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# WHO Global Action Plan on Promoting the health of refugees and migrants 2019-2023

Information Session for Member States

30 September 2022



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# Information Session Overview

- Introductory remarks
- The GAP
  - Setting the scene
  - Current Status – refugee and migrant health
  - GAP implementation - What has been the progress so far?
  - Next steps
- Q & A
- Closing remarks

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# Introductory remarks

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# Setting the Scene - The GAP



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# WHO global action plan on promoting the health of refugees and migrants 2019-2023

- **WHA 61 | 2008:** Resolution on the Health of Migrants

Health Assembly requested the Director-General, inter alia, to promote: migrants' health on the international health 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.

- **WHA 70 | 2017:** Resolution 70.15

Notes with appreciation the framework of priorities and guiding principles to promote the health of refugees and migrants and request WHO to promote the framework, develop a GAP and collaborate with IO and partners

- **WHA 72 | 2019:** Global Action Plan

Noted in May 2019 by the Sixty-second World Health Assembly

- **WHA 74 | 2021:** Progress report

- **WHA 77 | 2023:** Final report

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# WHO global action plan on promoting the health of refugees and migrants 2019-2023

1. Promote the health of refugees and migrants through a mix of **short-term and long-term public health interventions**
2. Promote **continuity and quality of essential health care**, while developing, reinforcing and implementing **occupational health and safety measures**
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**
4. Enhance capacity to tackle the **social determinants of health** and to accelerate progress towards achieving the Sustainable Development Goals, including **universal health coverage**
5. Strengthen health monitoring and **health information systems**
6. Support measures to improve **evidence-based health communication** and to **counter misperceptions about migrant and refugee health**

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# Refugee and migrant health – what does the evidence tell us?

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# Global displacement and migration patterns

**281 M** International Migrants  
(2020)

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**36M** Children  
(2020)

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**100 M** Forcibly displaced  
(May 2022)





# Determinants of refugee and migrant health

*World Report on the health of refugees and migrants*

- **Individual characteristics and behaviours**  
– genetics, gender, age, and personal behaviour
- **Social and economic environment** – education, health literacy, income and social status, employment and working conditions, social support networks, culture, and health services
- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads, food and nutrition

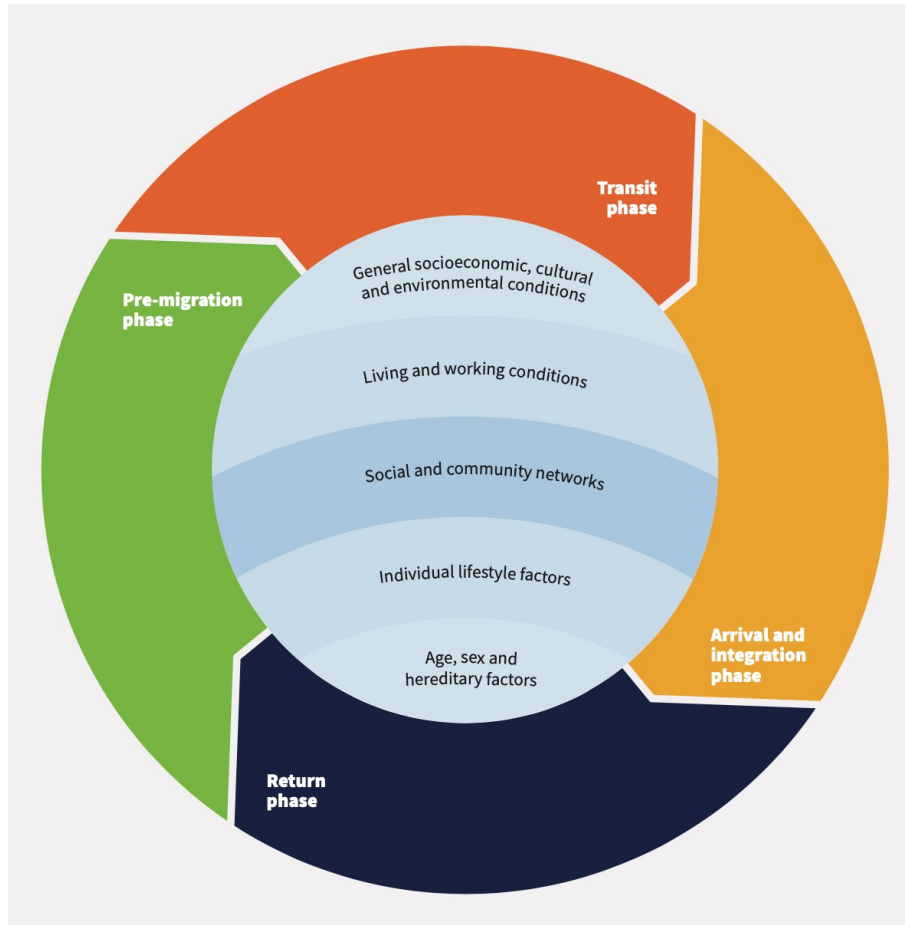
**Education**  
**income**  
**housing**  
**access to services**  
**migratory status**

