Dr Flavia Bustreo  
Assistant Director-General, Family, Women’s and Children’s Health  
World Health Organization

INTRODUCTION

• I am honoured to be here representing the World Health Organization, commending the Italian Parliament for leading an initiative that aims at protecting women’s and girls’ health, in all settings, including migration.

• This institution that is hosting us today has contributed to the creation of one of the best health systems in the world, whose core element is the universality of the right to health.

• This country is indeed one the first countries in the world having recognized the protection of the right to health in the national Constitution, approved in 1947, and the highest attainable standards of health. And this applies to all settings and individuals, including migrants and refugees.

• Moreover it has historically paid particular attention to those groups of the population that unfortunately, still too often, are the most vulnerable of the population, such as women and girls, including those on the move.

SDGs FRAMEWORK

• To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind – it is imperative that the health needs of migrants, including women and girls, be adequately addressed.

• Access of migrants to quality health services and financial protection for health are central to rights-based health systems and public efforts aiming to reduce health inequities and achieve the SDGs. We will not achieve the SDGs, in particular 3.8 on universal health coverage, unless the health needs of migrants are properly met.

NUMBERS: MIGRATION, WOMEN AND GIRLS

• According to the latest data from the Office of the United Nations High Commissioner for Refugees, in 2015, there were 65.3 million internally-displaced people and international migrants, half of whom come from Afghanistan, Somalia and the Syrian Arab Republic.
Around four-fifths of the world's refugees have fled from the crisis areas into neighbouring countries such as Pakistan, Iran, Lebanon, Jordan and Turkey. **Turkey is the largest refugee-hosting country worldwide**, with 2.5 million refugees. Turkey is followed by Pakistan, Lebanon, Iran, Ethiopia and Jordan (UNHCR Global Trends 2015).

The average time spent in displacement has now reached 20 years.

The proportion of women among refugees ranged between 47 and 49 per cent from 2003 to 2015, while that of children has ranged more widely, from 41 per cent in 2009 to 51 per cent in 2015.

**HEALTH ASPECTS**

Refugee and migrant women and girls are disproportionately affected by displacement and face multiple challenges, including health challenges, in these contexts.

Weak health systems and an absence of quality data on women’s, children’s and adolescents’ health in emergencies hinder design and implementation of sustainable interventions. We know mortality and morbidity are high.

In countries designated by the Organisation for Economic Co-operation and Development as fragile states, the estimated lifetime risk of maternal mortality is 1 in 54. Three-quarters of the countries with maternal mortality ratios above 300 per 100 000 live births are fragile states. Many of these are refugee and migrant women who live in poverty and destitution and are often denied access to basic health services.

Pregnant women may have increased medical risks such as gestational hypertension and anemia, along with adverse pregnancy outcomes including low birth weight or preterm birth.

There are an estimated 26 million women and girls of reproductive age living in emergency situations, all of whom need sexual and reproductive health services.

The onset of disasters and armed conflict limits economic opportunities, weakens social institutions, and increases the chance of sexual violence against women and girls. Girls, particularly from poor families, are also at higher risk of early and forced marriage due to limited alternatives to protect and provide for families.

The exposure of migrants to the risks associated with population movements – psychosocial disorders, reproductive health problems, higher newborn mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence – increase their vulnerability to noncommunicable diseases (NCDs). The key issue with regard to NCDs is the interruption of care, even for common conditions such as diabetes and hypertension, due either to lack of access or to the decimation of health care systems and providers; displacement results in interruption of the continuous treatment that is crucial for chronic conditions.

In emergency settings, including movements of migrants and disruption of vaccines schedule very often happens, putting children, and the whole community, at risk of communicable diseases.
RIGHT TO HEALTH
• Being and staying healthy is a fundamental right of every human being, and is an essential precondition for people, including migrants, to be able to work, to be productive, to contribute to economic and social development in both countries of origin and destination, and to improve livelihoods, including the affordability of health care for ‘left behind’ families.

