

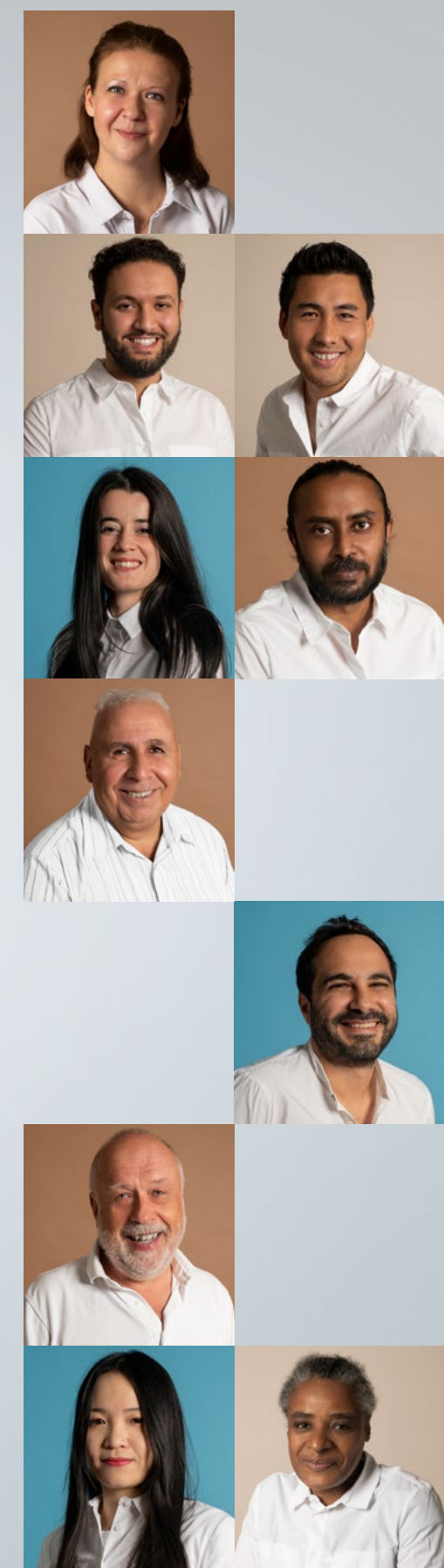


JOINTLY SHAPING THE VISION FOR THE HEALTH OF REFUGEES AND MIGRANTS

High-level meeting on health and
migration in the WHO European Region
17–18 March 2022

BROCHURE

#HEALTHFORALL





A MESSAGE FROM THE WHO REGIONAL DIRECTOR FOR EUROPE

Your Excellencies, delegates and colleagues,
We are coming together in unprecedented times that require special responses and in which health has to remain a priority.

Today more than ever, we need to make health for all, including refugees and migrants, a reality. The right to health and access to services must always be protected, not least during times of crisis. We come together here to work united as a Region to uphold our commitment to the right to health for all, including refugees and migrants.

Over the next two days, we have the opportunity to shape the vision and direction for improving the health of refugees and migrants beyond 2022. It is my great pleasure to welcome you to the High-level Meeting on Health and Migration, both those joining online as well as those in Istanbul.

It is more than six years since we met in Rome at the last high-level meeting on refugee and migrant health.

At that time, Europe and central Asia were facing a large and sudden increase in new arrivals of refugees, asylum seekers and migrants. To address the public health and health system challenges related to this influx, the WHO Regional Committee for Europe adopted the Strategy and Action Plan for 2016–2022, which expires this year.

It is now time to prepare the ground, to realign, get together around the drawing board and decide on a future direction. This is what the next two days are all about.

The events of recent years remind us that migration is not a distinct phenomenon, but an enduring, enriching and vital part of our societies: an essential ingredient in how we thrive and develop. We need to renew our public health approach and make it fit for purpose, to realize the potential of migration to contribute to resourceful and resilient healthy populations and an economy of well-being.

A principle of the European Programme of Work 2020–2025, our policy framework across the Region, is to strengthen equity and build partnerships and, in the spirit of the 2030 Sustainable Development Agenda, to leave no one behind.

This can only be achieved by closely cooperating across sectors and regions, and by involving refugees and migrants themselves in decision-making. Interregional collaboration and the participation of migrant voices, simply put, is a key premise for us to succeed.

This is why I am delighted to welcome to this meeting representatives not only from the WHO European Region but also from the African and Eastern Mediterranean Regions, nongovernmental organizations and academics, as well as refugee and migrant representatives.

