Report on the High-level Meeting on Health and Migration

17-18 March 2022
Istanbul
ABSTRACT

With the current Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region soon expiring, the 2022 High-level Meeting on Health and Migration, attended by representatives of the WHO Regional Offices for Europe, Africa and the Eastern Mediterranean, governments, partner agencies and civil society, served as a platform to design the vision for refugee and migrant health in the coming years. The sessions revolved around the political framework and consolidated high-level commitments to action on health and migration. Some of the sustained and emerging issues were explored and key priorities for moving forward were identified. The focus on the five core pillars of transformative action led subsequently to more in-depth work on the technical details, sharing lessons and practices to make health a reality for all. The unanimous endorsement of the outcome statement, including the five pillars, emphasized once more the strength of international and interregional cooperation on health and migration in times of multiple and ongoing health and humanitarian crises.

Keywords
MIGRATION
HEALTH
DISPLACEMENT
STRATEGIC PRIORITIES
INTERREGIONAL COOPERATION

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This publication contains the report of the high-level meeting on health and migration held on 17–18 March 2022, in Istanbul, Türkiye and does not necessarily represent the decisions or policies of WHO.
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Introduction and reflections

Today more than ever, we need to make health for all, including refugees and migrants, a reality. Together in this inspiring city, itself home to over 1.6 million refugees and migrants and witness to large migrant movements throughout its rich history, we will set an ambitious agenda to improve the health and well-being of refugees and migrants.

Dr Hans Henri P Kluge, Regional Director, WHO Regional Office for Europe

That health is a fundamental human right was an overarching message; health is a high priority for all, but particularly so in the setting of migration. Participants welcomed the opportunity to engage in international and interregional dialogue and to unite in efforts for the development of a strategy on refugee and migrant health beyond 2022. The discussions set out during the meeting aimed to strike a balance between ambition and pragmatism, focusing not just what has been done in the past but on what we have to change in the future to guarantee the health of all refugees and migrants in all settings.

During the opening remarks, it was noted that the COVID-19 pandemic has presented a unique opportunity to move forward this agenda as it has sharply focused the world's attention on health and health care. It is now clear more than ever that health is everyone's business. It was acknowledged that, although the resources and capacities of health systems around the world have been stretched unimaginably by the pandemic, it is important not to overlook investments in public health – including refugee and migrant health – and to promote shared responsibility in this context. We have learned the lesson that no one is safe until everyone is safe.

It was also reflected that the meeting was taking place in tragic circumstances, with the humanitarian situation unfolding in Ukraine underlining the importance and timeliness of this meeting. Europe and central Asia are currently facing the fastest growing number of people leaving their homelands in search of safety for more than 75 years. Delegates took the opportunity to express their support for refugees and third-country nationals fleeing Ukraine and called unequivocally for the provision of essential health needs in accordance with international human rights standards and for the guaranteed safe passage for medical workers and supplies. WHO Member States, the European Commission and other organization representatives described tangible and concrete expressions of solidarity, at the political level in terms of granting protection and access to health and social services for those displaced by the conflict, as well as at the community level. It was echoed by many that health can be, perhaps more than any other issue, a unifying platform for dialogue and a key driver of peace and stability. This should be a point of focus moving forward. At the same time, however, it was emphasized that it is important not to lose sight of other conflicts and disasters; we must not forget the health needs of the millions of other people in vulnerable and displaced situations around the world and ensure that we respond with the same sense of humanitarianism and solidarity for all people.
In this context, an important thread throughout the meeting was the imperative to change the narrative on migration – from crisis and burden to asset and opportunity. Migration is nothing new or exceptional, nor is it a one-off event that only occurs during emergencies. Rather, it is an age-old global phenomenon that reflects the interconnectedness of the world and is an integral part of how societies thrive and develop. Refugees and migrants are an asset to our communities, economies and social fabric, enriching both their home and their host countries. As many participants noted, they are themselves examples of people who have built lives away from their home countries and it is important to harness this opportunity to ensure migration can be a positive experience for all people, including refugees, migrants and host communities alike. Realizing this and the benefits of migration, however, is impossible without protecting the right to health. A new vision and strategy must see migration health as an integral part of population health in the widest sense, and see refugees and migrants as equal members of our societies and important actors in the solutions we seek.

WHO would like to extend its gratitude to the Ministry of Health of the Republic of Türkiye for hosting the meeting in Istanbul and for sharing its experiences and lessons learned. The Ministry underscored the country's commitment to the United Nations universal value of leaving no one behind, noting that since the beginning of the Syrian conflict (2011) Türkiye has worked to integrate refugees and migrants into the national health-care system, providing Syrian refugees the same level and quality of health care as for Turkish nationals without distinction. Over past years, with support of both the European Commission and WHO, Türkiye has established 185 migrant health centres in 29 provinces around the country, providing free of charge primary health services and facilitating access to secondary and tertiary health services as required, including maternal and child health, mental health, dental health and care for noncommunicable and chronic diseases, among other services. Irregular migrants are also able to access care under this programme. It was further elaborated that key initiatives have been undertaken to support long-term well-being, working to integrate refugees into their communities. Recognizing the capabilities and expertise of refugees and migrants, for example, has enabled the integration of Syrian health-care workers into the national health system, simultaneously improving the mental and social well-being of these workers while also reducing many of the cultural and linguistic barriers experienced by refugees and migrants when accessing services. Nearly 4000 Syrian health professionals are now working in these migrant health centres. Participants congratulated the Ministry on the success of this project, noting that the Turkish experience is an important reference point for transit and destination countries around the world.
Pillars of action for moving forward in refugee and migrant health

Action pillar 1: ensure refugees and migrants benefit from universal health care

As highlighted above, a key message of the meeting was that health and, therefore, access to health care for all people are fundamental rights. Participants stated clearly that we cannot provide health services to one population and not others; such investment in services is indispensable if we want populations in good health and an economy of well-being for all. All people on a territory should benefit from universal health care irrespective of migration status, nationality, race, gender, employment status or other factors. Indeed, it was highlighted that access to health and social services is often contingent on employment, yet we also know there are many barriers faced by refugees and migrants in securing formal work. Despite often contributing significantly to the informal economy, they are, nevertheless, excluded from services in many cases. Consequently, it is important to make the case for health care for all groups, including irregular migrants, as well as for those in detention and camp settings. It was emphasized that, critically, health care should include not only curative services but also preventive and promotional services, including for mental health, noncommunicable diseases and routine immunization, as examples. Indeed, the importance of incorporating mental health care at all levels of public health services was discussed frequently, as well as the application of technologies such as telemedicine in different settings.