also influence the health of refugees and migrants

World Health Organization

# Determinants of refugee and migrant health

*World Report on the health of refugees and migrants*



- **Women and girls** face unique challenges and vulnerabilities, such as unique privacy and security challenges in accessing WASH services and facilities
- The vulnerability of **men and boys** to physical and sexual violence and their need for care and support is underrecognised
- The number of **older people** displaced by humanitarian crisis is growing rapidly
- Access to **good quality education** after migration is limited in many settings, often affecting young girls disproportionately
- Across high-income settings, **highly skilled** refugees and migrants are often **employed in jobs below their educational and employment qualifications**

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# Determinants of refugee and migrant health

*World Report on the health of refugees and migrants*

- Low level of **health literacy** combined with language barriers, hinders the seeking of health services and adherence to treatment
- Direct and indirect **costs of healthcare** can be a barrier for refugees and migrants
- Sending **remittances** home may cause migrants to deprive themselves of good nutrition and hinder health-seeking behaviour
- **Fear of deportation and anti-migrant discourse** reduce willingness of migrants to access health services and consequently potential leading to poorer health outcomes
- **Stress from displacement** is a determinant of health for refugees and migrants – absence of social support networks, acculturation
- **Overcrowding and inadequate ventilation** may contribute to the dissemination of specific diseases

# Health status of refugees and migrants

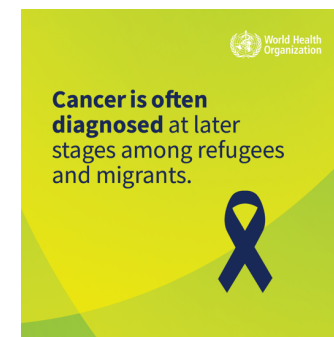
World Report on the health of refugees and migrants

- Refugees and migrants face **poorer health outcomes** than people in host countries if the conditions they live and work are not conducive to good health



**NCD:** Cardiovascular diseases, hypertension, diabetes, cancer and respiratory disease

- Causes of premature mortality



**Risk factors for NCD:** unhealthy diet, lack of physical exercise, overweight/obesity, use of alcohol and tobacco products