On the first day, together with high-level policy-makers, we will take stock of lessons learned, discuss new challenges and opportunities and look for a common way forward to cement our continued commitment and leadership on health and migration.

The second day will focus on technical challenges and opportunities, giving us an ample opportunity to forge new networks and partnerships, learn from one another, exchange ideas, inspire and be inspired.

Thank you all for taking part. Now we must set to work – reaching across sectors and geographical boundaries – joining forces to make good health and well-being a reality for refugees and migrants, and a reality for us all.



Dr Hans Henri P. Kluge
WHO Regional Director for Europe

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PROGRAMME

16 March 2022

Venue: **Ballroom Foyer, R-Level, Conrad Istanbul Bosphorus**

19:30	Networking welcome reception hosted by the Regional Director, WHO Regional Office for Europe
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17 March 2022

Venue: **Conrad Ballroom, R-level, Conrad Istanbul Bosphorus**

09.00–10.00 Istanbul time (07:00–08:00 CET)	WELCOME AND OPENING OF THE MEETING – Jointly shaping the vision for the health of refugees and migrants High-level representatives from the WHO European, African and Eastern Mediterranean Regions, host Government and partner organizations, including the European Commission and the United Nations family, as well as a representative of the refugee and migrant community will open the meeting and welcome participants.
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.
11:30–12:00	Healthy break
12.00–13.30	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.
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.
16.30–17.00	CLOSING SESSION The session will provide final reflections on the deliberations and discussions from Day one of the meeting.
19:30	Dinner hosted by the Minister of Health of Turkey

18 March 2022

Venue for opening segment: **Conrad Ballroom, R-level, Conrad Istanbul Bosphorus**

09.00–10.00 Istanbul time (07:00–08:00 CET)	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.
10.00–12:00	PARALLEL SESSIONS Session 1 Health for peace: managing the public health aspects of migration and displacement in the context of emergencies Session 2 Shared interregional and cross-border issues: the case of public health screening at points of entry Session 3 Addressing the health challenges in immigration detention and alternatives to detention
12:00–13:30	Networking lunch
13.30–15.00	PARALLEL SESSIONS Session 1 European Programme of Work flagships for refugees and migrants: focus on mental health Session 2 European Programme of Work flagships for refugees and migrants: the case for improving immunization services Session 3 Improving migration health governance: the case for migration health data collection and data sharing
15:00–15:30	Healthy break
15.30–16.30	CLOSING PLENARY SESSION – From commitment to action 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.
16:30–17:00	Closing session



A NEW VISION AND POLITICAL LEADERSHIP FOR REFUGEE AND MIGRANT HEALTH

DISCUSSION PAPER SUMMARY

Migration and displacement are complex phenomena and important determinants of health. Consequently, public health is a vital dimension of global, regional and national policy responses. With the current Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region 2016–2022 (European Strategy and Action Plan) soon expiring, a new vision and political leadership for refugee and migrant health in the coming years are needed to ensure sustained progress and to keep the promise of leaving no one behind, fully in line with Promoting the health of refugees and migrants: draft global action plan, 2019–2023 (GAP). As the world is changing rapidly, including with respect to climate change, health threats and demographic shifts, so too must our approach to health and migration change. Building on the lessons learned over previous years, a future approach needs to be fit for purpose and able to address both current gaps and future challenges. In line with global policies and targets, the WHO Regional Office for Europe, together with the WHO

headquarters, the Regional Office for Africa and the Regional Office for the Eastern Mediterranean, and in collaboration with the informal advisory group on health and migration, has identified five pillars of action for health and migration beyond 2022: ensure refugees and migrants benefit from universal health coverage (UHC); implement inclusive emergency and disaster risk reduction policies; develop healthy environments that promote social inclusion, health and well-being; strengthen migration health governance and data-driven policy-making; and explore innovative ways of working and develop partnerships as an enabling tool. Achieving these objectives requires an agile approach that works across sectors and includes the voices of refugees and migrants; is responsive to social and demographic transformations; encompasses a whole-of-route approach both within and between regions; prioritizes inclusive health systems underscored by a commitment to human rights; and recognizes the importance of One Health for migration policy.