It is important, however, to focus on strengthening national health systems to be able to respond to the needs of refugees and migrants without developing parallel systems; migrant-sensitive services do not mean separate services. It was reiterated that refugees and migrants must receive the same high-quality evidence-informed and patient-centred services and treatments as for everyone else. As such, the inclusiveness of services was discussed at length, particularly that the availability of health services is not the same as accessibility. Even where rights and entitlements are recognized, there are still often significant barriers for refugees and migrants, who may still only present for emergencies because of experiences of discrimination and stigma, or not feeling understood. It was noted, for example, that health is one of the most complex language domains even for native language speakers, and reducing linguistic barriers is, therefore, a high priority. More broadly, it was agreed to focus on tailored and culturally appropriate interventions that promote inclusivity, engagement and trust in order to promote the uptake of services and reduce inequalities in outcomes. Participants reflected that such interventions should be based on empathy and collective compassion in a way that respects the dignity and culture of all people.
Action pillar 2: implement inclusive health emergency and disaster risk reduction policies and actions

With the meeting taking place during the COVID-19 pandemic and the situation unfolding in Ukraine, there was lengthy reflections on the important connection between health and migration in the context of emergencies and disasters. Over two billion people live in conflict and displacement, and refugees and migrants are often left behind in situations of extreme vulnerability and precarity. It was reiterated that one of the most salient lessons from the pandemic is that no one is safe until everyone is safe, providing important impetus for action on this issue. We must follow the approach of equal health care for everyone regardless of migration status, committing to provision of health coverage for refugees and migrants in peacetime and prior to the onset of emergencies.

It was noted, however, that we do not have the luxury of time, and Member States and partners need to work on all elements of prevention, preparedness, response and recovery simultaneously and in real time as we manage current and compounding challenges. This includes actions to build local capacity and improve the resilience, flexibility and scalability of health systems, enabling us to be proactive rather than only reactive in the face of emergencies and disasters. This was also discussed in terms of the humanitarian–development–peace nexus and the way in which health programming – including for refugee and migrant health – can be a key driver of peace and stability. It was highlighted that it is important to try and put health at the centre of disaster preparedness and response and not something to be traded against. A focus on health can also help to avoid politicization in times of crises.

Other key points included the need to focus attention not just on acute crises but also on protracted and slow-onset disasters, as well as to collaborate to reduce the risk of disasters. Climate change was a key issue raised in this context, not only as a direct and fundamental cause of migration but also a "cause of causes". It was emphasized as being the greatest threat to global health this century: a "code red" for health. Importantly, however, there is still much that can be done at the government level to minimize the impacts of climate change, as well as to strengthen preparedness and resilience. Action on climate change, and on health and migration, must be seen as not a cost but an investment. Everything we do to act on climate change is good for health and good for the economy and will pay dividends in terms of preventing forced displacement and poor health outcomes now and into the future.
Action pillar 3: develop inclusive environments that promote social inclusion, health and well-being

The third pillar of action agreed during the meeting is to focus on improving the social determinants of health and promote social inclusion. Discussions focused on the understanding that health is more than the absence of disease; it also depends on the broader social, economic and environmental conditions in which people live, grow, work and age. The processes of migration are also key determinants of health and well-being, and participants discussed not only the factors that place refugees and migrants in situations of vulnerability (for example, lengthy asylum and detention processes) but also the factors that facilitate thriving and resilience. Social inclusion is a particularly integral part of health and well-being, and it was noted that one of the main barriers to this is exclusion from the workforce. Too often, the education, skills and experience of refugees and migrants are not recognized, leading to their disproportionate representation within the informal sector and fuelling false perceptions of these populations as burdens on society. However, it was frequently reiterated that overcoming these barriers and enabling refugees and migrants to participate fully in the labour force is good for the health and well-being of all people and an important entry point for integration and fostering social inclusion. Ensuring that children, including unaccompanied minors, have access to education similarly has significant benefits and is a key multiplier for good health outcomes.

Discrimination, racism and stigma are other critical social determinants of health that need to be addressed and this was raised throughout the course of the meeting in different contexts, including the need to fight misinformation. This is also critical to the overarching goal of changing the narrative on migration in the Region. As articulated by one participant, "people don't leave their lives and identities behind at border crossings and recognizing the stories and lived experiences of refugees and migrants must be part of our collective response".

Action pillar 4: strengthen migration health governance and evidence – and data-driven policy-making

Improving migration health governance and enabling safe, responsible and dignified migration was another key theme, echoing commitments spelled out in the two global compacts on migration, the Sustainable Development Agenda and the WHO global action plan for promoting the health of refugees and migrants. Participants discussed that there are important opportunities to improve migration management and further develop humane policy responses, including in the context of irregular migration, asylum and detention.