# Health status of refugees and migrants

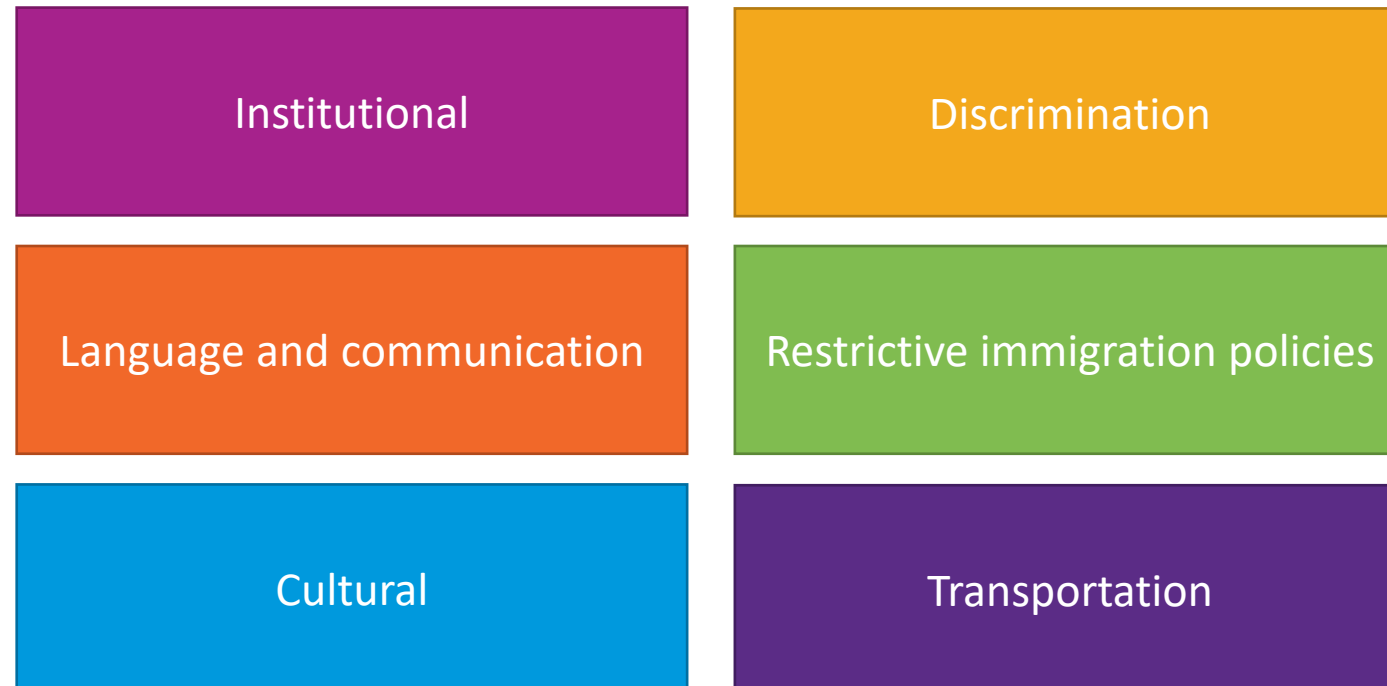
World Report on the health of refugees and migrants

- **Mental health** conditions depend on social and environmental factors and there are some specific populations more affected than others - eg younger people from conflict-affected countries, undocumented children, older people.
- Similar to the rest of the population, refugees and migrants may encounter **infectious diseases** along their journey; they face additional barriers to receiving timely diagnosis, treatment and care
- The main **occupational health problems include** injury, death, musculoskeletal, respiratory and mental health conditions, and industry-specific hazards
- **COVID-19**: disproportionately affected which has increased their burden of disease, reduced their income, affected social and mental well-being and reduced their mobility



# Health system - common barriers

*World Report on the health of refugees and migrants*



## Ongoing actions

- **Address the root causes**, including key determinants that lie outside the health domain, that negatively influence health, including education and migratory status
- **Reorient existing health systems** into integrated and inclusive health services and programmes for refugees and migrants, in line with the principles of **primary health care** and **universal health coverage**
- Promote **advocacy and public education** concerning refugees and migrant health, and its vital contribution to a “one health” world.
- Invest in **comprehensive data** and monitor health determinants, status and outcomes of refugees and migrants to assess accountability for progress, or lack thereof, towards the SDGs and other goals and targets
- Promote **high quality global research**, strengthen knowledge production, and **build research capacity** in health and migration, to support evidence-informed policies and actions