BACKGROUND

Migration has been, and will continue to be, a fundamental aspect of our societies. At the end of 2020, there were almost 281 million international migrants globally who were living outside their country of origin, with 101 million, 22 million, and 47 million residing in the European, African and Eastern Mediterranean Regions, respectively.¹ Intraregional migration constitutes a significant portion of international migration; most migrants emigrating from countries in Europe or Africa, for example, remain within their region, migrating to neighbouring countries.² Globally, in the same year, over 89 million people were living in displacement, including refugees, asylum seekers and internally displaced people.³

Despite a long history of migration and displacement in the WHO European Region, these processes have at times been looked at in the past as distinct and even time-bound crises. At the last High-level Meeting on Refugee and Migrant Health in 2015, the WHO European Region was facing a large and sudden increase of newly arrived refugees, asylum seekers and migrants. At this time, migration and displacement were seen as a crisis for transit and host countries and were the focus of intense political debate. In response to this situation, and to address public health and health systems aspects of migration and displacement, the WHO Regional Committee for Europe adopted the European Strategy and Action Plan for 2016–2022, which sits within a broader global policy framework on refugee and migrant health, notably the GAP, the World Health Assembly resolution WHA70.15 on promoting the health of refugees and migrants, the Global Compact on Refugees and the Global Compact on Safe, Orderly and Regular Migration (Global Compact for Migration).

Within this policy context, significant progress has been achieved. Today, a greater number of WHO European Member States have undertaken health needs assessments, including evaluating social determinants, and a greater number now include refugees and migrants in their national health strategies. Country-level work on the part of WHO, its Member States and partners to develop public health capacities have helped to drive these achievements. Engagement in health diplomacy at the international and interregional levels has also played a large part, recognizing that action on health and migration is in large part a process of reconciling political perspectives and asserting health in the face of other interests and sectors, including in fast-changing political contexts.

¹ Figures from United Nations Population Division adjusted as per the country composition of WHO regions.

² International Organization for Migration, World Migration Report 2022.

³ International Organization for Migration, World Migration Report 2022.

281 MILLION INTERNATIONAL MIGRANTS GLOBALLY



MIGRATION IS NOT A CRISIS BUT AN ENDURING AND ENRICHING PART OF OUR SOCIETIES

The years since the previous High-level Meeting have served as a reminder that migration is not a crisis but an enduring and enriching part of our societies. Migration is a core part of the sociocultural, civic-political and economic vitality of our societies, and refugees and migrants contribute to their home and host communities in countless and valuable ways. It is also evident that refugee and migrant health is an integral and indivisible part of population health more broadly.

The COVID-19 pandemic has brought to the fore both the interdependencies between the health and well-being of refugees and migrants and that of the host populations, and the critical contributions of refugees and migrants in supporting their communities. The recognition of this, and the need to protect the health of all people, has resulted in important acts of solidarity with refugees and migrants, bringing about several advancements in the health and migration agenda. At the same time, however, the COVID-19 pandemic has also demonstrated that refugees and migrants continue to be subject to negative public and political rhetoric and exclusion. The vulnerable situations that many refugees and migrants experience have been exacerbated by several of the policies and practices implemented over the course of the pandemic, including border closures. The pandemic is just one recent example of the ways in which migration governance and politics have impact on both the health of refugees and migrants and their access to health care.

In light of this, and the various other health, environmental and humanitarian situations presenting across the Region and globally, there is a need to change the discourse around migration. This High-level Meeting is a key opportunity to advocate for a more inclusive approach to health and migration, and to strengthen a tri-regional coalition to tackle current and future challenges. To this end, the topic of health and well-being can also serve as an effective vehicle for driving a broader discussion on good migration governance and policy-making.

Ultimately, to fully realize the potential of migration for thriving and healthy populations, and an economy of well-being for all, there needs to be a renewed public health approach. Such an approach must be aligned with global policies and strategies and be responsive to and build upon the experiences, achievements and lessons learned over recent years. It must also be fit for purpose and able to respond to the various challenges and opportunities facing the Region, which will test capacities to work in health and migration now and into the future. Within the framework of the GAP and the European Strategy and Action Plan, this High-level Meeting will see the WHO Regions of Europe, Africa and the Eastern Mediterranean build a common vision for migration and health post-2022.



**MORE INCLUSIVE
APPROACH TO HEALTH
AND MIGRATION**

**STRENGTHEN A
TRI-REGIONAL
COALITION TO TACKLE
CURRENT AND FUTURE
CHALLENGES**

A FIT-FOR-PURPOSE APPROACH TO HEALTH AND MIGRATION

During the implementation of the European Strategy and Action Plan, and in collaboration with its informal advisory group, the WHO Regional Office for Europe has identified five salient lessons for a fit-for-purpose approach going forward.