Improving health data collection and sharing was also discussed during the meeting as an essential prerequisite for policy-making and to enable governments and organizations to respond appropriately to challenges and opportunities as they arise. The pandemic again highlighted the importance of access to and sharing of high-quality information to support evidence-informed policy-making. Achievements facilitated over the course of the pandemic through the exchange of information, experience and technical knowledge were noted. There is an opportunity to build on this cross-border collaboration and engagement, including developing and strengthening mechanisms for comparing data across settings. Critically, however, participants urged that data should be a means to an end and not an end in itself; data must be translated into evidence for policy-making in a timely manner with the aim of improving the health of refugees and migrants. Alongside this, data protection also remains a real concern, and participants reiterated the need to safeguard data from administrative and immigration purposes.
**Action pillar 5: explore innovating ways of working and develop partnerships as a vital enabling tool**

Partnership and coordination between Member States and international partners is essential for effective action on health and migration. Reflecting on the other pillars of action outlined above, delegates noted that it is strong multisectoral and international partnerships that are, in fact, the glue that brings these solutions together. Indeed, they are also instrumental to achieving the goals and commitments outlined in existing international and regional frameworks. Many noted that partnerships have become even more important in the pandemic era as the interconnectedness of the world has been amplified. It is evident that health and migration are transnational issues that can only be addressed in partnership, and with commitment to solidarity and open dialogue. The collaboration of Member States together with national and international agencies and key stakeholders, including refugees and migrants, is crucial to ensure positive health outcomes. We need to build on these partnerships and look to where there are gaps or where we can seek new allies. It was also remarked that fostering these partnerships is important not just to improve health outcomes for refugees and migrants but also to address the root causes of forced migration and displacement, not least in terms of action on climate change and the other humanitarian and economic emergencies that we face. Participants were optimistic that much can be achieved if we focus on the issues at hand and collaborate based on synergies.

A key aspect to developing partnerships emphasized during the meeting is strengthening both whole-of-society and whole-of-route engagement on health and migration. It was reflected that the meeting was primarily attended by health stakeholders and yet many decisions affecting the health of refugees and migrants are made by other ministries and sectors of society, including ministries related to interior, foreign affairs, security, finance, labour and education, among others. Consequently, while health remains an effective entry point for a common approach, we cannot talk about health siloed from other sectors. Promoting the health of refugees and migrants is multidimensional and multisectoral, and it is of paramount importance to ensure shared responsibility. This also means ensuring that refugees and migrants themselves have a seat at the table and are meaningfully engaged in the design and delivery of interventions and health services. It was noted that, while it is important to discuss these issues at the high level, we also need to approach them on the ground and look to better understand the experiences of those receiving the support and draw on their knowledge.

With respect to a whole-of-route approach to health and migration, participants echoed that no single country or region can respond effectively to the challenges at hand. We need to strengthen collaboration and information sharing along the whole migration trajectory, across areas of origin, transit and destination. It was discussed that this is essential for promoting humane border management practices, minimizing risks for people in transit and enabling continuity of care. A key point of discussion also related to promoting health workforce development and health system strengthening along migration routes. The movement (brain drain) of health workers from lower income countries to higher income countries across the regions presents a significant issue and a threat to health system capacity and resilience in many countries. Member States welcomed whole-of-route engagement and partnership to reduce this tendency and to promote capacity-building in all countries along migration routes. Health for all is not possible without the necessary health-care services.
Outcome statement

During the Ministerial Session, Our Roadmap for the Future, chaired by Dr Hans Henri P Kluge, Regional Director for the WHO Regional Office for Europe, Member States across the three participating regions, as well as represented partners and stakeholders, unanimously endorsed and adopted the Outcome Statement (annex 1). It was noted by many participants that the Outcome Statement resonated with existing national and international commitments and frameworks, pointing the way ahead with its five pillars for transformative action and recognizing health as a platform for peace and cooperation.

Conclusion and next steps

The participation and engagement of delegations at this high-level meeting, and the unanimous endorsement of the Outcome Statement, is a remarkable demonstration of international and interregional cooperation on health and migration at the highest level. Such a result is confirmation of the political commitment necessary to move away from business as usual and see health not as a side-effect of the migratory process but as a founding principle in managing population movements.

With this new vision and clear understanding of what should be done, the challenge remains to implement these commitments and discussion points. Participants reiterated that it is now imperative to put our words and agreements into action and focus on how to take this work forward. Unless concretely implemented, the five agreed pillars of action are nothing more than rhetoric. Member States welcomed the leadership of WHO across all country, regional and global offices to support stakeholders in moving forward this common vision and to help to transform theory into practice.
Annex 1

Outcome statement

1. Rationale and reflections for action 1.1. We, representatives of Member States of the WHO European Region (the Region), with counterparts from the WHO African Region and WHO Eastern Mediterranean Region, migrant and refugee representatives, relevant United Nations organizations and other international development partners, gathered in Istanbul, Turkey, on 17–18 March 2022, for a High-level Meeting on Health and Migration to reaffirm commitments, promote inter- and intraregional actions, strengthen critical partnerships and agree on the priorities and parameters for collaboration on the health of refugees and migrants into the future.

1.2. Today more than ever, we need to make solidarity, respect and human rights-based treatment of all refugees and migrants a reality, no matter their origin, gender or age. The right to health and access to services must always be protected, not least during times of crisis. We came together to unite in working to uphold our commitment to the right to health for all, including refugees and migrants.

1.3. In light of the current war and urgent humanitarian and health needs of refugees from Ukraine, we recognize the importance of ensuring safe access to territory for refugees and third-country nationals fleeing from Ukraine, in line with international standards and provision of non-discriminatory health services and humanitarian assistance to all people fleeing conflict. While displacement and health needs continue to grow, we call on the international community to support host countries to undertake all necessary measures to provide for the essential health needs of all displaced people, to guarantee the use of safe passage to allow the transit of medical supplies, delivery of vital services and workers to the affected zones, and to guarantee the human rights of all refugees, regardless of their ethnic background.

1.4. Migration is not just an isolated or time-bound crisis as it has been often been thought of in the past; rather it is an enduring and in most instances an enriching part of our societies. Migration and displacement affect the social, cultural and economic fabric of our three Regions — the European, Eastern Mediterranean and African Regions — and requires strengthened responses across all sectors as refugee and migrant health is an integral and indivisible part of population health. The COVID-19 pandemic is just one recent example highlighting both the valuable contributions – including in providing health and care services — and resilience of refugees and migrants, while at the same time exposing the precarious and vulnerable situations in which many remain. Upholding the fundamental right of all people to asylum and safe refuge, as articulated within international refugee law instruments and declarations, is essential in safeguarding health and well-being. Health systems in countries hosting large or sudden arrivals of refugee populations have extraordinary needs that require international solidarity and support to strengthen their capacity.

