenda on health and migration should be finalized by early 2023; its aim is to support the translation of knowledge into policy and practice at country, regional and global levels.

25. On the margin of International Migrants Day 2021, WHO launched the *Refugee and migrant health: global competency standards for health workers*,<sup>4</sup> as well as knowledge and curriculum guides. The standards are being piloted in all WHO regions.

26. WHO has been publishing country-specific fact sheets, allowing a coherent approach to the health and migration phenomenon, demonstrating the importance of tackling the social determinants of health.

27. To accelerate progress towards achieving the Sustainable Development Goals, the Secretariat provided support to Member States for a radical reorientation of health systems towards primary health care. For example, in Thailand work has been done towards advancing universal health coverage for migrants.

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<sup>1</sup> WHO. High-level meeting on health and migration organized by WHO Regional Office for Europe reaffirms commitment to the global agenda on refugee and migrant health. Geneva: World Health Organization; 2022 (<https://www.who.int/news/item/29-03-2022-who-euro-high-level-meeting-on-health-and-migration-reaffirms-commitment-to-the-global-agenda-on-refugee-and-migrant-health>, accessed 7 November 2022).

<sup>2</sup> See resolution EM/RC69/R.1 (2022).

<sup>3</sup> WHO. Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240028906>); WHO. Continuum of care for noncommunicable disease management during the migration cycle. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240044401>); Ensuring the integration of refugees and migrants in immunization policies, planning and service delivery globally. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240051843>); Capturing the evidence on access to essential antibiotics in refugee and migrant populations. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240057807>), all accessed 7 November 2022.

<sup>4</sup> WHO. Refugee and migrant health: global competency standards for health workers. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240030626>, accessed 7 November 2022).

### **Priority 5. Strengthen health monitoring and health information systems**

28. WHO's Global Data Initiative on Refugee and Migrant Health addresses gaps on data incompleteness, data unavailability and comparability of data, aiming to strengthen health information systems to be able to monitor and support progress in the achievement of the Sustainable Development Goals and other relevant global targets.

29. In 2022, AMRO/PAHO launched the Information Platform on Health and Migration,<sup>1</sup> an easy-to-use interactive digital repository of legal and regulatory frameworks, as well as key scientific literature and other information on health and migration from across the Americas.

30. In the early stages of the COVID-19 pandemic, the Secretariat conducted the ApartTogether survey,<sup>2</sup> a preliminary overview of refugees' and migrants' self-reported impact of the disease. It has also monitored, along with other partners, the rollout of COVID-19 vaccine at the country level to identify barriers that prevent refugees and migrants from accessing vaccination services.

31. The Secretariat supported regions and countries to strengthen surveillance systems specifically for COVID-19, covering mobile populations across and within border areas. An example is the work with the Government of Türkiye to produce reliable, disaggregated health data to strengthen the public health response to the pandemic, including data on health and migration.

### **Priority 6. Support measures to improve evidence-based health communication and to counter misperceptions about migrant and refugee health**

32. The *World report on the health of refugees and migrants*, published in July 2022,<sup>3</sup> is the first global snapshot of the health status of refugees and migrants. The report is an advocacy tool that calls for clear collective actions and provides strategies to promote the health of refugees and migrants through evidence-informed policies, plans and interventions. Its development involved organizations in the United Nations system and academic institutions worldwide and the analysis of more than 82 000 documents and the results of over 2200 household surveys.

33. The implementation of a multiple-aspect WHO communications strategy to raise awareness of refugee and migrant health started in 2021.

## **LESSONS LEARNED AND RECOMMENDATIONS FOR THE WAY FORWARD**

34. The creation of WHO's Health and Migration Programme has allowed a more systematic approach to the topic of refugee and migrant health in the context of the global action plan. In the event, work in 2020 and 2021 was mainly dedicated to managing the disproportionate impact of the COVID-19

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<sup>1</sup> WHO. Pan American Health Organization to fill the information gaps on health and migration in the Americas: launch of the Information Platform on Health and Migration in the Americas contributes to global efforts in research, evidence and data gathering. Geneva: World Health Organization; 2022 (<https://www.who.int/news/item/18-05-2022-pan-american-health-organization-to-fill-the-information-gaps-on-health-and-migration-in-the-americas>, accessed 7 November 2022).

<sup>2</sup> ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240017924>, accessed 7 November 2022).

<sup>3</sup> World report on the health of refugees and migrants. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240054462>, accessed 7 November 2022).

pandemic on refugees and migrants. In 2022, WHO disseminated a wide range of advocacy, evidence and knowledge tools to promote policy and action.

35. During the COVID-19 pandemic the main focus was on public health responses, with less attention and reporting on other priority areas, for example priorities 4, 5 and 6 above. Many actions over the past two years were reoriented to address short-term priorities and focused on the acute phase of migration and displacement phenomena.

36. The need is now to shift the operational paradigm from immediate issues to a longer-term vision for refugee and migrant health. In many countries, health policies frequently neglect the experience and health needs of refugees and migrants with no focus on inclusion within health systems and responses.

37. Much remains to be implemented in the monitoring of results that will allow the update and redesign of policies and actions in the field. The Secretariat will continue to provide support to Member States in this regard.

38. WHO will also promote the production of knowledge linked to action and strengthen its efforts to increase the capacity and sensitivity of health systems to meet the specific health needs of refugees and migrants. This also includes investing in the integration of refugee and migrant health in global, regional and national initiatives, partnerships and health forums.

#### **ACTION BY THE EXECUTIVE BOARD**

39. The Board is invited to take note of this report. In its discussions it is further invited to provide comments and guidance on:

- how the Secretariat can improve its support to Member States in increasing the capacity and sensitivity of national health systems in order to meet the specific health needs of refugees and migrants;
- potential additional actions for establishing a strong framework to monitor results in respect of refugee and migrant health;
- the main initiatives, partnerships and forums in which the Secretariat needs to invest at global, regional and national levels.

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