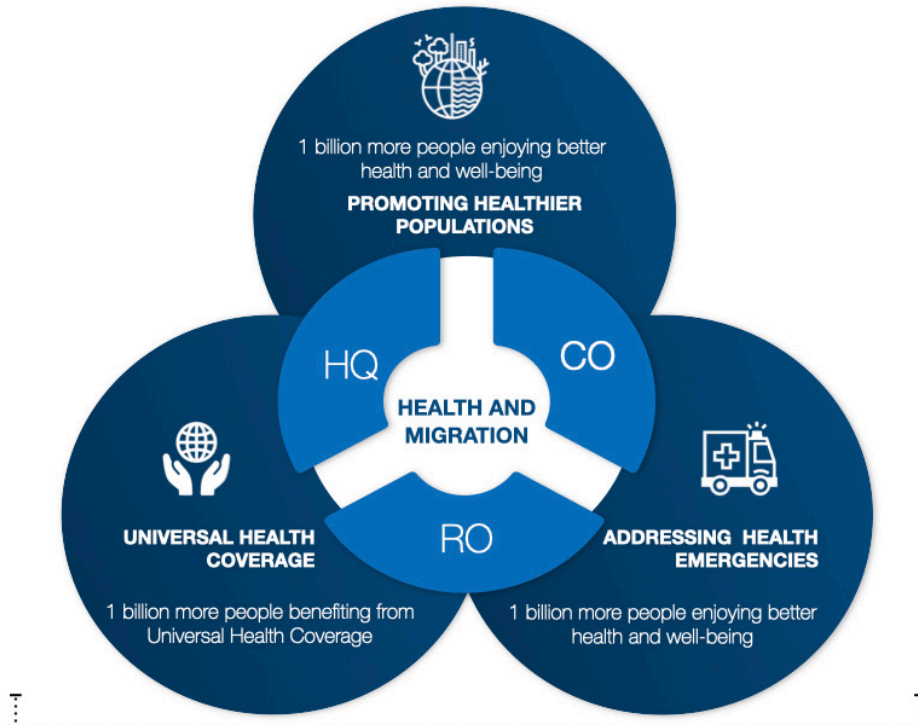


# GAP implementation - What has been the progress so far?



# The WHO Health and Migration Programme

- Established in 2020



**CORE FUNCTION 1**  
Provide **global leadership**, high-level **advocacy**, **coordination** and **policy** on health and migration



**CORE FUNCTION 2**  
Set **norms and standards** on health and migration and promote a **research agenda**



**CORE FUNCTION 3**  
**Monitor** trends, strengthen health information systems and develop a framework for monitoring and reporting on GAP



**CORE FUNCTION 4**  
Provide specialized **technical assistance**, **response** and **capacity-building** support



**CORE FUNCTION 5**  
Promote **multi-lateral action**, **inter-country**, **inter-regional** and **global** collaboration

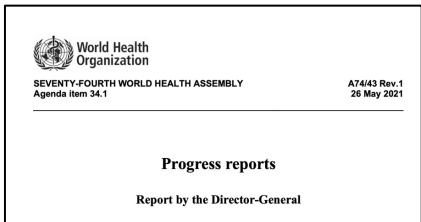
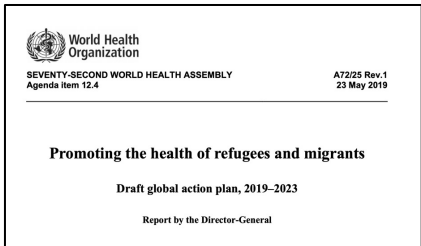




# CORE FUNCTION 1

Provide global leadership, high-level advocacy, coordination and policy on health and migration

