

#### WHO Online Course on Health and Migrations

"The Health of Refugees and Migrants: ensuring accessibility, promoting health, and saving lives"





## CONTENT

- 1. Key definitions, migration and displacement trends, its Global Framework and human rights issues;
- 2. Health implications of displacement and migration dynamics;
- 3. Migration and Health: conceptual and operational frameworks of reference, and recent chronology of developments

## **Health and Migration**

- 1. Refugees and migrants are human beings, and have a right to health;
- Refugee- and migrant-inclusive health systems improves public and global health outcomes 'for all';
- 3. Saving lives, reducing mortality and morbidity, and building back health systems better in hosting and origin communities, is essential in the context of displacement and crises;
- 3. Healthy migrants better **contribute to positive sustainable development** outcomes.



## COMMON MIGRATION AND DISPLACEMENT TERMS

Migrant

**International migrant** 

**Internal/domestic migrant** 

**Internally Displaced People (IDPs)** 

**Asylum Seeker** 

Refugee

**Regular migrant** 

Irregular migrant

**Unaccompanied minor** 

**Accompanying families/children** 

**Smuggled persons** 

**Trafficked persons** 

**Environmental migrants** 

**Mobile Populations** 

Seasonal/temporary migrant worker

Returnee

**Stranded migrant** 

**Economic migrant** 







#### **DEFINITION OF 'MIGRANT'**

no internationally agreed definition

A person living outside his/her country of birth

(UNDESA. UN Department of Economic and Social Affairs)

## Refugees and asylum seekers

• The definition of "refugee" is established by Article 1(A)(2) of the 1951 Geneva Convention on the Status of Refugee, and its amended Protocol of 1967, i.e.:

"a person who, owing to well-founded <u>fear of being persecuted</u> 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 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.







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#### **Key International Standards and Protocols related to Migration**

**International Covenant on Civil and Political Rights (1966) ICCPR International Covenant on Economic, Social and Cultural Rights ICESCR** (1966)The Convention on the Elimination of All Forms of Racial **CERD** Discrimination (1965) Convention on the Elimination of All Forms of Discrimination **CEDAW** against Women (1979) Convention against Torture and Other Cruel, Inhuman or Degrading CAT Treatment or Punishment (1984) Convention on the Rights of the Child (1989) **CRC** International Convention on the Protection of the Rights of All **CMW** Migrant Workers and Members of Their Families (1990) Convention on the Rights of Persons with Disabilities (2006) **CRPD** 

All persons, by virtue of their humanity, have human rights **Human rights are migrants' rights** 

Disappearance (2006)

Convention on the Protection of all Persons from Enforced

## The Right to Health



#### PREAMBLE TO THE CONSTITUTION

"The health of all peoples is fundamental to the attainment of **peace and security** and is dependent upon the fullest co-operation of individuals and States"

"The enjoyment of the highest attainable standard of health is one of the fundamental **rights of every human being** without distinction of race, religion, political belief, economic or social condition"

#### Preamble to the WHO Constitution, Apr. 1948

THE UNIVERSAL DECLARATION F Human Rights

Art. 25 . Everyone has the right to a standard of living adequate for the health and **well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

The UN Universal Declaration of Human Rights, Dec. 1948



### **Health for All**

Regular migrant workers

**Convention Refugees** 

**Asylum seekers** 

**Undocumented migrants** 

Progressive decrease of entitlements of refugees and migrants in the host society, in accordance with migration and asylum country laws

- Refugees and migrants have equal <u>rights to health</u>, as established by the WHO Constitution;
- The health of refugees and migrants is in the best public health interest of the whole community. Migration and displacement as a growing population phenomenon, influences health security, and development aspects for both migrants and host communities;
- No public health without refugee and migrant health. Political and social structures including health systems need to respond to the challenges of global population movements, specifically by focusing on attaining universal health coverage, using the building blocks of health systems, i.e. (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance.

