

Promoting the health of refugees
and migrants: voluntary
contributions to a live repository
of promising practices

Third call for submissions





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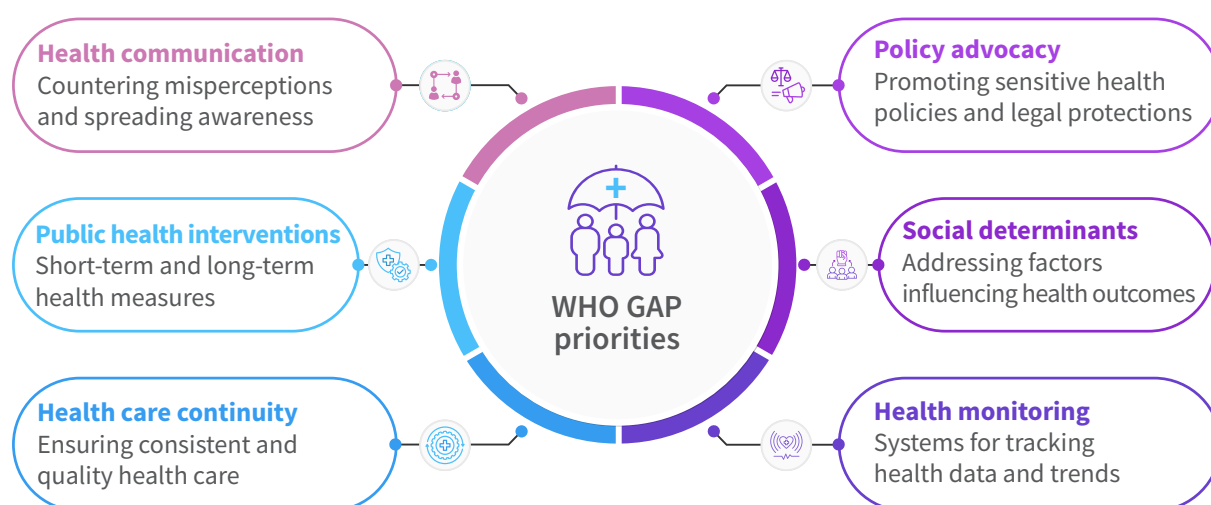
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1. LIVE REPOSITORY OF PROMISING PRACTICES

The WHO global action plan on promoting the health of refugees and migrants (WHO GAP) was extended to 2030 by the Seventy-sixth World Health Assembly.¹ As part of the extension of the WHO GAP,² Member States were encouraged to share their challenges, lessons learned and best practices related to implementation of actions within its six priority areas (Fig. 1) for the purpose of showcasing them and inspiring countries and partners worldwide.

Fig. 1. WHO GAP priorities



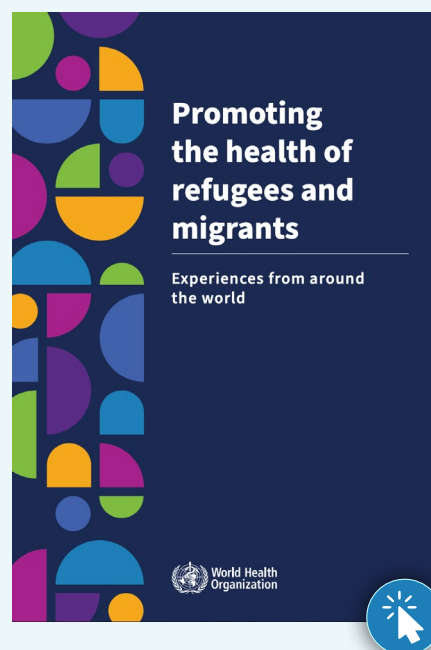
Aligned with the vision of the 2030 Agenda for Sustainable Development,³ the WHO GAP asserted the need of improving the health and well-being of refugees and migrants by focusing on achieving universal health coverage and the highest attainable standard of health for all populations.

¹ The World Health Assembly extends the global action plan for refugee and migrant health until 2030 [news release]. World Health Organization; 26 May 2023 (<https://www.who.int/news/item/26-05-2023-the-world-health-assembly-extends-the-global-action-plan-for-refugee-and-migrant-health-until-2030#:~:text=The%20Seventy%2Dsixth%20World%20Health,improve%20the%20health%20of%20refugees,> accessed 5 March 2025).