## Global Action Plan and Regional Strategies

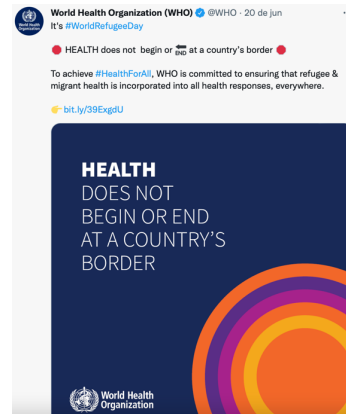


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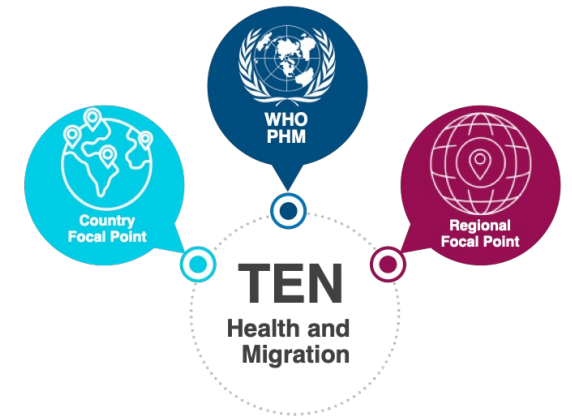
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AMRO/PAHO

## Communication Strategy



## Technical expert network



- Works as a high-level technical alignment platform by merging experiences, needs, good practices across the three levels of the Organization



## CORE FUNCTION 2

# Set norms and standards on health and migration and promote a research agenda

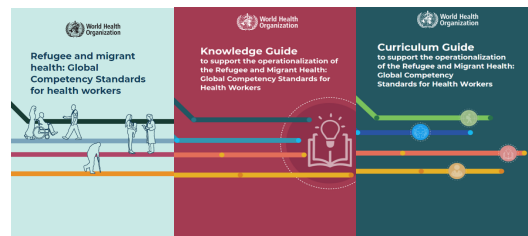
### Research Agenda

- Setting a global research agenda
- Builds research capacity on health and migration at country, regional and global level around 3 billion targets
- Ensures translation of evidence into policy and implementation through the creation of a global research network and regular research, policy and practice engagement at country, regional and global level



### Global Competency Standards

- Identifies [competency standards](#) for health workers to provide health services to refugees and migrants
- Focuses on pre-graduation and continuous medical education for health workers
- Developed together [knowledge](#) and [curriculum guides](#) to support operationalization
- Translated into 4 languages to accompany specific roll-out and uptake packages
- First pilot application will be launched in June



### Global Evidence series on Health and Migration

- Comprehensive evidence review to break down and address complex problems for refugee and migrant health
- Specific policy questions around priority public health topics
- Empowers Ministries of Health for their leadership on multisectoral evidence-informed response
- Provides set of policy considerations for country specific dialogue





## CORE FUNCTION 3

**Monitor** trends, strengthen health information systems and develop a framework for monitoring and reporting on GAP

### World Report on the health of refugees and migrants

- First global report
- Highlights key disease burden, data and evidence gaps, barriers to health services and determinants of health for refugees and migrants



### Global Data Initiative

- Addresses gaps on incomplete data, data unavailability, disaggregation on migratory status
- Aims to strengthen health information systems and develop baselines, monitor, measure and accelerate the progress in achievement of SDGs
- Will require close collaboration with DDI in development of indicator and data framework



## CORE FUNCTION 4

Provide specialized technical assistance, response and capacity-building

### Technical Assistance Planning - tool

- Assesses the capacities of health systems and its components to provide essential health services for refugee and migrant populations
- Flexible tool to address the apply in various contexts, considering complex governance of migration and health in different settings
- Conducted under MoH leadership to empower health authorities for evidence-informed interventions
- 6 countries to be assessed in 2022

### Global School on Refugee and Migrant Health

- Leverages the under invested topic of refugee and migrant health in the country
- Trained MoH and WHO Country Office staff on health and migration
- Empowered WHO role in the UN Country Team and Health Sector Coordination
- Promoted good practices in the country for global use
- Provided resources to Country Office to deliver on Health and Migration
- 1433 participants from 136 Member States in 2021's edition



