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GLOBAL ACTION PLAN TO PROMOTE THE HEALTH OF REFUGEES AND MIGRANTS

I. INTRODUCTION

I.1 Background

1. In its 140th session in January 2017, the WHO Executive Board requested that its Secretariat develop a Framework of priorities and guiding principles to promote the health of refugees and migrants\(^1\) in close collaboration with the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR). The Framework expected to be a resource for consideration by Member States in addressing the health needs of refugees and migrants.

2. In May 2017, the World Health Assembly endorsed resolution WHA70.15 on promoting the health of refugees and migrants\(^2\) and urged Member States, in the frame of their national contexts, priorities and legal frameworks, to strengthen international cooperation and partnerships on the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants.\(^3\) In addition, the WHO Director-General was requested to identify country practices, experiences and lessons learnt on the health of refugees and migrants to contribute to the development of a Global Action Plan (GAP) for consideration at the 72nd World Health Assembly in 2019.

3. Accordingly, from August 2017 to January 2018, WHO conducted an online call for contributions on evidence-based information, country practices, experiences and lessons learnt in addressing the health needs of refugees and migrants. One hundred and ninety-nine inputs covering practices in 90 Member States from all WHO regions were received from Member States and partners, including the UNHCR, IOM and International Labour Organization (ILO). Reports on regional situation analyses and practices in addressing the health needs of refugees and migrants were subsequently published.\(^4\)

4. Several WHO regional offices have gained remarkable experience in addressing refugee and migrant health challenges. A regional strategy and action plan has been discussed and approved in 2016 by the WHO Regional Committee for Europe.\(^5\) Regional migration and health plans are ongoing in other WHO regional offices, such as the Pan American Health Organization and the WHO Regional Office for the Eastern Mediterranean.

5. In order to achieve the vision of the United Nations Sustainable Development Goals (SDGs), it is imperative to ensure the implementation and monitoring of the New York Declaration for Refugees and Migrants, adopted by the United Nations General Assembly on 19 September 2016,

\(^1\)Framework of priorities and guiding principles to promote the health of refugees and migrants http://www.who.int/migrants/about/framework_refugees-migrants.pdf

\(^2\)http://www.who.int/migrants/about/A70_R15-en.pdf?ua=1

\(^3\)The New York Declaration for Refugees and Migrants http://www.unhcr.org/584689257.pdf

\(^4\)Reports on situation analysis and practices in addressing the health needs of refugees and migrants http://www.who.int/migrants/publications/situation-analysis-reports/en/

\(^5\)http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf?ua=1
and the health-related commitments in the forthcoming Global Compact on Refugees and the Global Compact on Safe, Regular and Orderly Migration (GCM). Also important is the report of the Secretary-General, Making migration work for all, adopted by the United Nations General Assembly on 12 December 2017. The GAP is fully aligned with all these documents.

I.II The GAP and its adaptation to regional and national contexts

6. The aim of this GAP is to promote the health of refugees and migrants as part of the global architecture of universal health coverage (UHC), in consultation with the IOM, the UNHCR and other international partner organizations, Member States and other relevant stakeholders, including refugees and migrants.

7. The GAP positions WHO in the international arena at global, regional and country levels to support the public health aspects of refugee and migrant health. WHO action will be focused on achieving UHC within the context of WHO’s 13th General Programme of Work (GPW 13), approved by the World Health Assembly in 2018. Modalities of WHO action will include promoting technical assistance, evidence and research, communication and knowledge-sharing, and supporting coherent country policy development.

8. The term refugee is defined precisely in the 1951 Convention relating to the Status of Refugees and the 1967 Protocol thereto. Migrants are an heterogeneous group. The IOM defines a migrant as any person who is moving or has moved across an international border or within a state away from his/her habitual place of residence, regardless of: (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. The terms refugee and migrant as applied in this GAP may have important implications for entitlement of, and access to, health services. However, the terms as applied in this GAP do not denote any legal status or entitlement. The entitlement of, and access to, health services for the various groups are determined by national contexts, priorities and legal frameworks.

9. This GAP refers to both refugees and migrants and presents a cooperative framework addressing migration in all its dimensions. Refugees and migrants are entitled to the same universal human rights and fundamental freedoms, which must be respected, protected and fulfilled always. However, refugees and migrants are distinct groups governed by separate legal frameworks. Only refugees are entitled to specific international protections defined by international refugee law.

