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**DEVELOPMENT OF A DRAFT GLOBAL ACTION PLAN ON THE HEALTH OF
REFUGEES AND MIGRANTS**

Development of a draft global action plan on the health of refugees and migrants

Consultation with Member States

SUMMARY

1. This document has been prepared for consultation with Member States at the sessions of the regional committees in 2018, in order to develop a draft global action plan on the health of refugees and migrants, as requested by the Seventieth World Health Assembly in May 2017 in resolution WHA70.15. Following consultation, the draft global action plan will be submitted for consideration by the Seventy-second World Health Assembly in 2019 through the Executive Board at its 144th session.

BACKGROUND

2. At its 140th session in January 2017, the Executive Board requested the Director-General to prepare a draft framework of priorities and guiding principles to promote the health of refugees and migrants,¹ which was submitted to the Seventieth World Health Assembly.² The framework, which was noted with appreciation by the Health Assembly,³ serves as a foundation for the development of the draft global action plan on the health of refugees and migrants.

3. The framework describes a number of guiding principles:

- (a) the right to the enjoyment of the highest attainable standard of physical and mental health;
- (b) equality and non-discrimination;
- (c) equitable access to health services;
- (d) people-centred, refugee- and migrant-, and gender-sensitive health systems;
- (e) non-restrictive health practices based on health conditions;
- (f) whole-of-government and whole-of-society approaches;

¹ Decision EB140(9).

² Document A70/24.

³ See resolution WHA70.15.

- (g) participation and social inclusion of refugees and migrants;
- (h) partnership and cooperation.

4. The framework provides a resource for consideration by Member States in addressing the health needs of refugees and migrants. It outlines priorities that could be considered in order to promote the health of refugees and migrants, including accelerating progress towards universal health coverage by promoting equitable access to quality essential health services. Such services include health promotion, disease prevention, palliative care and rehabilitation for migrants, subject to national laws and practice. The framework notes that priority should also be given to developing sustainable financial mechanisms to enhance social protection for refugees and migrants.

5. In resolution WHA70.15, the Health Assembly urged Member States to strengthen international cooperation on the health of refugees and migrants in line with the relevant paragraphs of the New York Declaration for Refugees and Migrants.¹

6. In addition, the Health Assembly in resolution WHA70.15 requested the Director-General 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 to be considered for adoption by the Seventy-second World Health Assembly.

7. Accordingly, the Secretariat issued an online global call in August 2017 for contributions on evidence-based information, best practices, experiences and lessons learned in addressing the health needs of refugees and migrants. Contributions were received until January 2018 in response to the call, as well as from Member States and partners such as IOM, UNHCR and other entities of the United Nations system and civil society. Information has also been obtained from the work with Member States and partners to ensure that health aspects are adequately addressed in the development of the global compact for safe, orderly and regular migration and the global compact on refugees.

8. The Secretariat is using the information received to prepare a draft global action plan on the health of refugees and migrants. It will be developed in close collaboration with IOM, UNHCR, other partner international organizations, Member States and other relevant stakeholders, including refugees and migrants themselves. A consultation process has been established, starting 1 August until 28 November 2018. Following that, the draft global action plan will be submitted for consideration by the Seventy-second World Health Assembly through the Executive Board at its 144th session.

GLOBAL OVERVIEW

9. There is a global trend of increased migration and displacement due to conflict, persecution, environmental degradation and change, and a profound lack of human security and opportunity. The estimated number of internal migrants (migrants inside their country of origin) is 763 million.² In 2017, 258 million people (about one in every 30) lived outside their country of origin. This was an increase of almost 50% since the year 2000.

¹ Adopted by the United Nations General Assembly in resolution 71/1 (2016).

² See <https://www.iom.sk/en/migration/migration-in-the-world.html> (accessed 6 July 2018).

10. UNHCR reports that global displacement is at a record high: at the end of 2017 some 68.5 million being forcibly displaced as a result of persecution, conflict, or generalized violence.¹ The number of internally displaced people is estimated at 40 million and the number of refugees nearly 25.4 million – the highest levels of human displacement ever. Among the refugees, over half are under the age of 18 years.²

11. There are also 10 million stateless people who have been denied a nationality and access to basic rights such as education, health care, employment and freedom of movement. Addressing efficiently the health needs of people arriving from abroad can be complex, resource intensive and socially disruptive if host countries are not adequately prepared.

