
Collecting Country Examples on Promoting the health of refugees and migrants

Call for Submissions

Deadline: 15 August 2022



World Health
Organization

Collecting Country Examples on Promoting the health of refugees and migrants

PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS – VOLUNTARY CONTRIBUTIONS TO A COMPENDIUM OF PROMISING PRACTICES

CALL FOR SUBMISSIONS

1. BACKGROUND

The WHO Global Action Plan on promoting the health of refugees and migrants 2019-2023 (GAP) was noted in May 2019 by the Sixty-second World Health Assembly.

Created in alignment with the vision of the 2030 Agenda for Sustainable Development, the 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.

As the GAP is soon to expire, there is a need to reflect and learn from promising ongoing country practices to achieve and advance the 6 priority areas of the GAP.

The purpose of this call is to collect voluntary contributions to a compendium of promising practices, at country level, in promoting the health of refugees and migrants. Examples of policies, programmes, or interventions are requested.

PRIORITIES OF THE GAP



Priority 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions



Priority 2. Promote continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures



Priority 3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of: refugee-sensitive 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 empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms



Priority 4. Enhance capacity to tackle the social determinants of health and to 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-based health communication and to counter misperceptions about migrant and refugee health

2. FREQUENTLY ASKED QUESTIONS

2.1. WHAT IS THE PURPOSE OF THIS CALL?

The purpose of this Call for Submissions is to build a compendium of promising country-level experiences showing how the 6 priority areas of the GAP and its objectives have been implemented at national and sub-national levels to foster and ensure collaboration across governments on the promotion of the health of refugees and migrants. The ultimate goal is to select successful approaches and develop a collection of case examples. This will identify lessons learned and disseminate up-to-date approaches and experiences.

In addition, the results of this call will also inform the final report of the GAP, that will be under discussion in 2023 at the WHO Executive Board and World Health Assembly.

2.2. WHY PARTICIPATE IN THIS CALL?

This compendium of global case examples provides an opportunity for governments (national, regional and local) to showcase promising practices being undertaken around the world, inspiring other countries to adopt them and advance on global health commitments to improve the health of refugees and migrants.

Participants in this Call for Submissions will contribute to building a body of knowledge, sharing successes and challenges, achievements, and lessons learned.

All participants will have an opportunity to be recognised and acknowledged for good work, more specifically:

- All completed and accepted submissions will be part of a report, to be published online by November 2022 – Promoting the health of refugees and migrants: experiences from around the world. This will be disseminated widely through WHO channels and networks.
- Case examples will be part of the GAP final report, which will include analysis of successful approaches, and be submitted to the 2023 Executive Board and World Health Assembly.

2.3. WHO CAN SUBMIT EXAMPLES?

Submissions of experiences in promoting refugee and migrant health at country level (national, regional and local levels) through policies, programmes or interventions are being sought from:

- Government agencies/ministries or equivalent, both from the health sector and other sectors (e.g., migration, interior, finance, education, others),
- A third party (e.g., local governments, WHO regional or country offices, other UN agencies, civil society or academia), as long as the examples described involve collaboration with government authorities (either national, regional, or local).

2.4. HOW TO SUBMIT COUNTRY EXAMPLES?

An online questionnaire (available [here](#)) will be shared with focal points in the Ministries of Health via established WHO channels, as well as other relevant governmental partners.

In addition, WHO regional and country offices, international organizations, civil society organizations and academia will also be invited to participate, if they have specific knowledge or experience of national and sub-national policies, programmes, or interventions that were implemented, after May 2019, **to promote the health of refugees and migrants.**

Submissions will be accepted only in English.

2.5. WHAT IS THE LENGTH FOR EACH EXAMPLE?

Each example provided should be described within 750 words.

2.6. WHAT INFORMATION NEEDS TO BE INCLUDED?

The examples provided should refer to policies, programmes, or interventions aimed at promoting the health of refugees and migrants and that focus on at least one or more key areas of work included in the WHO GAP:

- Governance mechanisms
- Access to quality primary health care, universal health coverage or equitable health-care financing
- Public health emergency preparedness and response
- Prevention and management of communicable diseases
- Prevention and management of non-communicable diseases, including mental health
- Maternal, new-born, child and adolescent health
- Sexual and reproductive health services
- Continuity of care
- Tackling the social determinants of health, workers' health, and occupational health
- Refugee- and migrant-sensitive training and competencies of the health workforce (or others)