II. BRIEF OVERVIEW OF THE GLOBAL SITUATION

10. Although the percentage of the total world population who are international migrants has remained stable at about 3% for the past 60 years, global migration shows an increasing trend in absolute numbers, primarily due to conflict, persecution, environmental degradation and change, and lack of human security and opportunity. The overall number of international migrants has

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6 http://www.unhcr.org/uk/towards-a-global-compact-on-refugees.html
9 http://www.who.int/universal_health_coverage/en/
10 http://www.who.int/about/what-we-do/gpw-thirteen-consultation/en/
12 Ibid., vol. 606, No. 8791.
13 https://www.iom.int/who-is-a-migrant
increased from an estimated 153 million in 1990 to 173 million in 2000 and 258 million in 2017.\textsuperscript{14} Approximately one in every 30 lived outside their country of origin, an increase of almost 50% since 2000. In addition, the estimated number of internal migrants is 763 million.\textsuperscript{15}

11. Most migration is safe, orderly and regular, and most migrants are not forcibly displaced. Nevertheless, UNHCR\textsuperscript{16} reports that global displacement is at a record high, affecting some 68.5 million people – the highest level of human displacement ever. The number of refugees is estimated to be more than 25 million. There are also 10 million stateless people who lack a nationality and access to basic rights such as education, health care, employment and freedom of movement.

III. HEALTH CONSEQUENCES, CHALLENGES AND OPPORTUNITIES

12. Refugees and migrants can be among societies’ most vulnerable members. Despite international conventions and resolutions\textsuperscript{17} developed to protect the rights of refugees and migrants, many lack access to health promotion, prevention and care, and financial protection to afford those services.

13. The circumstances and challenges affecting the health of refugees and migrants may be specific to each phase of the migration cycle (pre-departure, departure, transit, arrival and possible return). The country of origin may have a less developed health service or disrupted health systems due to protracted crises, which may contribute to precarious health conditions experienced since the onset of the travel.

14. The health outcomes of refugees and migrants may be worse than the host population as they are less likely to benefit fully from the host country health system. While services provided to refugees and migrants should not be to the detriment of the local population, wherever possible parallel health systems for migrant use should be avoided.

15. Barriers to accessing health services may differ among countries. While actions to eliminate language barriers are essential, it is also necessary to broaden the analysis to incorporate cultural barriers. Other barriers include occupation and blockade of territories, high costs, discrimination, administrative hurdles, social isolation, the inability to affiliate with local health financing schemes, adverse living conditions (such as camps) that make seeking care difficult, a lack of information about health entitlements and a lack of recognition of professional qualifications.

16. Refugees and migrants may also fear detection, detention and deportation due to a lack of security arrangements to prevent health workers from reporting to immigration authorities.

17. Refugees and migrants may come from areas where communicable diseases are endemic, or may be at risk of communicable diseases, particularly vaccine-preventable and food and waterborne diseases, due to the perils of their journeys, which are often long and exhausting. Access to immunization and continuity of care is more difficult when people are on the move.


\textsuperscript{16} http://www.unhcr.org/uk/figures-at-a-glance.html

\textsuperscript{17} For example: The International Covenant on Economic, Social and Cultural Rights (1966); as declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status; status resolutions; resolutions WHA61.17 (2008) and WHA70.15 on promoting the health of refugees and migrants. Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143) provide that migrant workers should enjoy equal Occupational Safety and Health rights as any other worker.
18. They may also be at increased risk of noncommunicable diseases, which now are becoming major health issues for refugees and migrants. Many with existing chronic conditions experience interruption in their care when they move without medicines or health records. This means that some refugees and migrants may arrive with undetected health problems or be using inappropriate medication, giving rise to antimicrobial resistance.

19. Social isolation, barriers to access, discrimination, deplorable living conditions in refugee camps and irregular utilization of health care are experiences common to refugees and migrants that can precipitate negative mental health outcomes. Some refugees and migrants can have further complicating factors, including histories of torture, trauma or post-migration detention, which can result in even higher mental health morbidity and mortality for this already vulnerable population.

20. Refugees and migrants can face food insecurity and nutritional problems. Women remain the primary caregivers for children and other dependants, but the migration process may lead to the disruption of infant and young child feeding practices and care. When food is in short supply, women and girls in a migration or displacement process might face worsened nutritional status. Pregnant and lactating women are particularly exposed and at higher risk of undernutrition due to their increased physiological requirements.

21. Refugees and migrants may be exposed to sexual violence, abuse and trafficking. Women and minors can be disproportionately disadvantaged. In addition, compared with non-migrants, most refugee and migrant women face poorer pregnancy and birth outcomes as well as higher death rates and complications from unsafe abortion. They may lose access to critical quality reproductive health services. Unaccompanied minors are particularly vulnerable and need specific provision.

IV. ROLES AND RESPONSIBILITIES OF INTERNATIONAL ORGANIZATIONS AND OTHER ACTORS

22. Within the United Nations, WHO has a constitutional function to act as the “directing and coordinating body on international health work”.\(^\text{19}\) WHO has a primary responsibility for promoting and achieving Health for All and UHC\(^\text{20}\) within the context of the United Nations 2030 Agenda and the SDGs, while “leaving no one behind”.