### **Global Migration: Key Trends 2019**



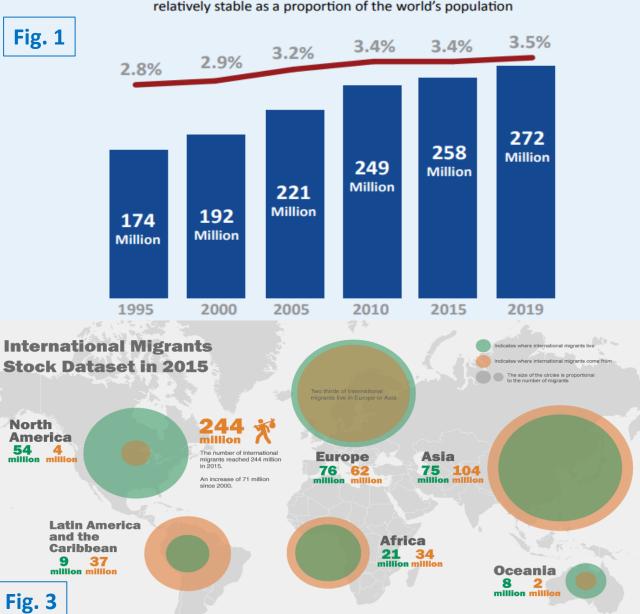
- > 1 in 7 persons are migrants,
  - i.e. > 1 billion migrants:
  - > 272 million international (3.5%)
  - > 763 million internal
- Feminization = 48%
- Average age estimated: 39 years, with15% (37 million) under 20 years of age
- > 65% are migrant workers (ILO)

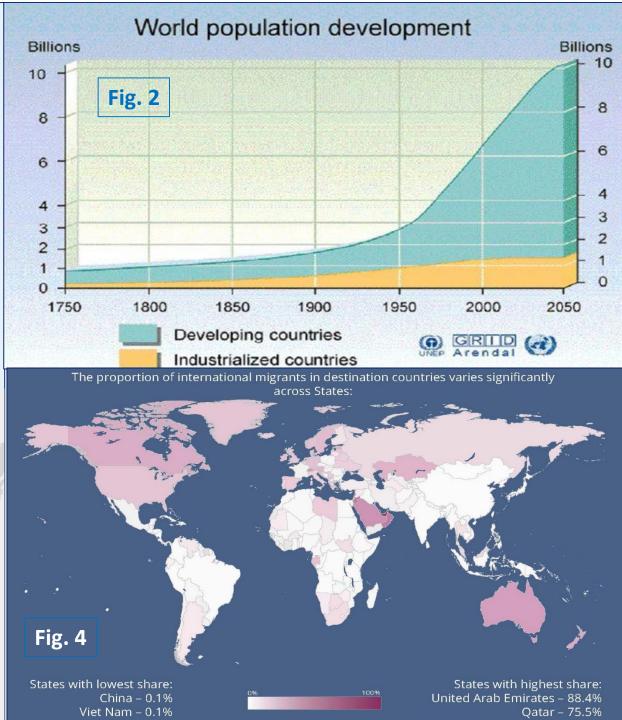
International migrants (3.5% of the global population) have contributed more than 6.7 trillion USD to the productivity of the countries that host them, (i.e. 9.4% of world-wide GDP; WB 2015); and a record \$613 billion in remittances in 2017 (WB)

- 79.5 million people were forcibly displaced in 2019 (85% of them in LIC and MIC)
  - i.e. > 26 million refugees
  - > 45.7 million IDPs due to conflict and violence
  - > 4.2 million asylum seekers
- Displacement has growth from 5 in every 1000 world population in 1997, to 9 in every 1000 in 2018.

#### Snapshot of international migrants

The international migrant population globally has increased in size but remained relatively stable as a proportion of the world's population





Social Affairs, Population Division (2015). Trends in International Migrant Stock: The 2015 revision



# "Migration" and "Health": two sectors with competing if not conflicting policy goals

- health goals are inclusive (i.e. "Health for All", health equity, Universal Health Coverage etc.), and are grounded on principles of human rights, equity, public health in the best common interest of all, multilateralism, inter-country and inter-sector cooperation, and partnership;
- migration goals are often exclusionary and restrictive (i.e. secured borders, national security, national identity, trade interests, and social control) and in some cases nationalism and 'sovereignty'.