1.5. With the current Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (2016–2022) soon to expire, we see the need for a more inclusive and fit-for-purpose public health approach to migration and displacement moving forward; it is a unique opportunity to strengthen an interregional coalition to tackle current and future challenges. Throughout the implementation of the Strategy and Action Plan, and in the context of a rapidly changing and interconnected world, five salient reflections stand out.
1.6. First, the processes of migration and displacement are cross-cutting, and health and well-being are significantly influenced by policies and conditions outside the realm of the health sector. To ensure shared responsibility, it is necessary to work across sectors, bringing together health and non-health ministries across all levels of government as well as nongovernmental and civil society organizations, international agencies, academia, the private sector, faith leaders, citizens, and refugee, migrant and diaspora communities.

1.7. Secondly, an inclusive approach to health and migration is essential in the context of the social and demographic shifts occurring across the three regions. Ensuring regular, safe and dignified migration pathways, promoting good health outcomes and minimizing health inequalities are necessary to realizing all aspects of migration health for all people across countries of origin, transit and destination.

1.8. Thirdly, health and migration is a transnational issue and can only be addressed in a robust and sustainable way by building interregional solidarity and cooperation through a whole-of-route approach. Single country and single region solutions fall short in safeguarding the health and psychosocial well-being of refugees and migrants, and in meeting regional and global commitments and human rights obligations.

1.9. Fourthly, enabling the full enjoyment of health care for all people does not stop at granting formal entitlements. It requires that health and social services are accessible economically and practically, that they are inclusive and responsive to diversity, disability and gender and that they are founded on the universality of human rights.

1.10. Lastly, it is critical to look beyond factors related only to human health and recognize the importance of One Health: the interplay between human, animal and environmental health, which may particularly impact the health of refugees and migrants. Anthropogenic climate change, in particular, is a major and pressing challenge, alongside the other environmental and health emergencies faced by populations across the world. The potential scale of migration and displacement as a result of the impacts of climate change in particular is significant.

1.11. Building on the experiences, achievements and lessons learned, the WHO Regions of Europe, Africa and the Eastern Mediterranean stand ready to work together in the spirit of interregionalism. They commit to exchanging of practices, sharing common values, actions of solidarity and mutual assistance to build a new and common vision for health and migration into the future.

2. Pillars of action moving the health of refugees and migrants forward

2.1. In collaboration with the WHO African and Eastern Mediterranean Regions, and supported through expert consultation with Member States and other partners with roles and mandates for health and migration, five transformative objectives (action pillars) are identified for future action.

2.2. First, Member States need to strengthen provision of universal health coverage, ensuring that all people who are present in the territory of the Member State, regardless of migration or citizenship status, have access to quality health care, including mental health care and psychosocial support, medicines, and vaccines without exposure to financial hardship, as enshrined in the right to health.
2.3. Secondly, refugees and migrants are often disproportionately impacted by emergencies and disasters, yet they may be least protected in terms of access to the resources, services and opportunities needed to ensure their safety and well-being. Subnational, national and regional emergency preparedness and disaster risk reduction frameworks should ensure that refugee and migrant health, including mental health, is taken into account.

2.4. Thirdly, the health and well-being of refugees and migrants greatly depends on the social determinants of health; the social and physical environments in which people live, study and work, and the social protection policies available to them. Member States need to work across all areas and levels of government and society to promote safer, healthier and more inclusive environments, and actively oppose racism and xenophobia.

2.5. Fourthly, facilitating safe, responsible and dignified migration requires good migration governance and well-planned and coordinated policies and processes. It should be a priority to strengthen good governance and tackle the scarcity of high-quality data on health, migration and displacement required for evidence-driven policy-making, while ensuring commitment to confidentiality of personal data.

2.6. Lastly, to sustain progress, WHO and its Member States need to explore new ways of working and underscore the importance of close partnerships as an enabler in this context. The international community should look to strengthen existing partnerships between Member States and intergovernmental and pan-regional organizations and institutions, and seek out new allies and connectors where partnerships on migration health are yet to be fostered.


2.8. In the light of the heterogeneity within and across regions in terms of specific circumstances and legislative frameworks, driving these pillars of action will require a strong commitment from WHO, its Member States and partners to mobilize public and political support and ensure that the health of refugees and migrants remains high on national and international agendas into the future. It is only then that we can fully address the challenges and realize the opportunities presented by migration in ways that are meaningful, mutually beneficial and respectful of international standards and human rights.
Annex 2

High-level Meeting on Health and Migration

*Jointly shaping the vision for the health of refugees and migrants*

**Programme**

16 March 2022

Networking reception hosted by the Regional Director of the WHO Regional Office for Europe

19:30 Grand Ballroom Foyer, Conrad Istanbul Bosphorus Hotel

17 March 2022

Grand Ballroom, Conrad Istanbul Bosphorus Hotel

<table>
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<tr>
<th>09.00–10.00 Istanbul time</th>
<th>WELCOME AND OPENING OF THE MEETING – Jointly shaping the vision for the health of refugees and migrants</th>
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<tr>
<td>07:00–08:00 CET</td>
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<tr>
<td><strong>Hans Henri P. Kluge</strong></td>
<td>Regional Director, WHO Regional Office for Europe</td>
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<td><strong>Fahrettin Koca</strong></td>
<td>Minister of Health, Turkey</td>
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<td><strong>Mahmut Ayaz</strong></td>
<td>Health Project Manager, Amal Organization for Relief and Development</td>
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<td><strong>Margaritis Schinas</strong></td>
<td>Vice-President, European Commission</td>
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<td><strong>Matshidiso Moeti</strong></td>
<td>WHO Regional Director for Africa</td>
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<td><strong>Ahmed Al-Mandhari</strong></td>
<td>WHO Regional Director for the Eastern Mediterranean</td>
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<td><strong>Gwi Yeop Son</strong></td>
<td>Regional Director, United Nations Development Coordination Office</td>
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| 10.00–11.30               | PLENARY SESSION ONE – Indivisible health: a new vision for the health of refugees and migrants    |
This session will explore some of the sustained and emerging issues that countries are facing in addressing health and migration and the major priorities moving forward. It will touch on not only the factors that put refugees and migrants in situations of vulnerability but also the factors that facilitate thriving and resilience. Focus will be on issues such as climate change, societal transformations and the importance of addressing migration through a whole-of-route approach. It will also highlight the significant positive contribution of refugees and migrants to civic and community life across the WHO European Region. The session will demonstrate their vital role as active stakeholders in agenda setting and decision-making on the future of health and migration.