23. Implementing the GAP will require a strong refugee and migrant health governance framework, and strong collaboration and coordination among WHO headquarters, regions and country offices, IOM, UNHCR, ILO, the United Nations Food and Agriculture Organization (FAO), the World Food Programme (WFP), Member States, international and local nongovernmental organizations (NGOs), the International Red Cross and Red Crescent Societies, and other civil society actors.

24. There have been several cases in which WHO has worked collaboratively with IOM and UNHCR on issues relating to refugee and migrant health, and to provide opportunities to enhance the health of refugees and migrants and their potential contribution to society. These include the Consultation on Global Health in Madrid, Spain in 2010\(^\text{21}\) and the Global Consultation on Migrant

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\(^{19}\) As declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

\(^{20}\) http://www.who.int/universal_health_coverage/en/

\(^{21}\) http://www.who.int/migrants/publications/mh-way-forward_consultation-report.pdf
Health in Colombo, Sri Lanka in February 2017, from which emerged the Colombo Statement, and consultations leading to the health dimensions of the Global Compact on Safe, Regular and Orderly Migration and the forthcoming Global Compact on Refugees. The recently established United Nations Network on Migration, with its mandate to ensure effective United Nations system-wide support to Member States, supports the implementation of the Global Compact on Safe, Regular and Orderly Migration.

25. IOM has as its primary objective the furtherance of the humane and orderly management of migration and ensuring effective respect for the human rights of migrants in accordance with international law. It is mandated to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and work towards effective respect for the human dignity and well-being of migrants. IOM considers health as a core component of all migration or population mobility issues, topics or undertakings.

26. UNHCR is responsible for the protection and welfare of refugees and for helping to find durable solutions, including voluntary repatriation, local integration and voluntary resettlement in third countries. General Assembly resolutions have given UNHCR certain responsibilities in respect of stateless persons and returnees. In specific situations, and further to a request from the Secretary-General or a competent principal organ of the United Nations, UNHCR provides protection and assistance to internally displaced persons (IDPs).

27. Globally, there exists a need for shared responsibility and expectation of global support to Member States (particularly low-income countries) facing large arrivals of refugees and migrants to help them address needs related to these crises. Exercising this responsibility will require the mobilization of political will, a broadened base of support, and arrangements that facilitate more equitable, sustained and predictable contributions among Member States and other relevant stakeholders, such as development partners.

VI. SCOPE

28. This GAP targets international movement of refugees and migrants with the objective of asserting health as an essential component of good migration governance. It aims to achieve improvements in global health by addressing 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. It recognizes that to prevent inequities and inefficiencies, the public health of refugees and migrants cannot be separated from the public health of the population and reflects the urgent need for the health sector to address more effectively the impact of migration and displacement on health. It also aims to support actions to minimize vulnerability to ill health and address the social determinants of health by promoting the ability of refugees and migrants to access health and health-care services.

VI. GUIDING PRINCIPLES

29. The guiding principles for GAP implementation are indicated by the Framework of priorities and guiding principles to promote the health of refugees and migrants, as per World Health Assembly resolution WHA70.15 adopted in 2017, and building on existing instruments and resolutions such as: resolution WHA61.17 on the health of migrants, including a strategy and action plan for refugee and migrant health in the WHO European Region; resolution CD55.R13 (2016) on the

22 https://www.iom.int/migration-health/second-global-consultation
23 https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/colombo_statement.pdf
health of migrants adopted by Member States at the sessions of the WHO Regional Committee for the Americas/Directing Council in September 2016; the Colombo Statement; and in the context of GPW 13.

VII. Strategic guidelines for the action of Member States, the Secretariat and WHO partners

30. To promote the health of refugees and migrants, the GAP proposes the following priorities for action. These will be implemented as appropriate to country contexts and financial situations and within national laws, priorities and circumstances.

Priority 1. Advocate mainstreaming refugee and migrant health in global, regional and country agendas

Objective

31. To address the health needs of all refugees and migrants by advocating for their right to health, in accordance with international human rights obligations and relevant international and regional instruments, including the Global Compact on Safe, Regular and Orderly Migration and the Global Compact on Refugees.

Actions by Member States

32. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. adopt, when necessary and as appropriate, relevant international standards and policies on refugees’ and migrants’ right to health, both in national law and in practice;
   b. ensure compliance with relevant international standards and policies, including through intercountry agreements;
   c. advocate for and promote proper access to national evidence-based health services to protect the right to the highest attainable standard of physical and mental health;
   d. mainstream refugee and migrant health needs into national health policies and planning; and
   e. work with refugees and migrants to increase awareness on what to expect from health services so they can advocate for themselves where possible and understand basic health and health systems.