In most countries what determine migrants 'access to health care is their status, migration policies, societal values, the capacity of migrants to overcome linguistic, cultural, economic, social barriers, and the capacity of the health sector to produce evidence, and press for the adoption of adequate public health responses.





#### **Myths:**

- "Migrants are carriers of dseases"
- "Migrants are a burden on health systems"
- "Generous social rights attract more migrants"



#### **Reality:**

- ➤ Migrants generally contribute more to the wealth of host society than they cost;
- Most migrations are driven by work opportunities rather than welfare generosity';
- Most migrants usually under-utilize services;
- ➤ Migrant populations are very diverse the health profile of a migrant depends on the characteristics of the migration process at all stages/

Myths and Realities in "Migration and Health"

#### Infectious Diseases

- Inadequate sanitation and hygiene
- Cramped and crowded living conditions
- Access to prevention and treatment, immunization

#### NCDs

- Availability (promotion) of unhealthy lifestyles
- Decreased physical activity
- Environmental and occupational health impacts

#### Trauma

- Workplace injuries (3D jobs)
- Traffic accidents
- Violence including SGBV

#### Mental Health

- Isolation, stigmatization, discrimination
- Forced migration (IDPs, refugees, victims of trafficking)
- Stressors, exploitation, legal status, threat of eviction

(UCL-Lancet Commission on Migration and Health, The Health of a World on the Move, 2018)

(Report on the health of refugees and migrants in the WHO European Region, 2018)

## Migrants have in average

- > a life expectancy lower than the general population
- > an increased infant / child mortality
- > more often reports of a status of poor health
- more frequent mal-treated access to the health services (either over- or under-used, or both)
- higher risk to be treated insufficiently by the health services

(Banks J, Marmot M, Oldfield Z, Smith JP. Disease and Disadvantage in the United States and in England JAMA 2006; 295: 2037-2045).

(WHO. International Migration, Health & Human Rights. 2013).

#### Key health issues for refugees, migrants: disparities, inequalities, determinants

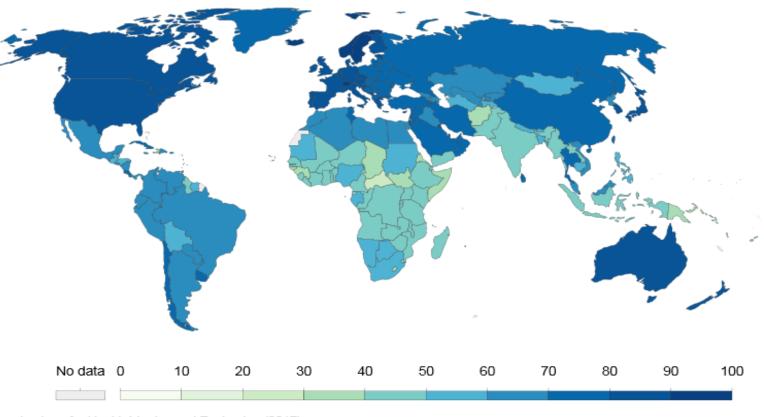
#### Healthcare Access and Quality Index, 2015

Our World in Data

The Healthcare Access and Quality (HAQ) Index is measured on a scale from 0 (worst) to 100 (best) based on death rates from 32 causes of death that could be avoided by timely and effective medical care (also known as 'amenable mortality').

#### 1. DISPARITIES

Access to health care by migrants



Source: Institute for Health Metrics and Evaluation (2017)

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Key health issues for refugees and migrants: disparities, inequalities,

determinants

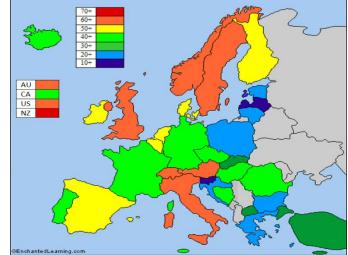
### 2. INEQUALITIES

In addition to legal barriers to health, refugees and migrants might face a combination of geographical, administrative, social, cultural, economic, behavioral and linguistic barriers to health services that might - de facto - exclude them from an equal access, even when regulatory frameworks affirm otherwise