² Executive Board, 152nd session, Agenda item 23.2, 6 February 2023: Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. Geneva: World Health Organization; 2023 (EB152(17); [https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(17\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(17)-en.pdf), accessed 5 March 2025).

³ Transforming our world: the 2030 Agenda for Sustainable Development. United Nations Department of Economic and Social Affairs; 2025 (<https://sdgs.un.org/2030agenda>, accessed 5 March 2025).

Since 2022 WHO's Health and Migration programme has been gathering best practices from around the world. In 2022 49 examples were collected from 44 countries and published in the compendium, *Promoting the health of refugees and migrants: experiences from around the world*,⁴ which categorized all submissions by the WHO GAP priorities. In 2023 an additional 91 cases were added to the compendium and the Dashboard on Global Experiences in Promoting Refugee and Migrant Health⁵ was subsequently launched. To enhance its accessibility and usability, WHO Health and Migration transformed the compendium into a dynamic, continuously updated repository that provides policy-makers and practitioners worldwide with an easily accessible resource.



From 2025 onwards, the compendium will operate as a continuously updated live platform for publishing good practices. While submissions will be accepted on a rolling basis, dedicated review periods will be established to analyse the results and update the Dashboard annually. Entries submitted between April and June 2025 will be included in the next review cycle and published by the end of the year, with additional review rounds to be announced in due course. This structured approach ensures the ongoing collection and dissemination of valuable experiences in refugee and migrant health.

⁵ Promoting the health of refugees and migrants: experiences from around the world. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366326>, accessed 5 March 2025). License: CC BY-NC-SA 3.0 IGO.

⁶ Dashboard on Global Experiences in Promoting Refugee and Migrant Health [online database]. Geneva: World Health Organization; 2025 (<https://www.who.int/tools/dashboard-on-global-experiences-in-promoting-refugee-and-migrant-health#:~:text=Based%20on%20voluntary%20submissions%20by,refugees%20and%20migrants%202019%2D2030>, accessed 5 March 2025).

2. PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS: THIRD CALL FOR SUBMISSIONS

The purpose of the third call for generate an ongoing supply of submissions to a live repository of promising practices at the national and subnational levels for regular review to identify best practices. This initiative focuses on policies, programmes and interventions that promote the health of refugees and migrants across the six priority areas of the WHO GAP, including but not limited to those aimed at:



This year the focus is on assessing advancements in national policies, operational changes and innovative approaches that enhance the health of refugees and migrants. Initiatives implemented in recent years will be reviewed to identify impactful strategies and good practices. The aim is to identify country-level impact stories that have been influenced – directly or indirectly – by WHO’s work in order to provide valuable insights into systemic improvements and sustainable health interventions for refugee and migrant populations.

The compendium of case examples offers an opportunity for governments (national, regional and local) to showcase their successes, challenges and lessons learned and, in this way, foster knowledge exchange and inspire evidence-informed action globally. Participants in the third call will play a crucial role in building a body of knowledge that advances global commitments, policy development and programmatic innovations in refugee and migrant health with a strong focus on achieving universal health coverage and strengthening health emergency preparedness to ensure equitable and resilient health systems for all.



2.1. WHO IS THIS CALL FOR?

This call is for State and non-State actors to submit their experiences in promoting refugee and migrant health at country level (national, regional and local) through policies, programmes or interventions.

Submissions are open to all; however, the following groups are particularly invited to submit case examples:

- government agencies/ministries or equivalent, from both the health sector and other sectors (e.g. migration, interior, finance and education);
- local governments;
- WHO regional and country offices;
- other United Nations agencies;
- civil society; and
- academia.

All case examples submitted must involve collaboration with government authorities.

2.2. STRUCTURE OF CASE EXAMPLES

Each case example should be submitted by replying to the questionnaire provided in Annex 1, following the requirements and character limits.