Actions by WHO

33. WHO will take action to:
   a. develop guidance, evidence, models and standards to assist Member States, based on best practices;
   b. support Member States in the implementation of relevant legislation, regulations and policies to promote the right to health and respond to the health needs of refugees and migrants;
   c. advocate for the development and implementation of national health policies that incorporate a public health approach to the health of refugees and migrants and promote their equitable access to health services;
   d. provide technical support to Member States to review and amend health policies and plans applying human rights-based approaches; and
   e. support national and intercountry reporting and monitoring mechanisms in accordance with international human rights standards.
Priority 2. Promote refugee- and migrant-sensitive health policies, legal and social protection and programme interventions

Objective

34. To provide refugees and migrants with all necessary health support throughout migration processes, addressing physical, financial, information and discrimination barriers in accessing health.

Actions by Member States

35. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. establish focal points, units or offices for refugee and migrant health issues within governments;
   b. incorporate the health needs of refugees and migrants in national and local health-care policies and plans, including strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers and training health-care providers on culturally sensitive service delivery, including cultural mediators and interpreters;
   c. involve refugee and migrant health professionals in developing standards for health service delivery, organizational management and governance, and training that address epidemiological factors, equity, cultural and linguistic competence, and legal, administrative and financial challenges;
   d. develop frameworks for the implementation and monitoring of health systems' performance in delivering refugee- and migrant-sensitive health services;
   e. incorporate the mental health needs of refugees and migrants as a central theme in the development of health policies addressed to refugees and migrants; and
   f. reinforce disaggregated data collection for planning and programming.

Actions by WHO

36. WHO will take action to:
   a. support Member States to develop and implement refugee- and migrant-sensitive health policies and practices, including multisectoral and multidisciplinary approaches;
   b. develop recommendations for health services delivery, organizational management and governance that address epidemiological factors, cultural and linguistic competence, and legal, administrative and financial impediments to access;
   c. assist Member States in analysing and developing health policy responses based on best practices and provide tools to support them (such as communications training);
   d. work with Member States to ensure the provision of timely and comprehensive physical and mental health services;
   e. support Member States to align refugee and migrant health workforces with Member State standards, guidelines and protocols, and support their continuation in practice; and
   f. offer technical support and assistance to Member States to provide appropriate training for health professionals and other relevant actors.

24 Not implying different/preferential/additional services for refugees and migrants.
25 Taking into consideration relevant recommendations from the WHO Framework of priorities and Guiding Principles to Promote the Health of Refugees and Migrants (page 22 of Global Compact on Safe, Regular and Orderly Migration.)
Priority 3. Enhance capacity to address the social determinants of health

Objective

37. To ensure that the social determinants affecting refugees’ and migrants’ health are addressed through joint action and coherent multisectoral public health policy responses.

Actions by Member States

38. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. assess how health opportunities and risks faced by refugees and migrants in the country context vary according to social, economic and environmental determinants;
   b. develop and implement coherent public health policy responses involving multisectoral collaboration; and
   c. elaborate country-specific fact sheets, enabling progress in responding to the social determinants of health to be tracked.

Actions by WHO

39. WHO will take action to:
   a. assist Member States to implement guidance, assessment tools and standards to respond to the social and economic factors relevant to refugee and migrant health, in the context of the SDGs and based on partnerships and best practices;
   b. support Member States in developing public health policies and interventions involving multisectoral, multi-stakeholder collaboration, linking back to the effect of these on refugees’ and migrants’ health; and
   c. assist Member States through training of all those working with migrants on the health implications of the social determinants of health and necessary policy responses.

Priority 4. Strengthen health monitoring and health information systems

Objective

40. To ensure the adequacy, standardization and comparability of records on the health of refugees and migrants available to support policy- and decision-makers to develop and assess health policies. Health data and information are crucial to: assessing and analysing trends in refugees’ and migrants’ health; conducting research; identifying, collating and facilitating the exchange of experiences and lessons learnt among Member States; and generating a repository of information on relevant actions in affected countries for improving health security and health prevention and control measures. An agreed upon methodology and data-generation capacity by Member States will allow the development of country-specific migration profiles, including disaggregated data on all migration-relevant aspects within national contexts.

Actions by Member States

41. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. strengthen intersectoral health information, civil registration, health registry and surveillance data systems for improved collection of disaggregated data on the health of refugees and migrants;
b. develop local capacity and key indicators to monitor refugee and migrant health and track progress through strengthening existing data-collection systems where possible, and developing innovative approaches such as surveys and qualitative methods where necessary;
c. explain to refugees and migrants why health-related data are being collected and how this can benefit them; and
d. involve stakeholders across sectors and migrant and refugee communities in research processes and initiatives to strengthen data systems to ensure relevance and acceptability and informed knowledge translation and dissemination.