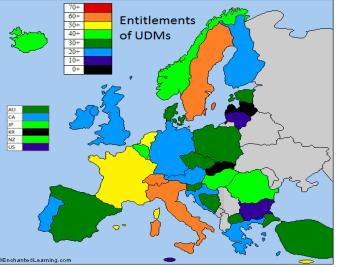
Many States limit the full right to access health services to their citizens only, and refugees and migrants might have fewer entitlements



MIPEX HEALTH STRAND, Migration Policy Group, 2016



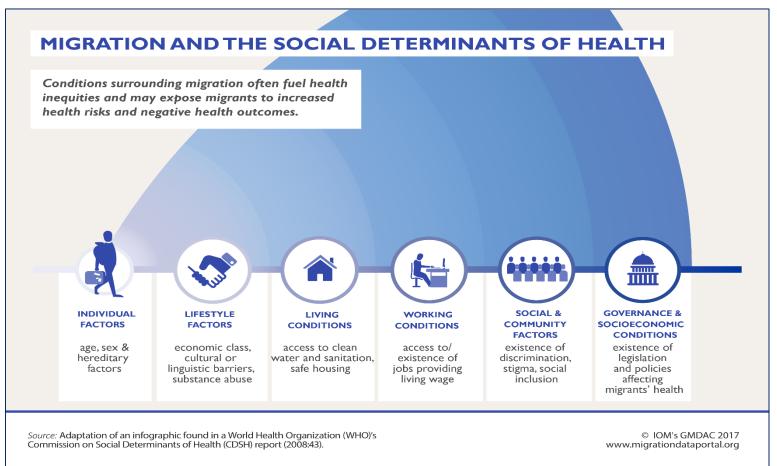
**REGULAR MIGRANTS** 

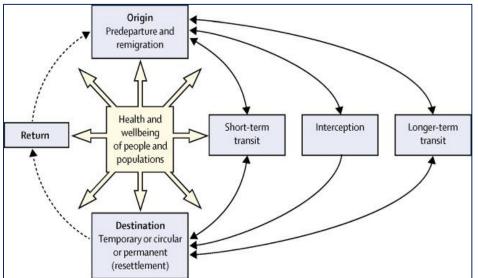


IRREGULAR MIGRANTS

Key health issues for refugees and migrants: disparities, inequalities, determinants

### 3. Social DETERMINANTS of refugees and migrants 'health'





#### **Phases of migration**

(Source: UCL-Lancet Commission on Migration and Health)

### Migration is a social determinant of health

## Migration and Health Related Frameworks of references and chronology of recent developments

61st WHA 2008

> Res. 61.17 Resolution the Health of **Migrants**



**2015 UNGA High-level Political Forum** on Sustainable

Development



72nd WHA 2019















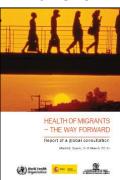


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**2010** 1st global consultation on Migrant Health, Madrid and 1st action framework







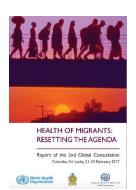
Migrants,

**2016 UNGA High-Level** Meeting on **Large Movements** of Refugees and **NY Declaration** 



2017 **WHA70.15** Framework of priorities and guiding principles to promote the health of refugees and migrants





#### **UNGA 2018**

**Health** aspects addressed in the GCR and the GCM and a reporting mechanism established



WHO-Global **Action Plan** (GAP) on the health of refugees and migrant

#### SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

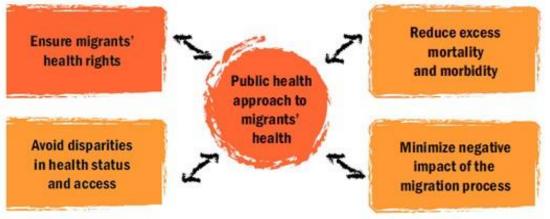
24 May 2008

#### Agenda item 11.9

9.