**Moderator:** Bhanu Bhatnagar, WHO / Sarah Stillman, New Yorker

**Speakers**

**Anthony Castello**, Co-Chair, Lancet Countdown on Health and Climate Change

**Ali Mrabet**, Minister of Health, Tunisia

**Alexandru Rafila**, Minister of Health, Romania

**Tolga Tolunay**, Deputy Minister of Health, Turkey

**Virginia Wangare Greiner**, Director, Maisha e.V – African Women in Germany

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<th>Time</th>
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<td>11:30–12:00</td>
<td><strong>Healthy break</strong></td>
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**PLENARY SESSION TWO – Together finding solutions for the future**

This session will look at what possible actions for a future framework on health and migration could look like and present examples of successful interventions. Attention will be given to five pillars of action: (i) ensure refugees and migrants benefit from universal health coverage; (ii) implement inclusive emergency and disaster risk reduction policies; (iii) develop healthy environments that promote social inclusion, health and well-being; (iv) strengthen migration health governance and data-driven policy-making; and (v) explore innovative ways of working and develop partnerships as an enabling tool.

**Moderator:** Bhanu Bhatnagar, WHO

**Speakers**

**Sadettin Akyil**, Director-General of International Labour, Ministry of Labor and Social Security, Turkey

**Waheed Arian**, Founder and CEO, Arian Teleheal
### 13.30–15.00
**LUNCH BREAK**

### 15.00–16.30
**PLENARY SESSION THREE (ministerial session) – Our roadmap for the future**

Member States and representatives of the refugee and migrant community will provide further reflections on the principles of a sustainable health and migration agenda and the five action pillars and priorities for the future. Ministers and other participants will adopt the meeting outcome document, capturing salient points of the discussion and expressing a shared vision for the future.

**Chair:** Hans Henri P. Kluge, Regional Director, WHO Regional Office for Europe

**Opening Statement:** Nora Kronig Romero, Acting Chairperson of the Twenty-eighth Standing Committee of the Regional Committee for Europe, Switzerland

**Participating ministers:**
- Roberto Ciavatta, Ministry of Health and Social Security, San Marino
- Arūnas Dulkys, Minister of Health, Lithuania
- Asimina Gaga, Alternate Minister of Health, Greece
- Ankica Gudeljević, Minister of Civil Affairs, Bosnia and Herzegovina
- Michael Hadjipantela, Minister of Health, Republic of Cyprus
- Karl Lauterbach, Minister of Health, Germany (video message)
- Viktor Liashko, Minister of Health, Ukraine
- Zlatibor Lončar, Minister of Health, Serbia
- Ala Nemerenco, Minister of Health, Republic of Moldova
- Adam Niedzielski, Minister of Health, Poland
- Bekim Sali, Minister of Health, Northern Macedonia
Asena Serbezova, Minister of Health, Bulgaria

With the participation of Ministers from the WHO African and Eastern Mediterranean Regions and representatives of Member States, nongovernmental organizations and relevant partners and stakeholders.

16.30–17.00

CLOSING SESSION

The session will provide final reflections on the deliberations and discussions from Day one of the meeting.

Hans Henri P. Kluge, Regional Director, WHO Regional Office for Europe

Fahrettin Koca, Minister of Health, Turkey

Matshidiso Moeti, WHO Regional Director for Africa

Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean

20:00

Dinner hosted by the Minister of Health of Turkey

18 March 2022

09.00–10.00

HIGH-LEVEL OPENING SEGMENT – Health for all: no matter where you come from

The Vice-President of the European Commission, ministers of health, the WHO Regional Director for Europe and a representative of the refugee and migrant community will debate and reflect on ways of making health a reality for all.

Moderator: Sarah Wheaton, Politico

Speakers

Firas Abiad, Minister of Health, Lebanon

Hans Henri P. Kluge, Regional Director, WHO Regional Office for Europe

Ala Nemereno, Minister of Health, Republic of Moldova

Laouan Magagi, Minister of Humanitarian Action, Niger

Margaritis Schinas, Vice-President, European Commission
10.00–12:00 PARALLEL SESSIONS

**Health for peace: managing the public health aspects of migration and displacement in the context of emergencies**

**Session co-leads:** Gerald Rockenschaub, Regional Emergencies Director and Irshad A Shaikh, Interim Head, WHO European Centre on Preparedness for Humanitarian and Health Emergencies, WHO Regional Office for Europe

**Speakers**

**Evika Karamagioli**, School of Medicine, University of Athens, Greece

**Kanuni Keklik**, Head of the Department of Migration Health, Ministry of Health, Turkey

**Davron Mukhamadiev**, Head of Delegation ad interim, South Caucasus Country Cluster Delegation, International Federation of Red Cross and Red Crescent Societies

**Marian Schilperoord**, Deputy Director in the Division of Resilience and Solutions, United Nations High Commissioner for Refugees

**Paul Spiegel**, Director, Center for Humanitarian Health, Professor of the Practice, Johns Hopkins Bloomberg School of Public Health, United States

**Odeta Vitkuniene**, Director, Personal Health Care Department, Ministry of Health, Lithuania

**Shared interregional and cross-border issues: the case of public health screening at points of entry**

**Session co-leads:** Gianfranco Costanzo, Health Director, National Institute for Health, Migration and Poverty, Italy; Tanja Schmidt, Evaluation Officer, WHO Regional Office for Europe

**Speakers**

**Jaime Calderon**, Regional Migration Health Advisor, International Organization for Migration

**Ernest Dabire**, Senior Adviser, WHO Regional Office for Africa

**Dalia Samhouri**, Technical Officer, WHO Regional Office for the Eastern Mediterranean
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<th>NETWORKING LUNCH</th>
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### PARALLEL SESSIONS