Actions by WHO

42. WHO will take action to:
   a. develop an agreed collaborative methodology to measure and report on progress on the implementation of the GAP;
   b. work with Member States to develop an information system on the health situation of refugees and migrants, enabling exchange of information between countries and promoting continuity of care;
   c. develop a set of internationally agreed data systems, targets and relevant indicators to monitor human mobility and health, disease-risk distribution and risk reduction, in the context of the SDGs;
   d. support improvement in the monitoring of health-seeking behaviours, access to, and utilization of, health services, and the health status of, and outcomes for, refugees and migrants;
   e. establish a clearinghouse with Member States and integrated with WHO health information systems, to identify, map and foster the exchange of good practices in refugee and migrant health-monitoring, developing necessary monitoring and evaluation frameworks and indicators;
   f. in collaboration with Member States, produce country progress reports on the health status of refugees and migrants, in coordination with UNHCR and IOM data as appropriate;
   g. subject to national contexts and legal frameworks, develop cross-border approaches and databases to share information about health risks in countries of origin, transit and destination, as well as portability of health records and health cards, including the possibility of a health card for population groups in movement;
   h. invest in building improved research and methods of migration and health data-gathering at global, national and regional levels; and
   i. conduct research related to risk factors that affect the health status of refugees and migrants.

Priority 5. Accelerate progress towards achieving the SDGs, including UHC

Objective

43. To reach agreement on the core health system capacities required to achieve UHC, based on SDG Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 10.7 (Facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies).

Action by Member States

44. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. provide access to equal health care for all;
b. conduct assessments, using SDG indicators, to analyse whether the health system is meeting the needs of refugees and migrants;
c. ensure that necessary health services are provided to refugees and migrants, and that health systems and public health staff, services and planners understand and implement appropriate refugee- and migrant-sensitive health interventions;
d. include diaspora health workers in the design, implementation and evaluation of refugee- and migrant-sensitive health services and educational programmes where possible; and
e. include forced displacement and migration health and the provision of culturally sensitive approaches in the undergraduate, postgraduate and continuous professional training of all health personnel, including support and managerial staff.

Actions by WHO

45. WHO will take action to:
   a. closely monitor and assess progress towards the SDGs, as part of the United Nations 2030 Agenda, including the health of refugees and migrants, to achieve UHC;
   b. identify, map and share policy models and practices that facilitate equitable access to health and health systems for all, as well as sustainable models of health-care financing;
   c. support Member States as required to conduct a financial analysis of their national health accounts, to include refugees and migrants;
   d. assist all countries, particularly those in a difficult economic situation, to respond to the health needs of arrivals, immediately and subsequently, and of host populations;
   e. collect and study country experiences and seek agreement on adequate health system governance, management and delivery capacities to respond to the health needs of refugees and migrants;
   f. ensure that the equity dimension of health-system performance monitors take account of the health of refugees and migrants and their access to health services;
   g. strengthen implementation and reporting of the WHO Global Code of Practice on the International Recruitment of Health Personnel; and
   h. define guiding principles for the development of training and curricula for the health workforce (including cultural mediators) in the needs of refugees and migrants, and the effects of race and ethnicity on the health and well-being of these vulnerable groups in new cultures.

Priority 6. Reduce mortality and morbidity among refugees and migrants through short- and long-term public health interventions

Objective

46. To save lives and promote the physical and mental health of refugees and migrants by providing a basket of essential health services package that should include: access to vaccinations for children and adults to support the prevention of vaccine-preventable diseases and protect the wider public health; provision of diagnostic and treatment services for acute and chronic diseases requiring the establishment of continuity of care; provision of services complying with the International Health Regulations (IHR) (2005); provision of risk-specific and evidence-based health screening and medical examinations that are limited to situations of public health concern, are based on risk assessments, are evaluated for effectiveness and are carried out in the health interests of refugees, migrants and the host population; and access to voluntary screening programmes in place for the host population to refugee and migrant populations.
Actions by Member States

47. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. strengthen their public health capacity to address the health needs of refugees and migrants (with a special focus on women and children) and host populations;
   b. ensure that services for refugees and migrants are delivered through existing systems to the largest possible extent;
   c. ensure the provision of accurate, culturally sensitive and correct information on refugee and migrant health risks and consequences for host communities;
   d. address communicable diseases within comprehensive national health policies and strategies aligned with IHR international legal responsibilities and commitments, with attention to appropriate antibiotic use and prevention of antimicrobial resistance (AMR);
   e. strengthen capacities to ensure outbreak investigation, surveillance and health protection, preparedness, necessary and proportionate interventions, and community health information along mobility pathways, including refugees and migrants in any interventions or outbreak-control measures taken;
   f. ensure appropriate immunization programmes, including the creation of immunization records, for refugees and migrants and close immunization gaps in recipient communities;
   g. develop communicable-disease outbreak prevention and management recommendations for refugee camps, transit centres and similar settings;
   h. develop effective strategies to reach refugee camps and affected populations through effective supply-chain planning and implementation;
   i. recognize the need for integrated interventions based on the different needs of refugees and migrants, with attention to specific groups such as older people, people with disabilities, indigenous peoples, victims of torture and populations in vulnerable situations;
   j. include refugee and migrant needs in the development of national strategies for the prevention and control of noncommunicable diseases and mental health conditions, including health promotion initiatives and those aiming to reduce behavioural health-related noncommunicable disease risks; and
   k. implement screening and medical examinations cautiously, based on risk-specific evidence and best available advice, and ensure access to voluntary screening policies in place for the host population.

Actions by WHO

48. WHO will take action to:
   a. coordinate and collaborate with first-line responders to provide emergency and humanitarian responses based on humanitarian principles and prepare to address future needs of new influxes of refugees and migrants;
   b. provide leadership in the context of the Global Compact on Safe, Regular and Orderly Migration and the Global Compact on Refugees, the United Nations 2030 Agenda and the SDGs to help Member States strengthen country capacity for early warning, risk-reduction preparedness, and management of national and global health risks;
   c. assist Member States to take all necessary public health measures and provide necessary vaccinations for the prevention, examination, diagnosis and treatment of refugees and migrants with communicable diseases and for the protection of host populations;
   d. develop guidance, models and standards to assist countries in the prevention and management of noncommunicable diseases and mental health conditions;
e. develop further guidance and international standards on screening and medical examinations in coordination with key health stakeholders based on risk-specific evidence and public health protection, and avoiding the creation of parallel systems wherever possible; and f. develop financing strategies to harness donor support where appropriate in response to large movements of refugees and migrants.

Priority 7. Protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings

Objective

49. To provide health protection and improve the health and well-being of women, children and adolescents living in refugee and migrant settings that may represent specific populations in vulnerable situations. In light of the United Nations Secretary-General’s Global strategy for women’s, children’s and adolescents’ health (2016–2030), priority should be given to the provision of reproductive health information and maternal health and child health services, including the Minimum Initial Service Package (MSP) for Reproductive Health in Crises. It is also important to consider the female companions of refugees and migrants who stay in communities of origin. Children should be given access to specific and specialized care and psychological support. Adolescent-friendly health activities and services should also be provided, particularly in relation to reproductive health rights.

Actions by Member States

50. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. strengthen health systems, including the provision of adequate resources to enhance the continuity and quality of care delivered, with an emphasis on pregnant women, children and adolescents;
   b. ensure priority for the provision of services aligned with national legislation in the areas of reproductive health services and rights information, maternal health and child health care (including emergency obstetric services), pre- and postnatal care, family planning, prevention, care and support for sexually transmitted infections, treatment of acute malnutrition, and specialized care for the survivors of torture, physical trauma and violence, including sexual violence and female genital mutilation;
   c. promote breastfeeding as a life-saving strategy during migration, ensuring that new-borns start breastfeeding within 1 hour of birth, breastfeed exclusively until 6 months of age and continue breastfeeding with appropriate complementary foods up to 2 years or beyond;
   d. monitor and implement the global plan of action on strengthening health systems’ response in addressing violence, particularly against women, girls and children, endorsed by the World Health Assembly in 2016;
   e. work with the United Nations Children’s Fund, the IOM and others to develop, promote and implement child protection mechanisms with a specific focus on unaccompanied refugee and migrant children along displacement and migration routes; and
   f. provide adolescent-friendly health activities and services, particularly in relation to reproductive health rights.
Actions by WHO

51. WHO will take action to:
   a. assist Member States to strengthen health systems to respond to the health needs of refugees and migrants with an emphasis on pregnant women, children and adolescents, including the provision of adequate resources to enhance the continuity and quality of care received;
   b. assist Member States to implement the United Nations Secretary-General’s *Global strategy for women’s, children’s and adolescents’ health* (2016–2030);
   c. seek agreement on adequate health system capacities to respond to the health needs of refugees and migrants, with an emphasis on the health and well-being of women, children and adolescents living in refugee and migrant settings; and
   d. monitor and implement the global plan of action on strengthening health systems’ response in addressing violence, particularly against women, girls and children, endorsed by the World Health Assembly in 2016.

Priority 8. Promote continuity and quality of care

Objective

52. To improve the quality and volume of essential health services delivered, with attention to chronic conditions that are often inadequately addressed or followed up. Continuity of care is at risk of interruption for refugees and migrants during their period of transit due to factors such as insufficient sustainability, economic and language barriers, administrative obstacles, detention, discrimination, exclusion, poor understanding of entitlements and underutilization of health services.

