World Health Organization

WHO Online Course on Health and Migration

THE HEALTH OF REFUGEES AND MIGRANTS:

ensuring accessibility, promoting health and saving lives

19–23 October 2020

Introduction module: understanding migration and displacement, and its health implications

This module is designed for participants to become acquainted with:

- relevant key definitions and terminology;
- current migration and displacement trends;
- legal frameworks of reference;
- issues that link migration dynamics and health outcomes for refugees and migrants and communities; and
- salient events and processes that represent the conceptual and operational frameworks of reference in implementing health and migration programming.

This session includes:

- a written summary
- an annotated slide set
- an essential bibliography of reference

Learning objectives

By the end of the training, trainees should be able to do achieve the following.

1. List the key messages about health, migration and displacement.
2. Describe the characteristics of various migration dynamics and their possible link with health outcomes, such as:
    a. key structural factors hampering migrant-inclusive health policies;
    b. factors acting as adverse determinants of migrants' health; and
    c. challenges migrants face in accessing essential health services.
3. Identify principles and priorities in implementing refugee and migrant health programming; relevant policies, conceptual and operational frameworks of reference; and ongoing policy-making and implementation processes.

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I. Why a focus on health, migration, displacement and human mobility

Migration and displacement have been a constant dynamic in human history. People have migrated since the beginning of human history to escape poverty, natural disasters, war and dictatorships, and to seek a better lives for themselves and their families. These flows have greatly benefited the world, leading to cultural, societal and intellectual advances. Yet the process and context of migration and displacement may have a negative impact on both migrants and communities. This can happen when their specific health needs are not met or when the circumstances of their movement act as adverse determinants for their health.

The health of refugees and migrants bridges the spheres of **human rights, public health, humanitarian assistance** and **development**:

- migrants are human-beings and have a right to health;
- migrant-inclusive health systems improve public and global health outcomes for all;
- saving lives, reducing mortality and morbidity and creating better health systems for both the migrants and the hosting communities are key tenets in the context of displacement and humanitarian crises; and
- healthy migrants are better able to contribute to positive and sustainable development outcomes.

The adoption of inclusive health policies in relations to refugees and migrants has not been universal; in most countries, the level of access to health care for refugees and migrants is determined by factors such as their status; national migration policies; societal values; and their capability in overcoming linguistic, cultural, economic and social barriers. A further determinant is the capacity of the health sector to produce evidence for and advocate for the adoption of adequate public health responses to the growing and changing reality of modern migration, which is a global megatrend. Additionally, migration places individuals in situations that may impact their physical and mental well-being; this is particularly true for those who are forced to flee natural or man-made disasters (whether across borders or within their own country), those in an irregular situation and those with particular vulnerabilities and health and protection needs.

Although comprehensive data sources on refugee and migrant health are scant, and often systematic disaggregation of health data as a function of migratory status is lacking, there are converging views in the available literature. These views identify recurring areas of concern in relation to migration and health outcomes, particularly infectious diseases,

noncommunicable diseases, trauma and mental health; gender- and age-specific factors of vulnerability are also identified. Some studies have shown that migrants frequently experience poorer health and a lower average life expectancy than that of the general population and have increased infant/child mortality and lower reproductive health, ineffective access to health services (over- or underuse, or both) and a higher risk of being insufficiently treated by health services.

II. Who are the refugees and migrants? What are their challenges?

There is no universally accepted definition of the term migrant. Migrants may be granted different legal status depending on their country of stay because national legislations may have different interpretations regarding entitlement and access to essential health-care services. However, such access is a universal right for all under international law, in line with the 2030 Agenda for Sustainable Development (2030 Agenda) and its Sustainable Development Goals (SDGs), in particular SDG 3 (ensure healthy lives and promote well-being for all at all ages).