**Delivering the European Programme of Work flagships for refugees and migrants: focus on mental health**

**Session lead:** Ledia Lazeri, Regional Adviser, Mental Health Flagship, WHO Regional Office for Europe

**Speakers**

- **Goran Čerkez**, Assistant Minister, Ministry of Health of the Federation of Bosnia and Herzegovina, Bosnia and Herzegovina
- **Essam Daod**, Mental Health Director and Co-founder, Humanity Crew
- **Jelena Janković**, Assistant Minister for Public Health, Serbia
- **Stefan Priebe**, Head of WHO Collaborating Centre, Queen Mary University of London, United Kingdom
- **Guglielmo Schinina**, Head of Mental Health, Psychosocial Response and Intercultural Communication, International Organization for Migration

**Delivering the European Programme of Work flagships for refugees and migrants: the case of improving immunization services**
**Session lead:** Siddhartha Datta, Programme Manager, WHO Regional Office for Europe

**Speakers**

**Philippe Cori,** Deputy Regional Director for Europe and Central Asia, United Nations Children's Fund

**Kanokporn Kaojaroen,** Health and Migration Programme, WHO

**Theoklis Zaoutis,** President of the National Organization for Public Health, Greece

**Improving migration health governance: the case of migration health data collection and data sharing**

**Session co-leads:** Soorej Puthoopparambil, Head of the WHO Collaborating Centre, Uppsala University; Maria Cristina Profili, Senior Regional Migration Health Advisor, International Organization for Migration

**Speakers**

**Inez Matos Campos,** Head of Inclusion Health, Office for Health Improvement and Disparities, Department of Health and Social Care, United Kingdom

**Gianfranco Costanzo,** Health Director, National Institute for Health, Migration and Poverty, Italy

**Rifat Hossain,** Health and Migration Programme, WHO

**Michele LeVoy,** Director, Platform for International Cooperation on Undocumented Migrants

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<th>15:00–15:30</th>
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<td><strong>CLOSING PLENARY SESSION – From commitment to action</strong></td>
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</table>

Driving the pillars of future action will require a strong commitment from WHO, its Member States and partners to mobilize public and political support and ensure that migration health remains high on national and international agendas into the future. The session will focus on delivering on the promise of the international community to leaving no one behind and operationalization of the five pillars of action, which will require ownership of the agenda by all stakeholders and its regionalization and localization through intercountry cooperation. It is only then that we can fully address the challenges and realize the opportunities presented by migration in ways that are meaningful and mutually beneficial.
**Moderator:** Gundo Weiler, Director, Country Support and Emergencies Division, WHO Regional Office for Europe

**Speakers**

Clemens Martin Auer, Special Envoy for Health, Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, Austria

Santino Severoni, Director, Migration and Health Programme, WHO

Giulia Vallese, Regional Director a.i. for Eastern Europe and Central Asia, United Nations Population Fund

With the participation of session leads of parallel sessions.

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<tr>
<td>16:30–17:00</td>
<td><strong>CLOSING SESSION</strong></td>
<td>Hans Henri P. Kluge, Regional Director, WHO Regional Office for Europe</td>
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<td>Tolga Tolunay, Deputy Minister of Health, Turkey</td>
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<td>Matshidiso Moeti, WHO Regional Director for Africa</td>
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<td>Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean</td>
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<tr>
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<td>Mahmut Ayaz, Health Project Manager, Amal Organization for Relief and Development</td>
</tr>
</tbody>
</table>

Working languages: English, French, Russian and Turkish.
Annex 3

List of participants

MEMBER STATES

WHO EUROPEAN REGION

Albania

Vjollca Braho (online)
Deputy Minister of health, Ministry of Health and Social Protection

Nertila Topulli (online)
Director, Ministry of Health and Social Protection of Albania

Armenia

Armen Melkonyan
Head, International Relations Department, Ministry of Health

Austria

Clemens-Martin Auer
Special Envoy for Health, Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Konstantin Mallat (online)
Policy Adviser, National and International Migration Strategy

Azerbaijan

Teymur Musayev (online)
Minister, Ministry of Health

Belarus

Alexej Shcharbinsky (online)
Head, Department of medical care management, Ministry of Health

Anatoliy Grushkovsky (online)
Head, Department of external communications, Ministry of Health

Belgium

Hans Verrept
Head of the Intercultural Mediation and Policy Support Unit
Lien Bruggeman  
Federal Agency for reception of Asylum seekers (Fedasil)

**Bosnia and Herzegovina**

Ankica Gudeljević  
Minister of Civil Affairs, Ministry of Civil Affairs of Bosnia and Herzegovina

Alen Šeranić  
Minister of Health and Social Welfare, Ministry of Health and Social Welfare of the Republika Srpska

Goran Čerkez  
Assistant Minister, Ministry of Health of the Federation of Bosnia and Herzegovina

Dušan Kojić  
Health Health Sector Coordinator, Ministry of Civil Affairs of Bosnia and Herzegovina

Davor Bošnjak  
Head of the Minster's Office, Ministry of Civil Affairs of Bosnia and Herzegovina

**Bulgaria**

Asena Serbezova  
Minister of Health, Ministry of Health

Angel Kunchev  
Chief State Health Inspector, Ministry of Health

**Croatia**

Božica Šarić (online)  
Bachelor of Laws, Ministry of Health

Vesna Štefančić Martić (online)  
Croatian Institute of Public Health

**Czech Republic**

Magda Kociánová  
Head of Unit of International Programmes, Ministry of the Interior

Denisa Vrňatová  
MEDEVAC Programme Coordinator Ministry of the Interior
Cyprus

Michalakis Hadjipantela
Minister of Health, Ministry of Health

Georgios Siakallis
Unit for Surveillance and Control of Communicable Diseases, Ministry of Health

Estonia

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Adviser, European and International Co-ordination Department at Estonian Ministry of Social Affairs

Finland

Natalia Skogberg (online)
Research Manager, Finnish Institute for Health and Welfare

France

Valentine Bekka (online)
Health Policy Officer, Ministry of Health

Roxane Berjaoui (online)
International Prevention Advisor, Mission for European and International Affairs, General Directorate of Health