- Intercountry and interagency coordination and collaboration mechanisms
- Advocacy, mass media, and public education efforts
- Health information, monitoring and evaluation systems

Additionally, the following aspects should be covered in the description of the examples:

Problem – issue being addressed by the policy/programme/intervention and targeted population /beneficiaries

Context in which the policy/programme/intervention was formulated and implemented, particularly the aspects of time and space (geographic location and level of implementation – national, subnational, local), and the social, economic, migratory and/or political context, when relevant

The **actors** involved in formulating and implementing the policy/programme/intervention – name, whether part of the government or not, sector, role and, if multiple actors involved, how they collaborate

Content of the policy/programme/intervention – policy goals and expected impact, and the strategies and mechanisms used to achieve them (e.g.; regulations, economic instruments, soft policy instruments, others)

Factors that **challenge** and **facilitate** implementation (e.g.; in terms of feasibility, legitimacy, others).

Submissions that outline actions to address the health needs and rights of refugees and migrants in vulnerable situations, or gender-equitable and gender-responsive efforts, as well as efforts for countering gender-based violence, will be viewed favourably.

The examples provided can portray initiatives that:

- Reflect within country or cross-border policies, and
- Have been implemented in the past, are currently implemented, or are going to be implemented soon (until the end of 2023), and
- Have been formulated and/or implemented after the adoption of the GAP in May 2019 and before April 2022.

Additional requirements:

- Only initiatives (policies, programmes, interventions) with government involvement at either the national, regional, or local level will be accepted.

2.7. CAN A MEMBER STATE OR THIRD PARTY SUBMIT MORE THAN ONE EXAMPLE?

Each Member State or third party can make only one submission, although within each submission several examples of policies, programmes and interventions can be provided.

2.8. WHAT ARE FOLLOWING STEPS?

This Call will be used for mapping experiences that promote the health of refugees and migrants through the implementation of policies, programmes, and interventions that reflect the priorities, objectives, and options for support included in the WHO GAP. Case examples must be completed and submitted by Member States or other national or sub-national governments, as well as other stakeholders, using the online questionnaire.

WHO will then compile the first global mapping report on the WHO GAP implementation, *Promoting the health of refugees and migrants: case examples from around the world*, using these findings as part of a report. This report will showcase country experiences in advancing the GAP, including an overview of common challenges and facilitators to implementation, and provide general policy considerations on how WHO Member States can continue promoting the health of refugees and migrants. All submissions that are fully completed and fulfil the requirements as previously described will be included.

Additionally, participants who express availability in the questionnaire may be posteriorly contacted to be interviewed through online channels. The interviews will be audiotaped and transcribed upon consent and will be used to request details missing in the submitted examples.

Although respondents will not be individually identified in the outputs of this Call for Submissions, the institutions they represent will. Only examples covering all the information necessary for the case studies will be included. The collected information will also be assembled into the GAP final report to be submitted to the 2023 WHO Executive Board and World Health Assembly.

The reports will be accessible online and widely disseminated through WHO channels and networks.

Please note that all WHO data privacy requirements will be applied.

2.9. WHAT IS THE TIMELINE?

15 June to 15 August

3. SAMPLE QUESTIONNAIRE

BACKGROUND INFORMATION

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

- First name:
- Last name:
- Affiliation:
- Position:
- Email:
- Phone (including country code):
- Country:

3.2. Are you completing this questionnaire on behalf of the government?

☐ Yes. ☐ No.

- If yes,
- Name of the ministry or equivalent or sub-national government:

- Institutional website:

3.3. Would you be available to be interviewed through online channels to provide further details on the examples you are going to submit, if necessary?

☐ Yes. ☐ No.

3.4. Case Examples

In the following sections you are requested to provide one or more examples of policies, programmes, or interventions aimed at promoting the health of refugees and migrants and that reflect the priorities, objectives, and options for support included in the WHO GAP.

For each example, you are going to be asked the same set of questions.

How many examples would you like to submit?

Country example questions

Please answer to the following questions regarding only the **first example** you are going to describe.

1. Which key area(s) of work related to the health of refugees and migrants are/were targeted by the example that you are going to describe? Select all that apply.