• Moreover, addressing the health needs of migrants protects global public health and facilitates integration and social inclusion.

• The right of everyone to the enjoyment of the highest attainable standard of physical and mental health has been established in the WHO Constitution since 1948.

• Worldwide, access to health services and the underlying determinants of health for migrants are not consistently addressed. Barriers in access to health services for migrants include the high costs of care and lack of social protection, language and cultural differences, discrimination and lack of information on their health rights and entitlements.

MULTI-SECTORAL APPROACH
• But migration and health issues cannot be solved by the health sector alone, since they are so inextricably linked to development, foreign policy, education, security and the environment, and solutions.

• Integration of health with education as a key example: In protracted conflicts, migration crisis, for example, education may be denied for several years, interrupting progress in education (for individual students and wider systems), and leading to entire generations missing out on an education.

• During the protracted phase of a crisis the educational element becomes more important for children to be able to not fall behind. Here inclusion of life skills and school health and comprehensive sexuality education will have an important impact particularly for girls, each additional year in school will protect them, prevent early marriage and pregnancy and empower them.

ROLE OF PARLIAMENTARIANS
• Implementing such a multisectoral approach requires coordination among a wide constituency and different stakeholders.

• And Parliamentarians have a key role to play.

• Parliamentarians can be the channel for voicing concerns about people’s well-being. As representatives of people they are uniquely placed because of their direct knowledge of local realities as well as the power to initiate actions to address problems. They can be the spokespersons and role models for issues such as health, reproductive and sexual health and rights, universal access to health, women’s empowerment, gender equality within different context, including migration.
But above all **you make the laws.** Significant socio-economic and other policies and laws, particularly those impacting people’s well-being and status, such as those prohibiting violence against women, protecting women’s rights, including to land and property, divorce and others have been debated and legislated by parliaments. Parliamentarians, and often caucuses of women Parliamentarians, have frequently taken the lead, particularly in the area of gender equality and empowerment of women.

Additionally, Parliamentarians across the world provide leadership in ensuring government **accountability** for progress, and have decision-making power on **budget allocation.**

**POLITICAL COMMITMENT AND G7**

And all this cannot be done without political engagement and commitment.

We at the World Health Organization (WHO) have a long collaboration with Parliaments through different Parliamentarians platforms and, on behalf of WHO, I would like to applaud the Italian Parliament initiative in recognizing the importance of positioning women’s and girls’ health, including migrants and refugees within the G7 and G20 agendas.

Moreover we call upon G7 and G20 leaders to keep women’s and girls’ health, including migrants and refugees, high on the summit agenda. We cannot have healthy economies, without healthy women and girls, including those on the move. No integration, social inclusion, economic participation and empowerment can be realized, without the protection of the right to health.

We call upon G7 and G20 Members of Parliaments to take concrete actions to report back on priorities identified today and tomorrow and promote action at national level in terms of legislation, advocacy, budget allocation, accountability.

Italy has launched the creation of a **task force** on gender as one of the outcomes of the Presidency and we express and renew our availability to provide support in the definition of the health component.

I would like to end by recalling what our honourable guest Madam Auung San Suu Kyi had said in her Keynote Address at the NGO Forum on Women in Beijing, China (1995) “*For millennia women have dedicated themselves almost exclusively to the task of nurturing, protecting and caring ... To this can be added the fact that, to the best of my knowledge, no war was ever started by women. But it is women and children who have always suffered most in situations of conflict. Now that we are gaining control of the primary historical role imposed on us of sustaining life in the context of the home and family, it is time to apply in the arena of the world the wisdom and experience thus gained in activities of peace over so many thousands of years. The education and empowerment of women throughout the world cannot fail to result in a more caring, tolerant, just and peaceful life for all*."

And, if you allow me, I would like to suggest that this cannot happen unless we protect **health** of women and girls, starting from early years, as a key element to enable women’s and girls’ empowerment.