1. Working across sectors, and including the voices of refugees and migrants

It is well established that health is determined by complex interactions of various nonmedical social, political, economic and environmental conditions that can generate health inequalities. Access to and conditions of employment, educational attainment, cost of living and housing, for example, all have significant bearing on health outcomes but are governed by different sectors. The processes of migration and displacement are also cross-cutting. Policy-making on migration issues, however, has typically been conducted largely in isolation within each sector, at times to the detriment of the health and well-being of refugee, migrant and host populations. The COVID-19 experience is a current example of the way in which health and well-being is determined by a complex array of policies and practices beyond the health sector. A focus on Health in All Policies is necessary, as is a focus specifically on health in all migration policies.

A future vision for refugee and migrant health calls for a more encompassing and intersectoral approach that brings together health with non-health ministries across all levels of government, as well as nongovernmental and civil society organizations. This is a foundational principle that guides all of WHO's

policies and programmes. Exploring ways to engage with other United Nations agencies, the European Commission and other relevant actors – not least through existing global and regional frameworks – is a priority. These actors include academic and research institutions, humanitarian organizations, the private sector, health and migration practitioners and, importantly, refugee, migrant and diaspora communities themselves. Including refugees and migrants in decision-making is imperative; their voices are crucial to identifying challenges and solutions for refugee and migrant health.

2. Societal transformation and recognizing migration as an asset

Migration offers significant positive social, economic, cultural, developmental and other benefits to Member States. A strong and inclusive approach to migration health recognizes this and understands that migration is an enormous asset for the Region. This is relevant also in the context of the social and demographic transitions currently underway. The ageing of the population in the Region, for example, is a significant and ongoing challenge and will see many Member States become more reliant on migrant populations to support their labour forces and sustain welfare models. The COVID-19 pandemic has demonstrated again the essential contribution of refugees and migrants in our societies and workforces, including within health-care systems and other essential and frontline services.

Even more broadly, refugees and migrants have an overall net positive effect on the economies of host

countries, as well as improving development outcomes in countries of origin through remittances. Migration also helps to strengthen social connections, expand transmission of knowledge and ideas, and promote political engagement, among other important benefits. Ensuring the health of refugees and migrants is an important part of realizing these benefits. A future agenda on health and migration acknowledges the positive contributions made by refugees and migrants and works to promote resilience and capacity-building in both receiving and sending countries.

3. Strengthening cooperation within a whole-of-route approach

While recognizing that migration and health governance are issues of state sovereignty, the health and well-being of refugees and migrants as a transnational issue

can only be addressed in a robust and sustainable way by building international solidarity and cooperation. The interconnectedness of the world is increasing, and it is important to address migration and displacement in their broader context, accounting for the varied and divergent trajectories of human mobility. Member States within and across WHO regions need to work together in the spirit of international and interagency cooperation to find effective ways to ensure the health and well-being of refugees, migrants and host populations alike, including in the context of border closures and travel restrictions. This continues to be the case as we look to addressing global challenges such as climate change, health and humanitarian emergencies and changing demographic trends. Single-country solutions fall short in meeting regional and global commitments.

Whole-of-route approaches include inter- and intraregional collaboration across WHO headquarters



MORE ENCOMPASSING AND INTERSECTORAL APPROACH

MIGRATION OFFERS
SIGNIFICANT POSITIVE
SOCIAL, ECONOMIC,
CULTURAL,
DEVELOPMENTAL AND
OTHER BENEFITS TO
MEMBER STATES



HEALTH AND WELL-BEING OF REFUGEES AND MIGRANTS AS A TRANSNATIONAL ISSUE CAN ONLY BE ADDRESSED IN A ROBUST AND SUSTAINABLE WAY BY BUILDING INTERNATIONAL SOLIDARITY AND COOPERATION

and the WHO regions to address health and migration across countries of origin, transit and destination. Particularly as migration corridors and routes are generally well defined, there are key opportunities for strengthened engagement between the Member States of the WHO European, African and Eastern Mediterranean Regions in this context. These include the provision of and access to health care in transit countries and reciprocity of public health norms and standards between neighbouring countries, as well as improving cross-border continuity and portability of care along migration routes, for example with respect to immunization. Strengthened coordination between health service providers and careful information sharing, including cross-border surveillance data, are other opportunities. The International Health Regulations (2005) provides a framework for promoting inter- and intraregional cooperation to build capacities and health system resilience.