CONTENT OF THE DRAFT GLOBAL ACTION PLAN ON THE HEALTH OF REFUGEES AND MIGRANTS

12. The draft global action plan on the health of refugees and migrants will be designed in accordance with international human rights obligations, including refugee law and relevant international and regional instruments.

13. Its objective will be to improve global public health by focusing on the health of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting.

14. It will acknowledge that refugees' and migrants' entitlement and access to health services varies across countries and is determined by national law. It will also aim to support actions to minimize vulnerability to ill health and to tackle the social determinants of health by promoting refugees' and migrants' ability to get access to promotive, preventive, curative and palliative health services.

15. It will aim to harmonize WHO policy on refugee and migrant health, while positioning WHO in the international arena, at the global and regional levels, to support the public health aspects of refugee and migrant health. Modalities for Secretariat action will include promoting technical cooperation, evidence and research, communication and knowledge sharing, and coherent country policy development.

HEALTH NEEDS

16. The health needs of refugees and migrants require special attention to their vulnerable situation. Formally owed protection in international instruments, in practice many lack access to health provision, as well as financial protection.

17. Yet the health of refugees and migrants and health matters associated with migration are crucial public health challenges faced by governments and societies, in relation to the health needs of both refugees and migrants themselves and those of host populations.

¹ See <http://www.unhcr.org/uk/statistics/unhcrstats/5b27be547/unhcr-global-trends-2017.html> (accessed 10 July 2018).

² See <http://www.unhcr.org/uk/figures-at-a-glance.html> (accessed 10 July 2018).

18. There is limited specific evidence on the health status of migrants.¹ While attention in the public health community is traditionally focused on infectious diseases associated with migration, sustained migration also affects the longer-term epidemiology of chronic, non-infectious diseases and mental health. Migrant populations may become more vulnerable to HIV infection, tuberculosis, malaria and hepatitis due to their migration process. Access to immunization and continuity of care is more difficult to ensure when people are on the move. Migrants account for a high percentage of the working-age population in low-paid jobs and are more likely to be employed on insecure, temporary and illegal contracts, contributing to social exclusion, depression and early onset cardiovascular disease.

HEALTH INFORMATION, SURVEILLANCE, ADVOCACY AND RISK COMMUNICATION

19. Robust evidence and good surveillance systems with much more disaggregated data are required to develop informed policies and enhance service delivery to refugees and migrants. In addition, accurate communication and public information on the health of refugees and migrants is of paramount importance to reduce discrimination and stigmatization, eliminate barriers to health care and offer the requisite conditions for mobile populations to enjoy a healthy life.

BARRIERS OF COMMUNICATION, LANGUAGE AND CULTURE

20. Available evidence identifies reduction of communication and language barriers as key to improving access to services by refugees and migrants, and provision of services by health professionals.

STRATEGIC DIRECTIONS FOR ACTION BY MEMBER STATES, NATIONAL AND INTERNATIONAL PARTNERS, AND THE SECRETARIAT

21. In order to promote the health of refugees and migrants, the global action plan will propose priorities for actions by Member States and the Secretariat, as appropriate, including the following:

- (a) promoting the right to health, advocating for mainstreaming refugee and migrant health in the global, regional and country agendas and contingency planning;
- (b) promoting refugee- and migrant-sensitive health policies, legal and social protection, and programme interventions;
- (c) enhancing capacity to tackle the social determinants of health;
- (d) accelerating progress towards achieving the Sustainable Development Goals, including universal health coverage;
- (e) reducing mortality and morbidity among refugees and migrants through short- and long-term public health interventions;

¹ Keygnaert I, Ivanova O, Guieu A, Van Parys A-S, Leye E, Roelens K. What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? A review of the existing evidence in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (Health Evidence Network synthesis report 45).

- (f) protecting and improving the health and well-being of women, children and adolescents living in refugee and migrant settings, elderly people, people with disabilities, victims of torture and populations in vulnerable situations;
- (g) improving continuity of care;
- (h) reducing gender differences in migrant and refugee health status;
- (i) supporting measures to improve communication and counter xenophobia;
- (j) strengthening partnerships, and intersectoral, intercountry and interagency coordination and collaboration mechanisms.

ACCOUNTABILITY

22. The Secretariat will regularly monitor the implementation of the global action plan on the health of refugees and migrants. One or more indicators will be identified to assess the progress in each strategic direction.

ACTION BY THE REGIONAL COMMITTEE

23. The Regional Committee is invited to review this information document.

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