2.3. INCLUSION AND SELECTION CRITERIA

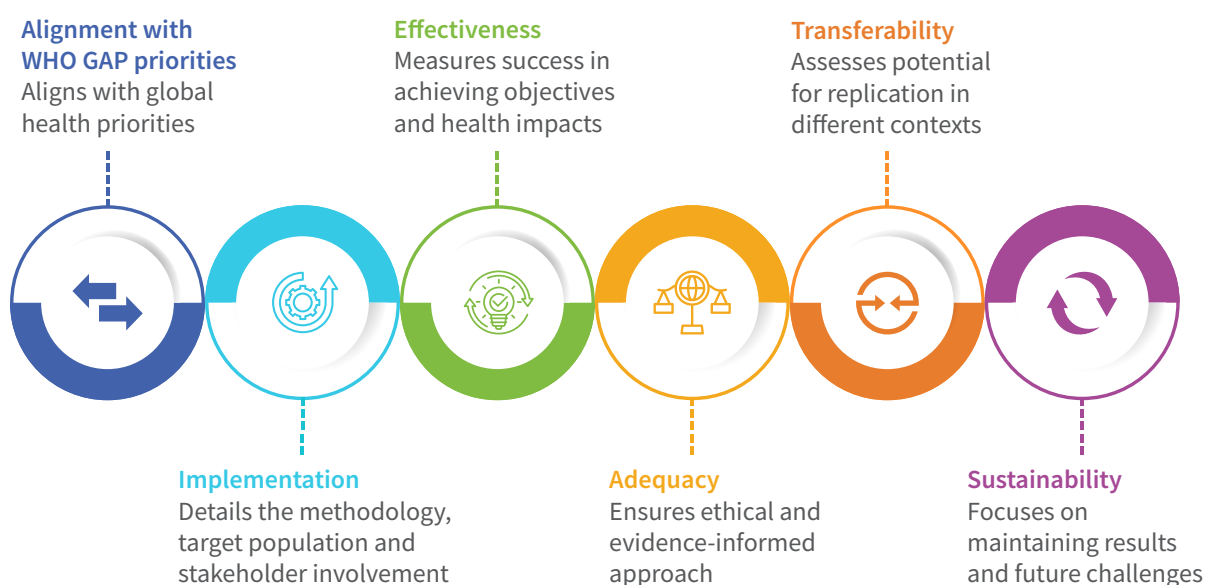
A best practice is a policy, programme or intervention implemented in a real-world setting that has been favourably assessed in terms of adequacy (ethics and evidence-informed design), effectiveness and efficiency, equity and impact on refugee and/or migrant health, sustainability, and transferability.

2.3.1 Selection criteria for best practices

To ensure their applicability, best practices will be assessed using the following criteria (Fig. 2):

- alignment with WHO GAP priorities and areas of work
- implementation
- effectiveness
- adequacy (ethics and evidence)
- transferability
- sustainability.

Fig.2. Selection criteria



A proposal must have all six of these criteria to be selected as a best practice. To better understand the task ahead, Table 1 outlines which information should be used to shape the proposal in order to ease the evaluation process. However, additional information may also be included for consideration.

The information submitted in a best practice proposal is expected to be supported by evidence from a scientific literature review and/or data generated by the activities of the proposal, as applicable.

Table 1. Expected information on the criteria

Criterion	Description	Key questions
Mandatory (inclusion criteria)		
Implementation	Evidence of initiative implementation, including methodology, target population, objectives, resource allocation and monitoring progress	<ul style="list-style-type: none"> Is there documented evidence of implementation? (Q13–Q17) Are there defined objectives, actions and measurable indicators? (Q22,Q23) Is there evidence of stakeholder collaboration? (Q-18Q20) Is there evidence of transparency in resource allocation? (Q21)
Alignment with WHO GAP priorities and areas of work	Evidence of alignment with WHO GAP priorities and areas of work	<ul style="list-style-type: none"> Does the initiative explicitly mention one of the six WHO GAP priorities? (Q12) Does the focus area align with a WHO GAP focus area? (Q-33Q36)
Technical (selection criteria)		
Effectiveness	Evidence of successfully achieving the initiative's objectives. This may include evidence of results being sustained over time, tangible products and methodologies	<ul style="list-style-type: none"> Is there evidence of achievement of the proposal based on objectives? (Q26–Q28) Is there evidence of impact? (Q29, Q30) Is there statistical or qualitative evidence of impact (e.g. published reports, third-party evaluations)? (Q31)
Evidence	Evidence that the initiative is evidence informed and supported by robust data to justify its relevance and implementation	<ul style="list-style-type: none"> Is there peer-reviewed or community-based evidence supporting the intervention? (Q42, Q44)