#### RECOMMENDATIONS OF THE RESOLUTION OF THE 61<sup>ST</sup> WORLD HEALTH ASSEMBLY (WHA61.17/2008) [THE 61ST WHA ASSEMBLY] CALLS UPON MEMBER STATES: to promote migrant-sensitive health policies; to promote equitable access to health promotion, disease prevention and care for migrants, subject to 2. national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race; to establish health information systems in order to assess and analyse trends in migrants' health, 3. disaggregating health information by relevant categories; to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery; to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination; to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues; to train health professionals to deal with the health issues associated with population movements; to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process; to contribute to the reduction of the global deficit of health professionals and its consequences on the

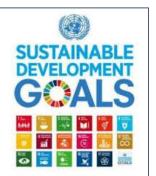
sustainability of health systems and the attainment of the Millennium Development Goals.



- 1) To ensure migrants' health rights. This entails limiting discrimination or stigmatization, and removing impedimens to migrants' access to preventive and curative interventions, which are the basic health entitlements of the host population
- 2) To avoid disparities in health status and access to health services between migrants and the host population.
- 3) To put in place lifesaving interventions so as to reduce excess mortality and morbidity
- To minimize the negative health outcomes of the migration process on migrants' health outcomes. Migration generally renders migrants more vulnerable to health risks and exposes them to potential hazards and greater stress arising from displacement, and adaptation to new environments

## Transforming our world: the 2030 Agenda for Sustainable Development











10.7 facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies

**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all



## UNITED NATIONS SUMMIT FOR REFUGEES AND MIGRANTS NEW YORK DECLARATION, 19 SEPTEMBER 2016



#### **Heads of State and Government committed to:**

- (a) protect safety, dignity, rights of all migrants, regardless of migratory status;
- (b) <u>support countries</u> rescuing, receiving & hosting large numbers of refugees & migrants;



- (c) <u>integrate migrants</u> needs/capacities & those of receiving communities in humanitarian & development planning;
- (d) combat xenophobia, racism & discrimination;
- (e) <u>develop state-led process</u>, <u>non-binding principles & voluntary guidelines</u> on treatment of vulnerable migrants; and refugees
- (f) <u>strengthen global governance of migration</u>, including by <u>bringing IOM into the UN & developing a</u> <u>Global Compact for Safe, Orderly and Regular Migration (GCM)</u>, through a process led by UN Member States, and a <u>Global Compact on Refugees (GCR)</u> led by UNHCR



# Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants

### **GUIDING PRINCIPLES**

- Right to health for all regardless of status,
- Equality and non-discrimination,
- Equitable access to health services,
- Integrated people-centred, migrant-sensitive, and gende sensitive health systems,
- Non-restrictive practices based on health conditions,
- Whole-of-government and whole-of-society response,
- Social inclusion and participation of refugees and migrants,
- Responsibility sharing, partnerships, and international Cooperation.





### Global Compact for Safe, Orderly and Regular Migration (GCM)

#### **OBJECTIVE 15:**

- Provide access to basic services for migrants
- (e) Incorporate the <u>health needs of migrants</u> in national and local health care policies and plans, such as by strengthening capacities for <u>service provision</u>, facilitating <u>affordable and non-discriminatory access</u>, <u>reducing communication barriers</u>, and <u>training health care providers on culturally-sensitive service delivery</u>, in order to promote physical and mental health of migrants and communities overall,
- including by taking into consideration relevant recommendations from the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants.



#### Other Relevant OBJECTIVES for Health:

- OBJ. 1: disaggregated data
- OBJ. 6: decent work
- OBJ. 7: reduce vulnerabilities
- OBJ. 8: save lives
- OBJ. 11: manage borders
- OBJ. 12: appropriate screening
- OBJ. 16: empower migrants
- OBJ. 22: portability of social security
- OBJ. 23: partnership and cooperation



# The Global Compact on Refugees (GCR) The Comprehensive Refugee Response Framework (CRRF)

- The Global Compact on Refugees (GCR) one of the two annexes to the 2016 New York Declaration for Refugees and Migrants (New York Declaration) was endorsed by the UNGA in Dec. 2018;
- The GCR is a framework for <u>more predictable and equitable</u> <u>responsibility-sharing</u>, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation;
- It is intended to implement the **Comprehensive Refugee Response Framework (CRRF)** promoted by UNHCR; objectives include:
- ✓ to ease pressures on the host countries involved,
- ✓ to enhance <u>refugee self-reliance</u>,
- ✓ to expand access to third-country solutions, and
- $\checkmark$  to <u>support conditions in countries of origin</u> for return in safety and dignity.