Importantly, an interregional perspective focuses not just on provision of health care within the WHO European Region but also on preventing poor health outcomes for refugees and migrants en route to the Region, at borders and in closed settings, where the health of these populations is often at increased risk.

4. Building on inclusive health systems that are people centred and refugee, migrant and gender sensitive

Enabling all refugees and migrants to have the full enjoyment of health care does not stop at granting formal entitlements but requires inclusive and non-discriminatory health services that ensure quality of care. A future vision for health and migration ensures that health policies and systems are inclusive, people centred and diversity sensitive. This means supporting non-discriminatory and equitable access to quality health services under UHC irrespective of age, sex, gender, sexual orientation, disability, race, ethnicity, country of origin, religion or ability to pay. It also means minimizing to the greatest extent possible the administrative, legal, logistical, cultural, linguistic, gender-based and other barriers to care that refugees and migrants experience. Intercultural competence

ENABLING ALL REFUGEES AND MIGRANTS TO HAVE THE FULL ENJOYMENT OF HEALTH CARE DOES NOT STOP AT GRANTING FORMAL ENTITLEMENTS BUT REQUIRES INCLUSIVE AND NON-DISCRIMINATORY HEALTH SERVICES THAT ENSURE QUALITY OF CARE



plays a key role, and services need to be equipped to respond to the diverse needs that refugee and migrant populations have across all stages of the migration trajectory. Capacity-building among local service providers and organizations with local expertise is a key aspect of this work inside countries.

Developing refugee- and migrant-sensitive health systems does not mean parallel programming but rather reducing the barriers for refugees and migrants in accessing mainstream health services; refugees and migrants are part of the wider extent of population health. The inclusion of refugees and migrants in national health systems is also underscored by global priorities and frameworks. It is important, therefore, to consider how these groups can be incorporated into broader global, regional and national health strategies, including related to immunization; sexual and reproductive health; child health; communicable diseases, such as tuberculosis and HIV/AIDS; noncommunicable diseases, including congenital or chronic diseases and disabilities; mental health; violence and injuries; palliative care; and occupational health.

Effective and inclusive health and social services are also founded on the indivisibility and universality of human rights. As for all people, refugees and migrants are equally entitled to the right to the highest attainable standard of health, to equal access to health care, and to rights linked to the underlying determinants of health, such as non-discriminatory treatment and safe living and working conditions. Upholding human rights and safeguarding the health and well-being of people in vulnerable situations are critical to keeping the promise of leaving no one behind and go to the heart of equity, fairness, humanity and good public health. It is also key to achieving the United Nations Sustainable Development Goals (SDGs). Capacity-building to implement rights-based approaches and to strengthen the ways in which health issues are considered by existing human rights mechanisms could be considered when moving forward.

5. Recognizing One Health and its intersection with migration

A One Health approach is recognized as key in linking the health of populations, animals and the planet. While not a new concept, its relevance to migration and displacement is becoming increasingly recognized, including with respect to the hazards faced along migration routes such as exposure to antimicrobial resistance. Anthropogenic climate change is also a particularly pressing challenge, causing significant changes in the functioning of the environments in which people live and in the ecological goods and services upon which their livelihoods depend. The health of populations around the world are being affected both directly through extreme weather and pollution and indirectly through natural and socioeconomic systems, such as through changing distribution of disease patterns and decreasing food and water security. As a result of these impacts, significant changes in human mobility, both forced and voluntary, are already occurring and are anticipated to accelerate into the future. The urgency to act on climate change – and include health and migration in related policies – was reiterated during discussions at the 2021 United Nations Climate Change Conference (COP26), where the direct linkages between climate change, migration and health were highlighted. In acknowledging the intersections of human and environmental health; a One Health approach can help to advance more effective policy development in this area.

Other environmental, health and humanitarian emergencies are also proliferating. In 2021, WHO recorded the most concurrent emergencies and crises ever. A renewed approach to migration health is responsive to these emergencies, and the potentially significant ramifications for population mobility in the future.