Actions by Member States

53. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. develop sustainable quality refugee- and migrant-sensitive health service delivery systems to ensure that continuity of care is available and accessible to refugees and migrants;
   b. provide for access to comprehensive primary care services on a continuing and long-term basis if required, supported by functioning referral processes to necessary secondary and tertiary care services;
   c. provide for access to continuing social and psychological care provision where this is required; and
   d. provide health workforce training to promote continuity and quality of care and combat stigma and discrimination.

Actions by WHO

54. WHO will take action to:
   a. continue to support Member States in developing capacities for high-quality, continuous and long-term care;
   b. support the development of functioning referral processes and service delivery networks for refugees and migrants needing health-care services;
   c. encourage and assist Member States in sharing and developing transparent and protected information systems;
d. contribute to international efforts to develop health information systems (respecting national privacy legislation) that can monitor and help respond to the health needs of individual refugees and migrants across displacement and migration journeys; and
e. assist Member States to provide health workforce training, as required.

Priority 9. Develop, reinforce and implement occupational health safety measures

Objective

55. To prevent occupational and work-related diseases and injuries and promote the health of refugee and migrant workers and their families by improving the coverage of, access to and quality of occupational and primary health services and social protection systems, in accordance with Member States’ competences.

Actions by Member States

56. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:

a. develop national policies and institutional capacities for protecting and promoting the health of all workers in line with World Health Assembly resolution WHA60.26 on Workers’ Health: Global Plan of Action;
b. strengthen systems in Member States that report on internationally agreed SDG indicators relevant to workers’ health and work environments disaggregated by migrant status, as specified in SDG indicators 1.3.1 and 8.8.1;
c. provide information and training to refugee and migrant workers about occupational health and safety hazards and risks;
d. adopt and assess the administration, enactment and enforcement of international and national occupational health and safety regulations and legal frameworks;
e. promote bilateral agreements between origin and destination countries that ensure healthy and safe working conditions, decent employment and housing conditions, diagnosis, rehabilitation and compensation for occupational diseases and injuries, and social health protection for refugee and migrant workers and their families;
f. improve coverage with, access to, and quality of occupational and primary health services and provide UHC, including financial health protection to refugee and migrant workers and their families according to national regulations; and
g. provide occupational health and safety protection for workers and work activities with refugees and migrants.

Actions by WHO

57. WHO will take action to:

a. collaborate with ILO, IOM and UNHCR to integrate the health of refugee and migrant workers and their families into international collaborations and fora on displacement and migration, health, labour and social protection offered to refugee and migrant workers and their families;
b. adopt and assess the administration, enactment and enforcement of international and national occupational health and safety regulations and legal frameworks which protect also the health and safety of refugee and migrant workers;
c. support the establishment of the International Platform on Health Worker Mobility, in collaboration with ILO;
d. collaborate with ILO and IOM to develop practical tools, policy options and information materials on occupational health and safety aspects of international and domestic labour migration;

e. review and disseminate evidence about the effectiveness and cost–effectiveness of interventions to protect migrant workers’ health and safety and their access to essential interventions and basic health services for the prevention and control of occupational and work-related diseases and injuries; and

f. establish an international task force with participation of the ILO and IOM to foster international collaboration and assistance to countries on migrant workers’ health, occupational health and safety, and labour migration.

Priority 10. Promote gender equality and empower refugee and migrant women and girls

Objective

58. To reduce gender-orientation-related differences in health status and access to services within refugee and migrant populations.

Actions by Member States

59. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. provide information on reproductive health and rights, family planning, and families-, women- and child and adolescent girls-oriented services;
   b. protect the health of victims of trafficking and abuse;
   c. identify and respond to gender-related differences in access to health, psychological and other counselling services; and
   d. train health workforces accordingly.

Actions by WHO

60. WHO will take action to:
   a. provide conceptual, analytical and programme support to Member States;
   b. develop tools to integrate reproductive health and rights issues in all policies;
   c. mainstream gender into humanitarian responses and longer-term health policy development and interventions;
   d. recognize that those who identify as other gender minority groups may experience specific health needs or risk factors as a consequence;
   e. research the impact of gender on the experience of refugee and migrant populations, including their access to health services; and
   f. implement the recommendations of the High-Level Commission on Health Employment and Economic Growth (2016), which call for tackling gender concerns in the health reform process and the health labour market.