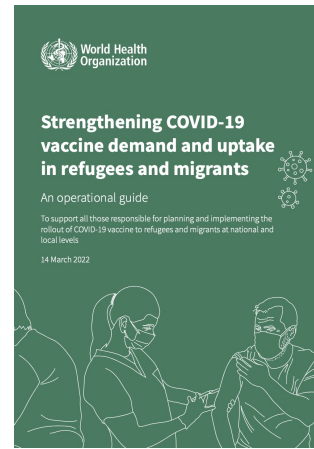
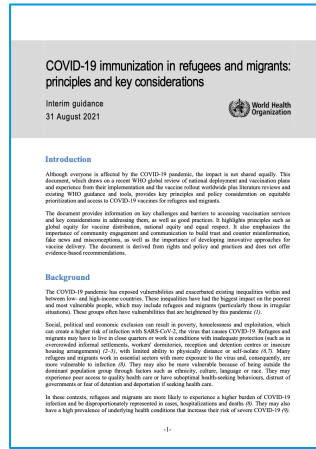
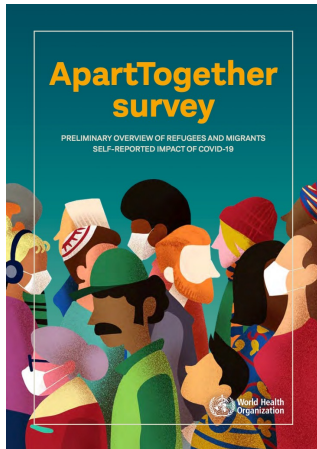


# CORE FUNCTION 4

## Provide specialized technical assistance, response and capacity-building

### COVID-19

- Data Collection and advocacy brief - [Apart Together](#)
- Policy Review - Inclusion of Refugees and migrants in the NDVPs
- Normative Guidance - [COVID-19 immunization in refugees and migrants](#)
- Operational guidance - [Strengthening COVID-19 vaccine demand and uptake in refugees and migrants: Priority Actions](#)



### Ukraine Crisis

- Part of the IMST/UKR since February
- Mobilized its network to support frontline countries
- Health system focus after the acute phase
- Targeting neighboring and third countries
- Training for frontline health workers in surrounding and third countries
- Addressing refugee health in receiving countries beyond the immediate emergency response phase tool
  - Health system barriers
  - Predictive modelling
  - Disease screening and individual clinical assessment

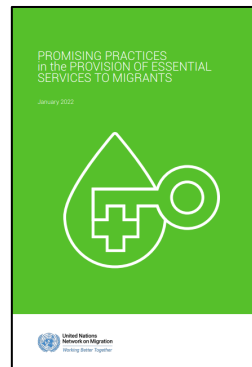


## CORE FUNCTION 5

Promote multi-lateral action, inter-country, inter-regional and global collaboration

### UN Network on Migration

- Member of the Executive Committee
- Co-lead WG of TP1 Ensuring inclusion of migrants and the GCM in COVID-19 response and recovery efforts/ WG Access to Services
- Former member of MPTF Steering Committee (until June 2022)
- GCM process (IMRF and beyond)

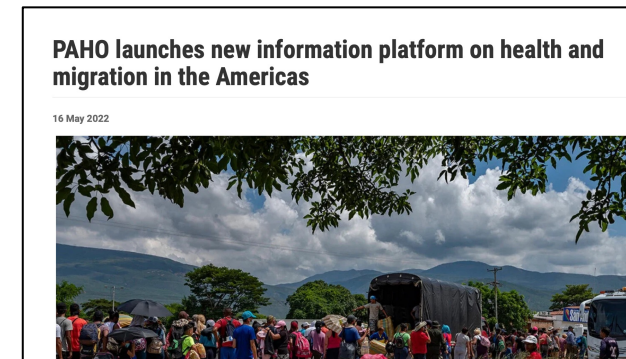


### IOM and UNHCR

- Memorandum of Understanding
- Matrix of work



### Inter-country / Inter-regional collaboration



# GAP implementation – Examples at country level

**Non-systematic review**

Collecting Country Examples on Promoting the health of refugees and migrants

Call for Submissions

Deadline: 15 August 2022

**Systematic literature review**



Brazil  
Bolivia  
Colombia  
Costa Rica  
Chile  
Ecuador  
Mexico  
Panama  
Peru  
Venezuela  
USA