ACHIEVING THE GOAL OF LEAVING
NO ONE BEHIND IS IMPOSSIBLE
WITHOUT A CLEAR AND COMMON
VISION FOR HEALTH AND
MIGRATION POST-2022

PILLARS OF ACTION FOR MOVING THE HEALTH OF REFUGEES AND MIGRANTS FORWARD

Acknowledging these lessons, and in a rapidly changing and interconnected world, there is a need to better understand the challenges and opportunities facing the WHO European Region now and into the future. Achieving the goal of leaving no one behind is impossible without a clear and common vision for health and migration post-2022. In collaboration with WHO headquarters and the WHO African and Eastern Mediterranean Regions, and supported through expert consultation with an informal advisory group, Member States, and other partners with roles and mandates for health and migration, five transformative objectives or pillars have emerged.

Action pillar 1: ensure refugees and migrants benefit from UHC regardless of migration status or level of health insurance.

Action pillar 2: implement inclusive emergency and disaster risk reduction policies and actions to increase resilience of refugee and migrant populations, bolster the preparedness of host countries and maintain safe cross-border mobility.

Action pillar 3: develop inclusive environments that promote social inclusion, health and well-being and reduce inequalities between people.

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

Action pillar 5: explore innovative ways of working to implement an ambitious future agenda and develop partnerships as a vital enabling tool.

These pillars of action reflect current gaps and future challenges for refugee and migrant health in the coming years, in line with standing priorities of the European Programme of Work, as well as the global priorities outlined in WHO's Thirteenth General Programme of Work, the GAP and the SDGs. Achieving the goals and targets set out under these instruments remains

impossible if refugees and migrants are restricted in their abilities and rights to enjoy the highest attainable standard of health. The World Health Assembly resolution WHA70.15 and the two global compacts provide further parameters for ongoing collaborative action, as do existing regional commitments set out in the 68th session of the Regional Committee for Africa in 2018, the 66th session of the WHO Regional Committee for the Eastern Mediterranean in 2019 and the 66th session of the Regional Committee for Europe in 2016 with its European Strategy and Action Plan 2016–2022.

Ensuring mechanisms for monitoring, reporting and accountability are in place – as is the case with the current European Strategy and Action Plan – is also essential for progressing these pillars of action.

Action pillar 1: ensure refugees and migrants benefit from UHC

While all Member States in the WHO European Region subscribe to the principles of UHC and recognize the right of every individual to the highest attainable standard of physical, mental and social well-being, in practice, not everyone has this universal access to quality care, or at least not without significant financial hardship. Political and financial sensitivities surrounding migration and displacement have a direct influence on how Member States define and prioritize target groups for UHC interventions. Refugees and migrants are at times either overtly excluded or simply ignored in the application of UHC standards and commitments.

The impact of the COVID-19 pandemic on refugees and migrants highlights the importance of UHC, not only for the safety and well-being of these populations themselves but also for the broader population. Extending coverage to these groups reduces risks for all people and communities and reduces pressure and costs to health systems. Providing health care for refugees and migrants, including through primary health-care settings, is economically advantageous for host countries and generally results in both direct and indirect medical and nonmedical cost savings. It also brings broader benefits, ensuring these populations are in good health and able to contribute socially and economically to their communities.

An inclusive public health approach must emphasize the integration of refugees and migrants into national health policies and health systems; service provision is central to a comprehensive public health response for these populations. Access to essential and culturally sensitive health promotion and preventative, curative and palliative health care for all people must continue to be a priority, independent of migration status or level of health insurance. This includes for primary health care, mental health, sexual and reproductive health, and maternal and child health, as well as for management for chronic diseases and disabilities. Strengthening health workforces and developing competencies to provide culturally sensitive health services to refugees and migrants will be essential. Ensuring continuity of care along migration pathways into and within the Region must also be a key consideration, and developing sustainable health financing mechanisms to achieve this a priority for collaboration.



**AN INCLUSIVE PUBLIC
HEALTH APPROACH
MUST EMPHASIZE THE
INTEGRATION OF REFUGEES
AND MIGRANTS INTO
NATIONAL HEALTH POLICIES
AND HEALTH SYSTEMS**

MEMBER STATES NEED TO DESIGN AND IMPLEMENT REFUGEE- AND MIGRANT-SENSITIVE DISASTER RISK REDUCTION AND EMERGENCY PREPAREDNESS POLICIES IN COUNTRIES OF DESTINATION, TRANSIT AND ORIGIN



First cases of 2019-nCoV have been reported in the Chinese city of Wuhan. We recommend that you regularly check the web-sites of the Public Health Institute of the Federation of Bosnia and Herzegovina and World Health Organization (WHO) to see which regions of China are affected:

<https://www.zjzfbih.ba/>
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

DURING YOUR STAY – Avoid travel to Wuhan

Follow local recommendations
 It is recommended that you:

- Avoid all close contact with people suffering from fever and coughs;
- Avoid all contact with living or dead animals, including at markets;
- Avoid eating uncooked or rare meat;
- Regularly wash your hands with soap or an alcohol-based sanitizer.