Ariane Lathuille (online)
Writer, Sub-Directorate for Economic and Budgetary Affairs
Ministry for Europe and Foreign Affairs

Sara Ferreira Marque (online)
Health and Safety Manager, Ministry of Health

Antoine Saint Denis (online)
Director for European and international Affairs, Ministry of Health

Olivier Selmati (online)
General Management, Social Protection sector
Management of strategic and operational projects
Ministry of Health

Jerome Weinbach (online)
Deputy Head European and International Affairs
Ministry of Health
Georgia
Ilia Gudushauri
Deputy Minister of Internally Displaced Persons
from the Occupied Territories, Labour, Health and Social Affairs

Davit Kaikacishvili
Chief StatHead of Internally Displaced Persons from the Occupied Territories and Ecomigrants
Policy Health Inspector

Germany
Karl Lauterbach (online)
Federal Minister of Health, Federal Ministry of Health

Greece
Asimina Gaga (online)
Alternate Minister of Health, Ministry of Health

Theoklis Zaoutis
President, National Organization for Public Health (EODY)

Anxhel Paja
Assistant to President

Ireland
Margaret Fitzgerald (online)
National Public Health Lead, Health Service Executive

Israel
Nachman Ash
Director General, Minister of Health

Maya Golan
Assistant to the Director General, Ministry of Health

Italy
Sergio Iavioli
Director General for Communication and European and International Relations
Ministry of Health
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Azamat Dyussenov
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Arman Jansengirov
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Minister of Health, Ministry of Health

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State Secretary, Ministry of Health

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Arunas Dulkys
Minister of Health, Ministry of Health

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Odeta Vitkuniene
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Robert Goerens
Chief Physician, Health Directorate, Ministry of Health

Montenegro

Anka Vukićević
State Secretary, Ministry of Health

Željka Vulanović
Independent Adviser, Ministry of Health

North Macedonia

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Gordana Majnova
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Operational Service Manager, Ministry of Health

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Minister of Health, Ministry of Health

Ana Correia
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**Republic of Moldova**

Ala Nemerenco
Minister of Health, Ministry of Health

**Romania**

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Minister of Health, Ministry of Health

Mihaela Ioana Giza
Counsellor, Department of Press Relations, European Affairs and International Relations, Ministry of Health

**Russian Federation**

Evgeny G. Kamkin (online)
Deputy Minister of Health, Ministry of Health

**San Marino**

Roberto Ciavatta
Minister, Ministry of Health and Social Security,

Claudio Muccioli
Director, Health Authority of San Marino, Ministry for Health and Social Security Affairs
Serbia

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Ministry of Health

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Director-General, Public Health Agency of Sweden

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National Health Care Coordinator, Swedish Migration Agency

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Tabea Kappeler (online)
Global Health Section, International Affairs Division
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Chairperson
Twenty-eighth Standing Committee of the Regional Committee for Europe

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Fahrettin Koca
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Tolga Toluay
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Mesut Ayabakan
Department of Migration Health

İlhan Aydin
Province of Mersin - Migration and Health Manager

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BNS Turkey

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Assistant to Minister

Haydar Ridvan Civan
Health Expert

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Azmi Ekmen
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Selami Kili
Director General of EU & Foreign Affairs

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Coordinator of SIHHTAT Project  

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Mustafa Tilki  
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Head of Department of Cancer Control  

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Chairman | USHAŞ  

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Sahy B. Imamberdiyew (online)  
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Head of Acute Dangerous Infections control department of SSES, Ministry of Health  

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Minister of Health, Ministry of Health
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Director General of Prevention and Health Promotion

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Seharla Abdulahi
State Minister of Health, Federal Ministry of Health

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Iraq

Thoalfiqar Tawfik Humoud Al-Yasiri
Iraqi Consulate General in Istanbul

Lebanon

Firass Abiad
Minister, Ministry of Health

Libya

Ramadan Aboujnah
Acting Minister Of Health (Vice-Prime Minister)

Ahmad Ibrahim
Analyst, consultant and director of the minister office

Faraj Ibrahim Hassan
Transport and logistic consultant

Firaj Ahmad Saadi
Relation Officer

Alas Almabrouk Altair
Technical unit

Abdussamie Mohamed Alarms
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Morocco

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Abdelhakim Yahyane
Director of Population, Ministry of Health and Social protection

Tunisia

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Henda Chebbi
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Laghlough Rochdi

Representatives of UN organizations

International Labor Organization (ILO)

Numan Ozcan
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International Organization for Migration (IOM)

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Deputy Director General

Renate Held (online)
Regional Director

Jamie Calderon
Regional Migration Health Advisor

Michela Martini (online)
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Maria Cristina Profili (online)
Senior Regional Migration Health Advisor

Guglielmo Schinina
Head, Mental Health Psychosocial Response and Intercultural Communication Section

Olivier Semat
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Migration Health Officer

*United Nations Development Coordination Office (UNDCO)*

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Regional Director

*United Nations High Commissioner for Refugees (UNHCR)*

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Regional Deputy Director

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*United Nations Population Fund (UNFPA)*

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Regional Director

Emmanuel Roussier
Humanitarian Response Specialist

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Margaritas Schinas
Vice-President, European Commission

Despina Spanou
Head of Cabinet

Maria-Myrto Kanellopoulou
Member of Cabinet

Libor Chlad
Counsellor, Head of Facility for Refugees in Turkey, Delegation of European Union to Turkey

Elif Elci
Programme Manager for Health, Delegation of European Union to Turkey
Abdulrahman Beyazit  
Programme Assistant, Delegation of European Union to Turkey

**African Union**

Cessouma Minata Samate  
Commissioner

**Representatives of other organizations**

*Amal Organization*

Mahmut Ayaz  
Health Project Manager for Amal Organization for Relief and Development