Armenia  
Belgium  
Denmark  
Germany  
Greece  
Hungary  
Italy  
Luxembourg  
Kazakhstan  
Portugal  
Moldova  
Poland  
Romania  
Servia  
Slovakia  
Switzerland  
Türkiye  
UK

Bahrain  
Djibouti  
Egypt  
Iraq  
Jordan  
Lebanon  
Pakistan  
Palestine  
Somalia  
Sudan  
Syria  
Tunisia  
South Africa  
DR Congo  
Ethiopia  
Gambia  
Kenya  
Liberia  
Malawi  
Mali  
Mozambique  
Nigeria  
Senegal  
South Sudan  
Uganda

Australia  
Cambodia  
Japan  
Laos  
Malaysia  
New Zealand  
Vietnam  
Bangladesh  
India  
Maldives  
Nepal  
Thailand



# GAP implementation – Examples at country level



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

- Kenya, Liberia, Mali, Nigeria, South Sudan, Bahrain, Jordan, Sudan, Bangladesh, Thailand, Cambodia, Colombia - **COVID-19 Vaccination**
- Senegal - Working with partners to manage **points of entry and strengthen capacities across the country/ border health** during COVID-19
- Lebanon: WHO **digital mental health intervention** effective in reducing depression among Syrian refugees
- Democratic Republic of Congo: Situation analysis for delivering **integrated comprehensive sexual and reproductive health services** for displaced population of Kasai,
- Iraq, Djibouti, Malaysia: **Polio vaccination campaigns**, including for refugee and internal displaced
- Sudan: **yellow fever vaccination campaign** among Ethiopian refugees and host communities
- Gambia: Strengthening Gambia's **Mental Health Services** for Sustainable Reintegration of Migrants and Gambian Returnees
- Malawi: **Preparing for the influx of returnees** during the COVID-19 pandemic

# GAP implementation – Examples at country level



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

- Cambodia: **Protecting migrant workers** returning from Thailand regarding COVID-19
- Thailand: **Vaccination** outreach serves **migrant workers** [COVID-19]
- Maldives: **Managing COVID-19** effectively in a densely populated capital and with **many mobile migrant workers**
- Costa Rica: Cross-border areas and **maintenance of essential health services** [COVID-19]
- Mexico: Centres for the Integration of Migrants (CIM) at the Northern Border (provision of **essential services**)
- Panama: mobile clinics to **maintain essential health services**
- South Sudan: health care closer to **internally displaced and conflict-affected population** in South Sudan's Tambura State
- Iraq: Improving **access to specialized health services** for people with physical disability in Iraq, including for internal displaced
- Moldova: **continuity of tuberculosis** treatment for Ukrainian refugees

# GAP implementation – Examples at country level



**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

- Bahrain: **Policy brief** for the Inclusion of All Migrants in Bahrain’s COVID-19 Vaccination Programme
- Bangladesh: Sexual Reproductive Health **working group** and an Adolescent **Task Force in Cox's Bazar**
- Brazil: Strengthening **intersectoral collaboration** and **coordination** for mental health and psychosocial support through PHC in Brazil
- Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela: **Plan Andino de Salud** para Personas Migrantes 2019 – 2022
- Lebanon: Timely participatory **response planning & addressing the most vulnerable populations** - an adapted COVID-19 response
- Syria: WHO and the International Organization for Migration join forces to fight TB in north-west Syria
- Türkiye: Supporting Turkish **mental health policy** and service delivery
- Uganda: **Migration Governance and Health**: online courses on Health and Migration

# GAP implementation – Examples at country level



**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

- Bangladesh: Call of duty - **Migrant hotline training** regarding COVID-19 & Mitigating the impact of neglected diseases in Cox's Bazar: **222 health workers trained on treatment for snakebites**
- Türkiye: **Syrian health-care workers** respond to the health needs of refugees & Syrian health workers in Türkiye advance skills through distance learning during COVID-19
- Costa Rica: United Nations project to **advance socioeconomic and health recovery**, specially tackling migrant and refugee women
- Serbia: **civil society** builds bridges between migrants and health workers during the COVID-19 pandemic
- USA: 2022-23 budget positions California to be first state to achieve **universal health care** access and coverage (including refugees and migrants)