Should you experience symptoms of a respiratory infection (fever, cough, breathing difficulties), it is recommended that you quickly see a local doctor, wear a surgical mask if you are in contact with other people, use disposable tissues and wash your hands regularly.

UPON ARRIVAL IN BOSNIA AND HERZEGOVINA (within 14 days)

Should you experience symptoms of a respiratory infection (fever, cough, breathing difficulties), it is recommended that you:

- Wear a surgical mask if you are in contact with other people;
- Use disposable tissues and wash your hands regularly;
- Contact local health facility or ER, notifying them that you have been to affected region and describing your symptoms. Do not go to your general practitioner to the hospital without a prior call to avoid the risk of transmission.



Action pillar 2: implement inclusive health emergency and disaster risk reduction policies and actions

Refugees and migrants are often in more vulnerable or precarious situations during disasters and health emergencies, as many struggle to access the resources, services and opportunities needed to ensure their safety and well-being. For example, poorer living and working conditions, restricted entitlement to health care and social support and lack of accessible risk information have meant that refugees and migrants have been overrepresented among those infected with SARS-CoV-2 and with COVID-19-related hospitalizations and deaths in many settings. Border closures and the suspension of asylum procedures have also left many refugees and migrants stranded and in highly precarious situations. It is evident that there is not only no clear system for maintaining safe cross-border mobility during international emergencies but also that refugees and migrants are largely missing from national emergency preparedness plans, despite the disproportionate impacts on these groups.

As the world learns from the experiences of the COVID-19 pandemic, it is essential that refugee and migrant health is fully accounted for in prevention, preparedness, response and recovery policies and tools. The lessons learned can and should be applied to help to prepare for future emergencies with clear health consequences, including environmental and humanitarian disasters that may impact migration flows. Climate change particularly is and will continue to be a disaster risk driver. In the face of emergencies and disasters, Member States have the responsibility to ensure the safety and security of all people within a territory, regardless of nationality or migration status. However, even where this is recognized, non-discrimination in terms of emergency assistance often translates into diversity-blind approaches without adequate understanding of the specific barriers that different population groups face in such situations. Accordingly, Member States need to design and implement refugee- and migrant-sensitive disaster risk reduction and emergency preparedness policies in countries of destination, transit and origin. Separating immigration enforcement activities from service provision, including access to basic services, is an important measure in this context and a key recommendation of the 2021 biennial report on the implementation of the Global Compact for Migration with respect to COVID-19 response and recovery.

Action pillar 3: develop inclusive environments that promote social inclusion, health and well-being

Health is inextricably linked to the environments and conditions in which people are born, grow, live, work and age. Promoting health and well-being is about creating social and physical environments that enable and promote safer and healthier lives and reduce inequalities between people. A health-promoting approach that focuses on social determinants of health is essential for reducing barriers to integration and acculturation stress, and for facilitating participation as well as positive social and economic development. Investing in the health and well-being of refugees and migrants through such a biosocioecological approach is a promising public health practice that ultimately benefits all of society. This includes legislating social rights and ensuring social protection policies are in place as important tools for realizing health gains. As the primary destination for many refugees and migrants, it is also important to note the specific role of cities and urban centres in not only addressing immediate needs but also in enabling integration and social cohesion in this context.

Indeed, a key aspect of health promotion is social inclusion. Experiences of discrimination and social

exclusion are also key social determinants of health, linked to poor health outcomes and inequalities. Refugees and migrants continue to experience racism, xenophobia and stigmatization within the WHO European Region, as they do around the world. This is not a recent development, and even prior to the COVID-19 pandemic the discourse around migration has been increasingly polarized and more and more framed by fear and division. There has been a tendency over recent years for public and political discourse to emphasize security-focused approaches, at times resulting in punitive measures not based on public health evidence. The pandemic has, nevertheless, resulted in further hostilities towards refugee and migrant populations across the Region, as in many other regions. This stands in contrast to the positive contributions to host communities made by refugees and migrants, very visible during the COVID-19 pandemic with essential sectors and health-care systems highly reliant on migrant workers. Promoting social inclusion and working to reduce discrimination at both the structural and the interpersonal level must continue to be a high priority involving all areas and levels of government and society, including education and industry among others. Frontline support services and organizations also have a key role in promoting social inclusion.