Migrants are often considered in specific subgroups (e.g. refugees, labour migrants, irregular migrants, stranded migrants, victims of trafficking and internally displaced people); these delineations are meant to create common understanding with regards to specific migration dynamics and inherent needs. Yet in absence of a widely subscribed international convention, or legally binding international instrument on migration governance, countries still have diverging understanding on who a migrant is and, therefore, the accompanying entitlements and enjoyment of a protection regime applicable to migrant as a broad category.[1]

Contrary to the definition of migrant, the definition of a **refugee** is well established and is part of the 1951 Geneva Convention Relating to the Status of Refugees and its amended Protocol of 1967, which are binding instruments for States who are part signatory. A refugee is defined by the Convention and Protocol as:

A person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and

1 International human rights law standards have been recognized as a potential source of "complementary protection" to protect people fleeing desperate circumstances that fall outside the framework of the 1951 Convention; in practice these supplementary standards are applied in a limited, regionally varied, and highly inconsistent way (Office of the United Nations High Commissioner for Refugees).

being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.

An **asylum-seeker** is someone whose request for sanctuary has yet to be processed.

In recent years, concerns have been expressed about the apparent erosion of the rights recognized by the 1951 Convention and other human rights instruments. These include a marked increase in security at borders; the indiscriminate application of highly restrictive and deterring policies to refugees, asylum seekers and so-called economic migrants attempting to cross borders in mixed flows; the externalization of border control; anti-migrant and anti-refugee sentiments; violence, detention and abuses; and the growing attribution of security threats to the presence of refugees and migrants in legislation, media or political discourse. While the safeguard and possible enlargement of protection regimes is in the purview of human rights and migration laws, it is incumbent on health systems to adopt remedial public health interventions that curtail the negative health impact of these trends.

III. Current migration and displacement situation and trends

The United Nations High Commissioner for Human Rights estimated that there were 1 billion migrants worldwide in 2019, of whom 272 million were international migrants (i.e. 3.5% of the world population), and approximately 763 million were internal migrants, with a tendency for a marked increase in this last group (UNHCR, 2020).[2] The International Organization for Migration estimates that the vast majority (65%), of international migrants, both displaced people and economic migrants, are workers or people seeking employment. Those seeking employment tend to be a young and productive population, with an estimated average age of 39 years and 15% (37 million) under 20 years of age. There is a marked female preponderance within migration, with women making up 48% of global migrants. The vast majority of these women are economically active.

While they only represent 3.5% of the global population, migrants have contributed more than US$ 6.7 trillion to the productivity of the countries that host them; this was 9.4% of global gross domestic product (GDP) in 2015[3] (McKinsey 2016),

2 This is the result of a host of underlying drivers of migration, such a demographic unbalances between the global north and south; labour demand in the industrialized world (particularly for low wage jobs); distance shrinking linked to the ease of international travel in normal conditions; the digital revolution, which connects people and migrant networks; persistent disparities; and disasters often linked to climate changes, and human-made issues such as conflicts and human rights deprivation (the 6Ds). These trends are likely to keep people on the move for decades to come (International Organization for Migration).

3 Global migration's impact and opportunity. Woetzel J et al. McKinsey Global Institute. New York; 2016 https://www.mckinsey.it/idee/global-migrations-impact-and-opportunity

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which was equal to the entire GDP of the United Kingdom that year. The global volume of remittances sent back home by migrants in 2017 was a record amount and in excess of US$ 613 billion, which was more than three times the overall official development assistance contributed by members of the Organisation for Economic Co-operation and Development in that year for promotion of economic development and welfare of developing countries. Remittances of migrants are more stable than foreign direct investments and are more often spent back home on health, livelihood and education for the more than 800 million family members left behind, who often depend on these transfers.[4] Consequently, migrants' remittances are an important stabilization and protective factor vis-à-vis further migration from low-income countries to developed economies.

With 1.8 billion people living in fragile contexts (OECD 2018)[5] , and at least 218 million people affected by natural disasters on average per annum in the period 1994 and 2013 (CRED 2015 [6]), in the last decade the world has seen the largest volume of displaced people since the Second World War. In 2019, 79.5 million people were forcibly displaced by conflicts, disasters and environmental changes; among those, some 26 million have crossed a national border to seek international protection and a safe haven as asylum seekers and refugees (UNHCR, 2019), while some 45.7 million have remained within the boundaries of their own country as internally displaced people. This trend continues to grow; 85% of displaced people are hosted by low- and medium-income countries, with the largest refugee population hosted by Lebanon, the Islamic Republic of Iran, Pakistan, Turkey and Uganda. Five countries under UNHCR mandate have produced two-thirds (68%) of all refugees: i.e. Syrian Venezuela, Afghanistan, South Sudan, and Myanmar[7]. A common feature of displacement-producing conflicts is that they are protracted and remain unresolved, causing people to remain in refugee status for periods exceeding 10 years on average. In the context of natural disasters, the United Nations forecasts that there could be between 25 million and 1 billion environmental migrants by 2050.