Criterion	Description	Key questions
Ethics	Evidence that the initiative is ethically sound, i.e. was designed and executed in alignment with scientific principles, ethical standards and the specific health needs of refugees and migrants	<ul style="list-style-type: none"> Is the intervention clear of conflicts of interest? (Q47)
Transferability	Evidence of a potential to replicate or adapt to other contexts and situations	<ul style="list-style-type: none"> Does the initiative have the potential for replication in another context? (Q15, Q24, Q25, Q32) Are there guidelines, tools or training materials available for replication?^a (Q28, Q32)
Sustainability	Evidence of maintaining the results achieved over time and generating the necessary tools to address future challenges	<ul style="list-style-type: none"> Are monitoring and evaluation mechanisms in place? (Q26–Q28)

^a Extra criterion, not used for assessment.

2.3.2 Scoring system for final selection

Each submission will be evaluated based on a binary scoring system comprising 0 (does not meet the criterion) and 1 (meets the criterion), with a total maximum score of 7 points.

To qualify as a best practice, a submission must achieve a minimum score of 6. This includes mandatory compliance with the two mandatory (inclusion) criteria (i.e. alignment with WHO GAP priorities and implementation), along with meeting at least four of the five technical criteria: effectiveness, evidence, ethics, transferability and sustainability.

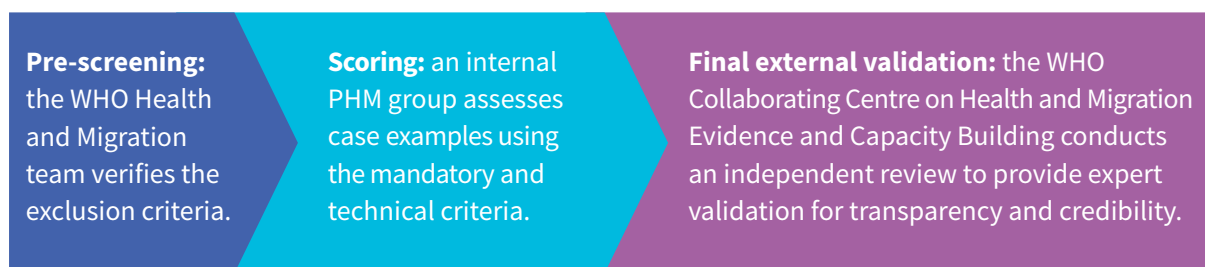
Submissions that do not meet both mandatory criteria will be disqualified. Additionally, any submission that fails to meet at least three of the four technical criteria will be disqualified.

If the submission requires minor adjustments or additional details, the submitter will be contacted by WHO Health and Migration. In the case of a major lack of information, the submission will be automatically rejected.

Approved best practices will be published in the WHO Dashboard on Global Experiences in Promoting Refugee and Migrant Health.⁶

⁶ Dashboard of Global Experiences in Promoting Refugee and Migrant Health [online database]. Geneva: World Health Organization; 2025 (<https://www.who.int/tools/dashboard-on-global-experiences-in-promoting-refugee-and-migrant-health/>, accessed 5 March 2025).

2.3.3 Final selection and validation process



2.4. TIMELINE

Entries are accepted on a rolling basis. Submissions made between 15 April and 15 June 2025 will be included in the next round of review.

The review committee will assess all submissions and select those to be included in the live repository. Focal points of short-listed initiatives will be notified to validate the content to be published. The selected case examples will be published online in autumn 2025.

ANNEX 1. QUESTIONNAIRE

CONTACT DETAILS

3.1. Please provide the contact details of the person completing this application

1. First name:

2. Last name:

3. Job title:

4. Organization/affiliation:

5. Place of origin:

6. Email address:

7. May we contact you for an online follow-up interview to provide further details, if needed?

☐ Yes ☐ No ☐ Maybe, depending on availability

8. Has the initiative you are about to provide information on already been submitted—whether by you or someone else—in a previous call for the WHO Compendium of Best Practices on Promoting the Health of Refugees and Migrants?¹

☐ No, it is a new initiative

☐ Yes, in the first one (2022)

☐ Yes, in the second one (2023)

If yes, please specify the name of the initiative:

If yes, has the information changed or does it need to be updated?