- ☐ **Governance mechanisms** (e.g.; intersectoral mechanisms health in all policies approach; whole of society and whole of government approaches; strengthening national and local-level capacity to meet the needs and rights of refugees and migrants; involvement of refugees and migrants into decision making procedures)
- ☐ **Access to quality primary health care, universal health coverage or equitable health-care financing** (e.g.; inclusion of refugees and migrants in existing health systems; access to emergency health care; access to medicines and medical products; appropriate referral to secondary/tertiary care; counter-acting access barriers, such as cultural, financial, legal, administrative, discriminatory, gender-based, and communication-related barriers; quality health services accessible to refugees and migrants, from health promotion to prevention, treatment, rehabilitation, and palliative care; others)
- ☐ **Public health emergency preparedness and response mechanisms inclusive of people on the move** (e.g.; humanitarian and emergency health responses; disaster risk reduction strategies, such as pre-disaster risk assessment, prevention, mitigation and effective response to disasters; public health responses to refugee and migrant arrivals; communicable diseases outbreaks and pandemics – surveillance, preparedness and response mechanisms; others)
- ☐ **Prevention and management of Communicable Diseases (CD), among refugees and migrants** (e.g.; main CD – tuberculosis, HIV, malaria; neglected tropical diseases; vaccination or immunisation; appropriate use of antibiotics; prevention of antimicrobial resistance; screening, medical examination, diagnostic and treatment; others)

- ☐ **Prevention and management of Non-Communicable Diseases (NCDs), including mental health, among refugees and migrants** (e.g.; main NCDs – cardiovascular diseases, diabetes, cancer, chronic respiratory illnesses; addressing risk factors, such as tobacco and alcohol use, physical inactivity, poor nutrition; mental health conditions such as anxiety, depression, post-traumatic stress disorder; psychological care delivery; screening, medical examination, diagnostic and treatment; others)
- ☐ **Maternal, new-born, child, and adolescent health**
- ☐ **Sexual and reproductive health services inclusive of refugees and migrants** (e.g.; family planning; sexually transmitted infections; others)
- ☐ **Continuity of care** (e.g.; patient tracing; portable health records and health cards; cross-border exchange of information and joint actions; others)
- ☐ **Tackling the social determinants of health, workers' health, and occupational health** (e.g.; multisectoral and multi-stakeholder collaboration to address the health needs and rights of refugees and migrants, such as access to water, sanitation, food and housing infrastructure; social and legal protection mechanisms; social and economic factors; tackling climate change; ensuring the health and safety of refugee and migrant workers and their families; equal treatment and ethical recruitment of migrant health workers; others)
- ☐ **Refugee- and migrant-sensitive training and competencies of the health workforce (or others)** (e.g.; training healthcare workers and/or personnel from other sectors in cultural competencies; effective communication of refugees' and migrants' rights; enhancing health/social protection systems' literacy among refugees and migrants; others)
- ☐ **Intersectoral, intercountry, and interagency coordination and collaboration mechanisms** (e.g.; global refugee and migrant coordination arrangements, such as implementation of the Global Compact for Refugees, the Global Compact for Migration, or other mechanisms inside and outside UN agencies; intercountry surveillance; multisectoral action in public health responses; others)
- ☐ **Advocacy, mass media, and public education efforts** (e.g.; providing accurate information on the health needs and impact of refugees and migrants for risk communication and community engagement and to counter misperceptions and exclusionary acts, such as discrimination and stigmatization; others)
- ☐ **Health information, monitoring and evaluation systems** (e.g.; inclusion of refugee and migrant health data in existing surveillance systems; collecting and analysing disaggregated data at national/local level on health-seeking behaviour, access to the use of health care, disease-risk distribution and risk-reduction; implementation of research agenda on refugee and migrant health, initiatives to translate research into policy, others)

2. Does the policy/programme/intervention that you are going to describe specifically target any of the following groups in vulnerable situations? Please select all that apply.

- ☐ Undocumented migrants
- ☐ Women
- ☐ Unaccompanied and/or accompanied children
- ☐ Adolescents
- ☐ Youth
- ☐ Older persons
- ☐ Persons with disabilities
- ☐ Those with chronic illnesses
- ☐ Those who survived human trafficking, torture, trauma or any other type of violence, including sexual and other forms of gender-based violence
- ☐ Those in detention or reception settings
- ☐ Those in transitory accommodation settings (eg. Refugee camps, detention or reception settings)

3. Does the policy/programme/intervention that you are going to describe include gender-equitable or gender-responsive efforts, or efforts for countering gender-based violence (e.g.; empowerment of women and girls; collecting and analysing disaggregated data by gender; training healthcare workers in situation assessments, screening, diagnostic, treatment and prevention of gender-based violence; others)?

☐ Yes. ☐ No.