4 UN International day of family remittances. United Nations. New York; 2020 https://www.un.org/en/observances/remittances-day

5 State of Fragility. OECD. Paris; 2018

6 Human Cost of Natural Disasters: A Global Perspective. Centre for Research on the Epidemiology of Disasters. School of Public Health. Louvain Brussels; 2015 https://www.adaptationclearinghouse.org/resources/human-cost-of-natural-disasters-a-global-perspective.html

7 Global Trends: Forced Displacement in 2019. UNHCR. Geneva; 2019 https://www.unhcr.org/5ee200e37.pdf

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IV. What are the key health factors in the context of migration and displacement?

Structural issues

Key structural issues having relevance in migration and displacement health outcomes are disparities, inequalities and social and contextual health determinants.

Disparities. Movements most often take place between countries with marked disparities in terms of wealth, opportunities, governance, access to needed health care and health system performance. Health profiles and migrant backgrounds are more often a reflection of the burden of diseases and performance of the health system in the countries of origin and transit, such as immunization status, health-seeking behaviour, failure to meet immediate or chronic health needs before departure or during travel, or exposure during the journey to endemic diseases. During their journey, migrants cross not only geographical borders but also epidemiological ones and migration, therefore, bridges health disparities and can lead to disease burdens that may persist for years.

Inequalities. While a variety of international instruments assert the right to health, in practice refugees and migrants fall in the crack between principles and policies, especially those awaiting clarification of their status, such as asylum seekers and those without documents. Many countries limit right of access to health services to only their citizens, and migrants might have fewer entitlements. Some migrant groups, such as irregular migrants, may only have access to emergency care and can be denied access to preventive care or other essential health services. Regular migrants may also need to pay higher costs. In addition to legal barriers to health, migrants can face a combination of geographical, administrative, social, cultural, economic, behavioural and linguistic barriers to health services; these might exclude them from equal access even when regulatory frameworks affirm otherwise. The realization of migrants' equity to health unfortunately remains a distant, aspiration in many countries.

Social determinants of health. Migration and displacement circumstances act as factors of risk; these can be individual (e.g. gender, age, skills and societal capital, or health profile), related to living and working conditions (e.g. overcrowding, exploitation, lower wages or poor sanitation), related to social and community values and norms (e.g. xenophobia, intolerance and religion) and/or they may be inherent to migration policies and overall governance. These structural and policy elements might fuel health inequities and may expose refugees and migrants to health risks and negative health outcomes. The context of the migration and displacement journey itself might expose refugees and migrants to violence, abuses and death. Consequently, migration and displacement are considered as critical determinants of migrant health.

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Policy issues

The health of refugees and migrants intersects with two key policy sectors: public health and migration governance, with often competing, if not conflicting, goals.

- **Health goals** are inclusive (i.e. based on Health for All Policies, health equity, universal health coverage, etc.) and are grounded on inclusive and egalitarian principles and values (e.g. human rights, equity, public health in the best common interest of all, multilateralism, intercountry and intersectoral cooperation and partnership).
- **Migration goals** are often exclusionary and restrictive and are can be related to issues such as secured borders, national security and identity, trade interests, social control and, in some cases, nationalism and issues of sovereignty.

Consequently, until recently, the topic of health has been absent from migration governance debates, and health policies and strategies have rarely explicitly recognized migrants. Combining these two policy sectors to achieve positive health outcomes remains both a challenge and an obligation for public health policy-makers and practitioners.