- https://www.unhcr.org/the-globalcompact-on-refugees.html
- <a href="http://crrf.unhcr.org/en">http://crrf.unhcr.org/en</a>





## The Comprehensive Refugee Response Framework (CRRF) and the Global Compact on Refugees (GCR-2018)

Health aspects included in Section 2.3 Art. 72 and 73 of the GCR. i.e.:

72. In line with national health care laws, politics and plans, and in support of host countries, States and relevant stakeholders will contribute resources and expertize to **expand and enhance quality of national health systems to facilitate access by refugees and host communities**, including women and girls; children, adolescents and youth; older persons; those with chronic illness, including tuberculosis and HIV; survivors of trafficking in persons, torture, trauma or violence, including sexual and gender-based violence; and persons with disabilities

73. Depending on the context, this could include resources and expertize to <u>build and equip</u> <u>health facilities or strengthen services</u>, including through capacity development and training opportunities for <u>refugees</u> and members of host communities who are or <u>could be engaged as health care workers</u> in line with national laws and policies (including with respect to mental health and psychosocial care). <u>Disease prevention, immunization</u> <u>services, and health promotion activities</u>, including participation in physical activity and sport, are encouraged; as are pledges to facilitate affordable and equitable <u>access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities</u>



- https://www.unhcr.org/the-globalcompact-on-refugees.html
- http://crrf.unhcr.org/en





## WHO Global Action Plan 'Promote the Health of Refugees and Migrants' - 2019-2023

#### **SIX PRIORITIES**

- 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 <u>occupational</u> <u>health and safety</u> measures;
- **3. Advocate mainstreaming** refugee and migrant-sensitive <u>health policies</u>, legal and <u>social protection</u>, and <u>gender equality</u>, including interventions to protect and improve the health and well-being of women, <u>children and adolescents</u> living in refugee and migrant settings; and <u>promote partnership</u> and intersectoral, intercountry and interagency <u>coordination and collaboration mechanism</u> in global, regional and country agendas;
- **4. Enhance the capacity** to <u>tackle the social determinants of health</u> and accelerate progress towards achieving the <u>Sustainable Development Goals</u>, <u>including Universal Health Coverage</u>;
- 5. Support measures to improve communication and counter xenophobia;
- 6. Strengthen health monitoring and health information systems

## WHO Health and Migration Programme (PHM)



- Provide global leadership, high level advocacy and dialog 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 system, develop accountability framework and indicators for progress monitoring and reporting on the implementation of the Global Action Plan 'Promoting the health of Refugees and Migrants'
- **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.
- **Promote multi-lateral action**, inter- country, inter- regional and global collaboration for continuity of care and coherent and integrated actions, and to accelerate progress through working across United Nations Systems including the UN Network on Migration and other intergovernmental and non-governmental mechanisms

### **6 PRIORITIES FOR ACTION**



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



5. Support measures to improve communication and counter xenophobia 2. Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures



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3. Advocate mainstreaming refugee and migrant health in the global, regional and country agendas, and promote the following: refugee and migrant-sensitive health policies, and legal and social protection; the health and well-being of women, children and adolescents living in refugee and migrant settings; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms

4. Enhance the capacity to tackle
the social determinants of health
and accelerate progress towards
achieving the Sustainable
Development Goals, including
universal health
coverage



6. Strengthen health monitoring and health information systems

WHO GAP 2019-23



"If we are to remain true to the principles of the SDGs, and leave no-one behind,

we must do a better job in getting health services to refugees and migrants.

And when we say 'health for all' we mean all, including migrants, regardless of their status"



(Dr. Tedros A. Ghebreyesus, DG-WHO UNGA, 22 Sept. 2017)