If yes, please specify the updates:

9. Was the initiative submitted (by you or anyone else) for a different WHO publication?

☐ No

☐ Yes, specify:

¹ Promoting the health of refugees and migrants: experiences from around the world. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366326>, accessed 5 March 2025). License: CC BY-NC-SA 3.0 IGO.

CASE EXAMPLE DESCRIPTION

10. Title of the case example (*limit of 800 characters*)

11. WHO region (*drop down menu*)

12. Select the WHO GAP priority that best aligns with your initiative objectives (*one or multiple selections possible*):

- ☐ **Priority 1.** Promote the health of refugees and migrants through a mix of short- and long-term public health interventions.
- ☐ **Priority 2.** Promote the continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures
- ☐ **Priority 3.** Advocate for the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of refugee- and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and the empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms.
- ☐ **Priority 4.** Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage.
- ☐ **Priority 5.** Strengthen health monitoring and health information systems.
- ☐ **Priority 6.** Support measures to improve evidence-informed health communication and counter misperceptions about refugee and migrant health.
- ☐ None of the above.

13. When did implementation of the policy/programme/intervention start? (DD/MM/YYYY)

14. Has the initiative finished?

☐ Yes

☐ No

If yes, when did it end?

If no, is it ongoing and when is the expected end date? (*limit of 500 characters*)

15. Are there plans for continuing, replicating or scaling up the initiative for longer-term sustainable change?

☐ Yes

☐ No

If yes, please outline the long-term plans. *(limit of 800 characters)*

16. Where was initiative implemented (place of implementation)? *(scroll-down options)*

17. Describe the context in which the policy/programme/intervention was formulated and implemented (justification). *(limit of 1000 characters)*

Include the key social, economic, migratory and political factors influencing its implementation.

ACTORS INVOLVED

18. Who is the main implementor of the initiative (single choice):

☐ academia

☐ government

☐ United Nations

☐ nongovernmental organization

☐ other, specify:

Please specify the lead actor/owner responsible for formulating and/or implementing the initiative.

Examples:

- Government: Ministry of Health, country X
- Academia: University X
- United Nations: WHO

19. Were/are other actors involved in formulating or/and implementing the initiative?

☐ Yes

☐ No

20. If yes, which other actors were/are involved in formulating or/and implementing the initiative and to what extent (percentage)?

Please list them below.

Name of actor	Main affiliation (Government/nongovernmental organization/other)	Sector	Involvement (%)	Role (Lead/Co-Implementor/Technical Advisor/Funder/Facilitator)

21. Who provides/provided the funding for this policy/programme/intervention?

☐ National government

☐ International organization (e.g. WHO, Office of the United Nations High Commissioner for Refugees, International Organization for Migration) – please specify:

☐ Private sector – please specify:

☐ Philanthropic organization/foundation – please specify:

☐ Other – please specify:

If there is more than one funder, please state the percentage contribution.

CONTENT AND IMPLEMENTATION OF THE POLICY/PROGRAMME/INTERVENTION

22. Please provide a brief overview of the initiative. *(limit of 2700 characters)*

23. Please describe the primary goals and expected outcomes of the initiative. *(limit of 1000 characters)*

Examples: increase refugees' access to health care by 20%; establish migrant-sensitive services in three regions.

24. What were the key challenges faced during implementation? *(select up to two)*

- ☐ Feasibility (e.g. financial, logistic)
- ☐ Legitimacy (e.g. public acceptance, legal barriers)
- ☐ Coordination among stakeholders
- ☐ Other – please specify:
- ☐ None

25. What were the main factors that facilitated implementation? *(select up to two)*

- ☐ Strong government support
- ☐ Effective partnerships
- ☐ Community engagement
- ☐ Adequate funding
- ☐ Other – please specify:
- ☐ None

EVALUATION AND IMPACT

26. Has this policy/programme/intervention been evaluated?

- ☐ Yes
- ☐ No
- ☐ In progress
- ☐ Not intended to be evaluated

27. If yes, what evaluation methods were used?

- ☐ Internal review
- ☐ Third-party evaluation
- ☐ Community feedback
- ☐ Academic study
- ☐ Other – please specify:

28. Please share the results of the evaluation. (limit of 2700 characters)

(If applicable, attach a report or provide a summary and/or insert link.)