V. Global legal frameworks, charters and treaties related to migration

Universal Declaration of Human Rights

The Universal Declaration of Human Rights was adopted by the General Assembly in 1948. The Preamble asserts the "inherent dignity and the equal and inalienable rights of all members of the human family [which] is the foundation of freedom, justice and peace in the world". It further affirms that "all human beings are born free and equal in dignity and rights" (Article 1) and that "everyone is entitled to all the rights and freedoms set forth in this Declaration" (Article 2). The Universal Declaration establishes no hierarchy between human rights; all rights are universal, inalienable, indivisible, interdependent and of equal importance. Human rights law thus provides that every person, without discrimination, must have access to his or her human rights. Simply put, all human beings have all human rights, including all migrants, regardless of their migration status.International human rights law treaties

Since 1948 a series of international human rights treaties have been adopted and ratified by Member States to give legal form to the inherent human rights enshrined in the Universal Declaration of Human Rights, and these have further expanded and developed the international human rights framework. The nine core international human rights treaties apply to everyone without discrimination:

- International Convention on the Elimination of All Forms of Racial Discrimination (1965);
- International Covenant on Civil and Political Rights (1966);
- International Covenant on Economic, Social and Cultural Rights (1966);
- Convention on the Elimination of All Forms of Discrimination against Women (1979);
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984);
- Convention on the Rights of the Child (1989);
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990);
- International Convention for the Protection of All Persons from Enforced Disappearance (2006);
- Convention on the Rights of Persons with Disabilities (2007).

VI. Other global frameworks

In 2006 the First United Nations General Assembly High-level Dialogue on Migration and Development was held to discuss the multidimensional aspects of international migration and development and to identify appropriate ways to maximize its development benefits while minimizing negative impacts. Although health issues were not addressed, this first global migration debate set in motion opportunities for intersectoral exchanges; these started in 2008 when the first ever World Health Assembly resolution on the health of migrants (WHA 61.17) was adopted and made reference to the High-level Dialogue. The fundamental public health tenets of the resolution led to the following initiatives.

The 2030 Agenda

The United Nations General Assembly in the 2030 Agenda set 17 SDGs and 169 targets to build on the Millennium Development Goals. Within SDG 3 (ensure good health and well-being for all at all ages), SDG 3.8 specifically refers to achieving universal health coverage. Issues linked to migration feature prominently in the 2030 Agenda: SDG 10 addressed reduced inequalities and SDG 10.7 called for the facilitation of orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies. Although migrant health was not explicitly recognized within the SDGs, synergies within the SDGs include with SDG 1 (no poverty), SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 11 (sustainable cities and communities), SDG 16 (peace, justice and strong institutions) and SDG 17 (partnerships for the goals). These offer a new, larger, and widely supported framework for

advancing the migrant health agenda at multisectoral and interagency levels consistent with the scope of the social determinants of health. Recently, the Political Declaration that concluded the High-level Meeting on Universal Health Coverage at the United Nations General Assembly in September 2019 recognized the need to address the physical and mental health needs of refugees, internally displaced people and migrants (paragraph 70).

New York Declaration for Refugees and Migrants

In 2016, heads of state and governments from around the world gathered at the United Nations General Assembly in New York to address comprehensively the issues of refugees and migrants. The meeting adopted the United Nations **New York Declaration for Refugees and Migrants** with the intent of improving the way countries respond to large movements of refugees and migrants, firmly linking migration to the realization of multiple SDGs including in health. The Declaration pledged to protect the rights of people on the move; support countries that shelter them; share international responsibilities more collaboratively, equitably and predictably; and combat xenophobia, racism and discrimination towards all migrants.

Global Compact for Safe, Orderly and Regular Migration

The **Global Compact for Safe, Orderly and Regular Migration** was adopted by Member States in 2018. Its adoption provided an opportunity to interlink processes and to relaunch the theme of health and migration within the health sector. The Global Compact comprises 23 objectives; Objective 15 is to provide access to basic services for migrants and directly includes provision for the health of migrants, linking this process with the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants (noted by the 70th World Health Assembly in 2017). The United Nations Network on Migration, of which WHO is a member, was established to strengthen accountability mechanisms that link the implementation of the Global Compact with follow up, verification and results, including a Multi Partner Trust Fund and an International Migration Review Forum planned for 2022.

The Global Compact on Refugees

Similarly, the **Global Compact on Refugees**, also adopted in 2018, represents a more predictable and equitable responsibility-sharing mechanism, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation; as far as health is concerned. It implies a progressive shift from a purely emergency approach in the provision of refugee assistance to a longer-term health system strengthening and the enhancement of the humanitarian–development nexus.