Priority 11. Support measures to improve communication and counter xenophobia

Objective

61. To provide accurate information and dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement on mobile populations and on the health of local communities and health systems.
Actions by Member States

62. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. conduct advocacy and public education efforts within the health sector to build support and promote wide participation among the public, government and other stakeholders;
   b. address exclusionary processes, xenophobia, stigma and discrimination affecting the health of, and health service delivery to, refugees and migrants;
   c. provide appropriate, accurate, timely and user-friendly information on the health services available in countries of origin, transit and destination to refugees and migrants; and
   d. provide translation services to encourage the provision of accurate and user-friendly information on health services’ availability and access.

Actions by WHO

63. WHO will take action to:
   a. assist Member States through the provision of best practice support to provide appropriate, accurate, timely and user-friendly information on the human rights and health needs of refugees and migrants;
   b. assist in developing accurate, culturally sensitive and user-friendly health-related information and communication services;
   c. produce a global report on the status of refugee and migrant health, including country progress reports;
   d. convene a global conference on refugee and migrant health in the context of the implementation of the GAP, the Global Compact on Safe, Orderly and Regular Migration and the Global Compact on Refugees; and
   e. develop a mechanism for promoting professional training opportunities in all regions in collaboration with universities and professional and scientific entities.

Priority 12. Strengthen partnerships, intersectoral, intercountry and interagency coordination and collaboration mechanisms

Objective

64. To achieve synergies and efficiencies among WHO and partners, including NGOs and other civil society organizations, to improve the health of refugees and migrants.

Action by Member States

65. To meet this objective, Member States would, within national contexts, priorities and legal frameworks:
   a. work in cooperation with the coordinated framework of the SDGs and the Global Compact on Safe, Orderly and Regular Migration and the Global Compact on Refugees, as well as the coordinated mechanisms established by the United Nations and other development actors;
   b. strengthen the Ministry of Health stewardship role to support a coordinated and multisectoral response to health needs of refugees and migrants and integrate health in all policies, according to national circumstances;
   c. map out stakeholders relevant to implementation and identify their roles and responsibilities, with high-level engagement;
   d. establish coordination mechanisms among countries that allow exchange of information, implementation of joint actions and continuity of care; and
e. promote funding, collaboration and coordination with the private sector, other professional networks and civil society.

**Actions by WHO**

66. WHO will take action to:
   a. contribute to a global refugee and migration governance mechanism, strengthening interagency, interregional and international cooperation on the health of refugees and migrants, with an emphasis on developing partnerships with UNHCR and IOM;
   b. encourage international, national, regional and local human mobility dialogues and processes involving international organizations, civil society stakeholders and other partners, to assist governments in coordinating and harmonizing policies and regulations related to health and the determinants of health for refugees and migrants;
   c. advocate for refugee and migrant health needs and responses requiring the collaborative efforts of different national and subnational stakeholders;
   d. promote the inclusion of the health needs of refugees and migrants in existing regional and global funding mechanisms;
   e. strengthen resource mobilization for flexible and multiyear funding to enable countries and communities to respond to the immediate and medium and long-term health needs of refugees and migrants;
   f. establish and maintain a global Migrant Health Working Group to enhance collaboration and develop a resource mobilization plan;
   g. provide products such as evidence and research reports, country assessments and networking platforms;
   h. conduct health diplomacy seminars to promote refugee and migrant health among different ministries and sectors; and
   i. establish and reinforce regional emergency funds to give urgent humanitarian assistance to countries to deal with unforeseen internal and cross-border displacements of migrants that represent a health risk to migrants and refugees, local populations and health infrastructure.
Annexes

Annex 1. Definitions

Migrant

The International Organization for Migration (IOM) defines a migrant as any person who is moving or has moved across an international border or within a state away from his/her habitual place of residence, regardless of: (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.\(^\text{26}\)

Migration

Migration is the movement of a person or a group of persons from one geographical unit to another for temporary or permanent settlement.\(^\text{27}\) Temporary travel abroad for purposes of recreation, holiday, business, medical treatment or religious pilgrimage does not entail an act of migration because there is no change in the country of usual residence.

Refugee

A refugee is a person who, owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a social group or political opinions, is outside the country of their nationality and is unable or, owing to such fear, unwilling to avail themselves of the protection of that country.\(^\text{28}\)

Unaccompanied minor

An unaccompanied minor is a minor who arrives on the territory of the Member States unaccompanied by an adult responsible for them, whether by law or by the practice of the Member State concerned, and for as long as they are not effectively taken into the care of such an adult. It includes a minor who is left unaccompanied after they have entered the territory of Member States.\(^\text{29}\)

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\(^\text{26}\) https://www.iom.int/who-is-a-migrant


Annex 2. Framework of Priorities and Guiding Principles to promote the health of refugees and migrants

Table A2.1 Core indicators relevant to one or more of the 12 strategic areas of the Global Action Plan for refugee and migrant health.

The core indicators linked to GPW13 and SDG indicators will be produced by an expert group established at the WHO Headquarters including representatives of Member States that will be required to participate.