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

Facilitating safe, responsible and dignified migration – as envisaged in the Global Compact for Migration – requires a strong commitment to good migration governance. Only through well-planned and coordinated migration policies and processes can the challenges and opportunities presented by migration be met in ways that are meaningful, mutually beneficial and respectful of international standards and human rights. Good governance in this respect is a key factor in breaking down structural drivers of exclusion and countering negative political and public narratives about refugees and migrants, as well as for improving health outcomes. At the same time, health can also serve as an entry point for strengthening mechanisms of migration governance. While many of the key features of migration health governance relate to the lessons outlined above (multisectoral engagement and alliance building), a major area for focused action is tackling the scarcity of high-quality migration health data. Without such available data, developing and implementing migration policies that are attune to and advocate for good health outcomes for refugees and migrants are impossible.

High-quality data help to capture the scale and nature of mobility into and within the WHO European Region, the conditions and risk factors that refugees and migrants encounter, and their health status and needs. Understanding interactions between indicators of health and inequality and population mobility, ethnicity, gender and other social factors is essential for informing and evaluating policy related to migration, displacement and public health. It is also essential for countering misinformation, particularly false characterization of refugees and migrants as constituting a health threat to host populations. Currently, however, migration health data are limited. Many Member States lack routine systems to collect such data and where they are available, integration into national health information systems tends to be poor. This results from several factors, including varying definitions, differences in data collection methods and differences in regulatory frameworks. The use of non-digital records is an additional barrier to complete and quality data. Capacity-building to increase availability of reliable data disaggregated by migration status, ethnicity, age, gender and disability status, among other aspects, ought to be a key priority. Critically, sufficient consideration must be given to data management, protection and safety, ensuring appropriate firewalls between health and immigration authorities.

A KEY ASPECT
OF HEALTH
PROMOTION
IS SOCIAL
INCLUSION



HEALTH CAN SERVE
AS AN ENTRY POINT
FOR STRENGTHENING
MECHANISMS
OF MIGRATION
GOVERNANCE

Action pillar 5: explore innovative ways of working and develop partnerships as a vital enabling tool

Solidarity, partnership and cooperation underpin all of WHO's work, and it is no different in the context of refugee and migrant health. Guided by the lessons of whole-of-society and whole-of-route approaches, there is a need to strengthen engagement and coordination among the complex constellation of actors involved in refugee and migrant health. The international community should look to bolster existing partnerships between Member States, United Nations bodies, European Union agencies and other partner organizations and institutions, as well as to seek out new allies and connectors where partnerships on migration health are yet to be fostered. Intergovernmental forums and organizations offer important opportunities to strengthen existing agendas and open new channels of collaboration and dialogue on migration health moving into the future. Drawing on diplomatic tools such as the strategies of health diplomacy will also be critical to engaging in current systems of governance and negotiation. Migration management is a highly politicized issue, with regulatory, security, sovereignty and economic considerations at times taking precedence over health and social well-being. Expanding our ways of working, including through health diplomacy, will be important to assert health as an essential aspect of these discussions.

Securing the health and well-being of refugees and migrants cannot, however, be achieved by countries and international organizations alone, and given the politicized and multifaceted nature of migration, strengthened engagement with non-state actors is necessary. Nongovernmental organizations, civil society actors and academic partnerships remain indispensable for bringing nuance, evidence and humanity to the agenda. Inclusion of refugees and migrants in these processes is essential.



MOVING FORWARD

The heterogeneity within and across regions in terms of specific circumstances and legislative environments will mean that driving these pillars of action will require a strong commitment from WHO, its Member States and partners to mobilize public and political support and to ensure that the health of refugees and migrants remains high on national and international agendas into the future. With the current European Strategy and Action Plan reaching the end of its period in 2022, now is the time to reflect on experiences, achievements and lessons to date, and to build consensus on a common vision for health and migration. The WHO European Region, together with the African and Eastern Mediterranean Regions, and all their Member States, must stand ready to work together in the spirit of solidarity and mutual assistance to ensure no one is left behind.



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