29. Please describe the impact² of the initiative/what it achieved. *(limit of 1700 characters)*

30. If it has been evaluated, to what extent was the policy/programme/intervention successful/impactful?

- ☐ No impact
- ☐ Low impact
- ☐ Some impact
- ☐ Moderate impact
- ☐ High impact

31. Please share a summary on the evidence that the initiative's objectives were successfully achieved. This may include evidence that results have been sustained over time, tangible products, and methodologies. *(limit of 1500 characters)*

32. What are the key lessons learned and recommendations for future implementation?

List up to five key points. *(limit of 600 characters)*

² Impact: the measurable and meaningful outcomes and changes resulting from the initiative in improving the health and well-being of refugees and migrants.

Please consider health outcomes, reach and beneficiaries, policy and system change, equity and inclusion, etc.

FOCUS AREAS

33. Which main key area of work related to the health of refugees and migrants are/were targeted by this initiative?

- ☐ Health determinants
- ☐ Health status
- ☐ Health systems

34. Which sub-themes of the key area of work “health determinants” are/were targeted by this initiative? (If response to previous question “health determinants”)

- ☐ Education
- ☐ Gender
- ☐ Housing conditions
- ☐ Intersectoral collaboration
- ☐ Psychosocial factors
- ☐ Public Policies
- ☐ Other:

35. Which sub-themes of the key area of work “health status” are/were targeted by this initiative? (If response to previous question “health status”)

- ☐ Barriers to access healthcare
- ☐ Communicable diseases
- ☐ COVID-19
- ☐ Maternal and child health
- ☐ Mental health
- ☐ Non-communicable diseases
- ☐ Occupational health
- ☐ Sexual and reproductive health
- ☐ Other:

36. Which sub-themes of the key area of work “health systems” are/were targeted by this initiative? (If response to previous question “health systems”)

- ☐ Access to essential medicines
- ☐ Access to health services
- ☐ Health insurance/healthcare coverage
- ☐ Health policy
- ☐ Health workforce
- ☐ Information systems
- ☐ Leadership and governance
- ☐ Other:

TARGET POPULATION

37. Describe the target population (group characteristics): *(limit of 1000 characters)*

38. What was the size of the target population?

39. What percentage of the target population was reached?

40. Does this initiative specifically target any of the following groups? *(Select all that apply)*

- ☐ Irregular migrants
- ☐ Women
- ☐ Unaccompanied children
- ☐ Accompanied children
- ☐ Adolescents
- ☐ Young people
- ☐ Older people
- ☐ People with disabilities
- ☐ Those with chronic illnesses
- ☐ Survivors of human trafficking, torture or violence (including gender-based violence)

- ☐ Those in detention or reception centres
- ☐ Those in transitory accommodation (e.g. refugee camps, temporary shelters)
- ☐ Refugees and migrants experiencing homelessness
- ☐ Refugees and migrants who use and inject drugs
- ☐ Refugees and migrants who are sex workers
- ☐ Other, please specify:

41. Does this policy/programme/intervention include gender-equitable³ or gender-responsive⁴ efforts?

- ☐ Yes
- ☐ No

If yes, please briefly explain how. *(limit of 800 characters)*

ADDITIONAL INFORMATION

42. Please insert/upload below any web links or documents related to the initiative:

43. Are you interested in sharing your experience in a WHO-organized knowledge-sharing event?

- ☐ Yes
- ☐ No

³ A gender-equitable intervention ensures fair treatment of individuals based on their gender-related needs, addressing structural barriers that create inequalities. This may include measures to promote equal access to healthcare, financial resources, and decision-making opportunities.

⁴ A gender-responsive intervention actively identifies, considers, and addresses gender-related differences in health risks, access to services, and health outcomes. It seeks to reduce gender-based inequities by integrating gender perspectives into policies, programs, and health systems.

44. If you would like to provide references used in formulation of the programme, please add them below:

45. Please provide the contact details of the primary point of contact for this submission:

a. Full name (first and last name):

b. Affiliation/organization:

c. Email address:

46. Do you consent to having your name and email address published in our dissemination material (print and web) to facilitate professional networking and follow-up enquiries?

☐ Yes

☐ No

47. Please disclose any potential conflict of interest related to this submission, e.g. affiliations, funding or relationship with the tobacco and/or arms industries or any other sector that may pose an ethical concern.

Conflict of interest disclosure (if applicable; if none, please state "None"):



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