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# GAP implementation – Examples at country level



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

- United Kingdom: Million Migrant Study: a linked population-based cohort study of healthcare and mortality outcomes in non-EU migrants and refugees to England
- Türkiye: **disaggregated data to combat COVID-19 effectively** - collection, analysis and sharing of relevant health-related data among partners in order to support evidence-based programming and to help with prioritizing interventions

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# GAP implementation – Examples at country level



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

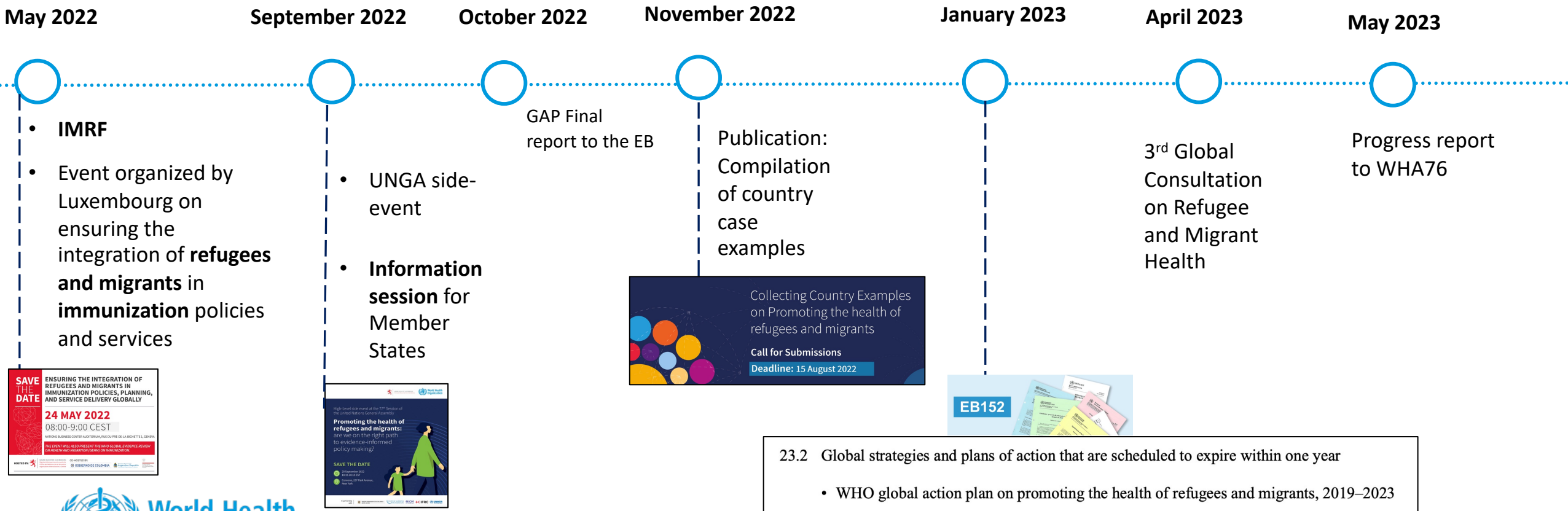
- Bolivia: strengthening of information on access to the single health system where health promotion and disease prevention products are established for shelves in Bolivian territory
- India: **Strengthening resilience** among migrants impacted by COVID-19
- Malaysia: **Community connections** key to reaching refugees in Malaysia during COVID-19
- Mexico: **Campaign** to strengthen **right to health** among Migrants
- Moldova: Marking World TB Day Through a Gender Lens - addressing TB among migrants through a gender lens
- Slovenia: working with civil society to **better support and integrate refugees and migrants** during the pandemic

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# Next Steps



# Next steps





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# Questions & Answers

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# Thank you

Website: [https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab\\_3](https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_3)

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