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VII. WHO resolutions and frameworks

At its 140th session in January 2017, the WHO Executive Board in decision EB140(9) on promoting the health of refugees and migrants requested the Director-General, inter alia, to prepare, in full consultation and cooperation with Member States and, where applicable, regional economic integration organizations, and in cooperation with the International Organization for Migration and the United Nations High Commissioner for Refugees and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants. The framework should be a resource for Member States in meeting the health needs of refugees and migrants and contributing to the achievement of the vision of the 2030 Agenda.

In May 2017, the World Health Assembly in resolution WHA70.15 on promoting the health of refugees and migrants noted with appreciation the Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants and urged Member States, in accordance with their national contexts, priorities and legal frameworks, to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants. In addition, the World Health Assembly requested the Director-General, inter alia, to identify best practices, experiences and lessons learned regarding the health of refugees and migrants in each region in order to contribute to the development of a draft global action plan on the health of refugees and migrants for consideration by the Seventy-second World Health Assembly.

The Framework of Priorities and Guiding Principles includes the following guiding principles:

- the right to the enjoyment of the highest attainable standard of physical and mental health;
- equality and non-discrimination; equitable access to health services;
- people-centred, refugee-, migrant- and gender-sensitive health systems;
- non-restrictive health practices based on health conditions;
- whole-of-government and whole-of-society approaches; and
- participation and social inclusion of refugees and migrants; and partnership and cooperation.

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VIII. The Global Action Plan on promoting the health of refugees and migrants (2019–2023)

At the World Health Assembly in 2019, Member States agreed a five-year global action plan to promote the health of refugees and migrants. The **Global Action Plan** focuses on achieving universal health coverage and the highest attainable standard of health for refugees and migrants and for host populations. The Global Action Plan was fully embedded into the vision of the WHO Thirteenth General Programme of Work, 2019–2023 and its triple billion goals.

The Global Action Plan identified the following six priority areas.

1. Reduce mortality and morbidity among refugees and migrants through short- and long-term health interventions.
2. Promote continuity and quality of care while developing, reinforcing and implementing occupational health and safety measures.
3. Advocate mainstreaming refugee- and migrant-sensitive health policies, legal and social protection, and gender equality, including interventions to protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings; promote partnership and intersectoral, intercountry and interagency coordination and collaboration mechanism in global, regional and country agendas.
4. Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the SDGs, including universal health coverage.
5. Support measures to improve communication and counter xenophobia.
6. Strengthen health monitoring and health information systems.

IX. WHO Health and Migration programme

The WHO Constitution states that everyone has the right to enjoy the highest attainable standard of physical and mental health and ratified international human rights standards and conventions exist to protect the rights of refugees and migrants, including their right to health. The access of refugees and migrants to quality, essential health services is of paramount importance to rights-based health systems, global health security and to public efforts aimed at reducing health inequities and achieving the 2030 Agenda and its SDGs. SDG 3.8 on universal health coverage cannot be achieved unless the health needs of refugees and migrants are addressed.

To provide health leadership and support Member States in implementing the Global

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Action Plan and the health-related objectives in the Global Compacts and the SDGs, WHO headquarters has established the Health and Migration programme with the following mission, core strategic functions and actions:

- provide global leadership, high level advocacy and dialogue to raise awareness and political commitments, coordination and policy development on health and migration;
- set norms and standards on health and migration including co-development of guidance and tools and promote a research agenda aimed at generating evidence-based information to support decision making and global guidance for new tools and strategies on health and migration;
- monitor trends, strengthen health information systems, develop accountability frameworks and indicators for progress monitoring and reporting on the implementation of the Global Action Plan;
- provide specialized technical assistance, response and capacity-building support to Member States, WHO technical departments, regional and country offices and partners in addressing public health challenges that are associated with human mobility wherever needed nationally and transnationally; and
- promote multilateral action, intercountry, interregional and global collaboration for continuity of care and coherent and integrated actions, and accelerate progress through working across United Nations systems including the United Nations Network on Migration and other intergovernmental and nongovernmental mechanisms.

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