*Copenhagen University*

Allan Krasnik (online)  
Professor emeritus

*Demographic Institute*

Sergey Y. Ryaznatsev  
Director

Donna Maria Feghali  
Film Director

*Humanity Crew*

Essam Daod  
Mental Health Director

Maria Jammal  
CEO

*International Rectal Microbicide Advocates (IRMA)*

Roy Wadia (online)  
IRMA Steering Committee Member

*Intesos Hellas*

Apostolos Veizis  
Executive Director
International Detention Coalition

Maria Carolina Rondon Schmidt

International Development Research Center

Qamar Mahmood
Senior Program Specialist

International Federation of Red Cross (IFRC)

Davron Mukhadamiev
Regional Health and Care Coordinator for Europe Region

International Federation of Medical Students' Associations (IFMSA)

Laura Plešnar
Regional Director for Europe

Mahmood Al Hamody
Liaison Officer for Human Rights

Ben de Metz (online)
SCORA Regional Assistant Europe

Maisha e.V. African Women in Germany

Virginia Wangare Grenier

National Institute for Health, Migration and Poverty, Italy

Gianfranco Costanzo
Health Director

Leuconoe Grazia Sisti
MD, MPH, PhD student

Platform for International Cooperation on Undocumented Migrants (PICUM)

Michele Levoy (online)
Director

Realizing Health SDGs, for Migrants, Displaced, and Communities

Davide Mosca (online)
CEO

Emmanouil Pikoulis
Dean
The European Public Health Association/Lancet Migration

Bernadette Kumar
Head of Section/Representative

University of Athens

Evika Karamagioli (online)
Scientific Associate, Global Health -Disaster Medicine

University of Limerick

Anne MacFarlane (online)

Uppsala University

Laran Matta (online)
Project Assistant

Sooanj Jose Puthooppampal
Senior Lecturer/Associate Professor

Temporary Advisors

Waheed Arian
Director, Avisina/Arian Teleheal

Melike Beste Arslan
Expert

Sarah Stillman
New Yorker

Sarah Wheaton
Politico

WORLD HEALTH ORGANIZATION SECRETARIAT

WHO REGIONAL OFFICE FOR EUROPE

Hans Henri P. Kluge
WHO Regional Director for Europe

Gundo Aurel Weiler
Director, Division of Country Support, Emergency Preparedness and Response
Kristina Mauer-Stender
Team, leader, CIS (Country Implementation Support), Division of Country Support,
Emergency Preparedness and Response

Susan Ahrenst
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WHO European Centre for Preparedness for Humanitarian and Health Emergencies Turkey

Filipa Alves da Costa
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David Barrett
Communications Officer

Jozef Bartovic
Technical Officer

Batyrb Berdyklychev
WHO Representative and Head of WHO Office, Turkey

Bhanu Bhatnagar
Press & Media Relations Officer

Andreea Cassandra Butu
Acting Head of WHO Office, Romania

Erwin Cooreman
Special Representative of the WHO Regional Director, Bosnia and Herzegovina

Paloma Cuchi (online)
WHO Representative, Poland

Siddhartha Sankar Datta
Acting Director, Communicable diseases, Control of antimicrobial resistance and
Behavioral and Cultural Insight

Mahmoud Daher
Head of WHO Office, Gazientep, Turkey

Ugangerel Davaasuren
RD Photographer
Oxana Domenti
WHO Representation at the European Union, Belgium

Miljana Grbic
WHO Representative, Republic of Moldova

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Programme Assistant

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Special Representative and Head of Office, a.i., Azerbaijan

Marija Kishman
Strategic Desk Officer

Banu Nesibe Konur
WHO Consultant, Turkey

Cholpon Kudaibergenova
Finance Assistant

Ledia Lazeri
Regional Adviser

Simona Melki
Programme Assistant

Ioannis Micropoulos
National Professional Officer, Migration and Health, Greece

Celik Özüduru
Communication Officer

Gerald Rockenschaub
Regional Emergency Director

Anna Roepstorff
Administrative Officer

Umeda Sadykova
National Professional Officer, Tajikistan

Fabio Scano
WHO Representative and Head of WHO Office, Serbia

Irshad Ali Shaikh
Head of Office a.i., Turkey
Martynas Satinskas  
Business Operations Associate, Lithuania

Chantal Streijeffert Garon  
Legal Officer

Lihong Su  
Administrative Officer

Skender Syla  
WHO Representative and Head of WHO Office, Bulgaria

Dubravka Trivic  
Business Operations Associate  
Bosnia and Herzegovina

Andrei Volkau  
Service Desk Technician

Melita Vujnovic  
WHO Representative and Head of WHO Office, Russian Federation

Elisabeth Waagensen  
Technical Officer

Marie Wolf  
Communication Consultant  
Saltanat Yegeubayeva  
Adviser (HIV, TB and Viral Hepatitis), WHO Office, Russian Federation

Ivan Zivanov  
National Professional Officer, Serbia

**WHO REGIONAL OFFICE FOR AFRICA**

Matshidiso Moeti  
Regional Director, WHO Regional Office for Africa

Ernest Dabire  
Senior Advisor/Response Monitoring

Pamela Suzanne Drameh-Avognon  
Coordinator External Relations, Partnerships and Governing Bodies

Camille Péneau (online)  
WHO Volunteer
WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

Ahmed Al-Mandhari
Regional Director, WHO Regional Office for the Eastern Mediterranean

Abdelaziz Alahlafi
National Professional Officer

Ali Ardalan
Regional Advisor

Tonia Rifaey
Technical Officer

Ahmed Zouiten
WHO Representative

WHO/HQ

Santino Severoni
Director, Health and Migration

Veronica Cornacchione (online)
WHO Consultant
Health and Migration

Cetin Dogan Dikmen (online)
Planning and Reporting Officer
Health and Migration

Rifat Hossain
Lead, Data and Evidence, Health and Migration Programme Palmira Immordino
(online)
WHO Consultant, Health and Migration Programme

Alexandra Ladak (online)
Team Assistant, Health and Migration Programme

Rita Sá Machado
Health Policy Adviser, Consultant, Health and Migration Programme

Kanokporn Kaojaroen (online)
Technical Officer, Health and Migration Programme

Rapporteur

Kari Pahlman
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States
Alabama
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
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Lithuania
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Montenegro
Netherlands
North Macedonia
Norway
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