• If yes, please briefly explain how

4. When was this policy/programme/intervention formulated or implemented?

• DD/MM/YYYY

• 5. Is this policy/programme/intervention still implemented?

☐ Yes. ☐ No.

• If not, when was the end date of implementation?

DD/MM/YYYY

6. As mentioned in question 2.6 of the Frequently Asked Questions, only initiatives with involvement of government authorities will be accepted. Please provide the name of the ministry(ies) or equivalent, or the sub-national government(s) involved in implementing the initiative you are going to describe.

- Name of the ministry(ies) or equivalent or sub-national government(s):

- Institutional website(s):

7. Please provide the title of the policy/programme/intervention you are going to describe. This title will be used to disseminate the example provided globally. (maximum 20 words)

8. Please provide a summary of this policy/programme/intervention with reference to the following aspects: problem, context in which it was implemented, actors involved, content, implementation barriers and facilitators. Further details on the information that needs to be included regarding these aspects are provided in question 2.6 of Frequently Asked Questions. Please clarify in your description how the answers given to the previous questions apply. (maximum of 750 words)

- ☐ **Problem** – issue being addressed by the policy/programme/intervention and targeted population / beneficiaries
- ☐ **Context** in which the policy/programme/intervention was formulated and implemented, particularly the aspects of time and space (geographic location and level of implementation – national, subnational, local), and the social, economic and/or political context, when relevant
- ☐ The **actors** involved in formulating and implementing the policy/programme/intervention – name, whether part of the government or not, sector, role and, if multiple actors involved, how they collaborate
- ☐ **Content** of the policy/programme/intervention – policy goals and expected impact, and the strategies and mechanisms used to achieve them (e.g.; regulations, economic instruments, soft policy instruments, others)
- ☐ **Factors** that **challenge** and **facilitate** implementation (e.g.; in terms of feasibility, legitimacy, others)

a) If you would like to provide any documents (e.g., reports) or websites regarding the initiative you described, please insert them here:

9. At what level is/was this policy/programme/intervention implemented?

- National

Please name the country(ies) involved:

- Sub-national (state, province, canton, regional level)

Please name the jurisdiction(s) involved:

- Local (city, municipality level)

Please name the city(ies)/region(s) involved:

10. Which sectors/ministries or equivalent are/were involved in the implementation of the policy/programme/intervention that you described? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Justice and security |
| <input type="checkbox"/> Economy and/or Finance | <input type="checkbox"/> Legislature |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Trade and industry |
| <input type="checkbox"/> Food | <input type="checkbox"/> Home affairs |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Foreign affairs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Recreation, sport |
| <input type="checkbox"/> Employment/labour | <input type="checkbox"/> Urban planning |
| <input type="checkbox"/> Social welfare | <input type="checkbox"/> Office of central government (e.g., President/
Prime Minister and Cabinet or equivalent) |
| <input type="checkbox"/> Social and economic development | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Women, children, youth affairs | <div></div> |
| <input type="checkbox"/> Housing | |

11. Are/were there any other actors involved in this initiative?

☐ Yes. ☐ No.

If yes – which other actors are/were involved? Select all that apply.

☐ Nongovernmental organizations/community-based organizations/civil society

☐ Academia (including research centres)

☐ Private sector

☐ Philanthropic organizations

☐ WHO

☐ Other international organizations (i.e., other UN agencies, World Bank, etc)

☐ Other relevant actor (please describe):

12. If you have selected WHO in the previous question, could you briefly explain what was WHO involvement and the resulting impact?

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

☐ Yes.

If yes, are the results publicly available?

- Yes. If you would like to provide any documents or websites regarding the evaluation please insert them here:

☐ No.

☐ In progress.

☐ Not intended to be evaluated.

Questions for Member States

The following questions are to be answered only in case you are submitting this response as a Member State.

1. Are there any refugee and/or migrant health focal points in the country you are representing?

☐ Yes. ☐ No.

- Yes. If yes, please identify them:

(Note: refugee and migrant health focal points are persons designated to advance these matters at the national level and also to engage with the international community)

2. Is there a national health plan/strategy that is inclusive of refugees and migrants in the country you are representing?

☐ Yes. ☐ No.

- Yes. If yes, please provide instructions for retrieving information regarding the plan:

3. Are disaggregated data on the health of refugees and migrants collected in the country you are representing?

☐ Yes. ☐ No.

- Yes. If yes, please provide some examples:

4. What are the priority migration health research gaps in your country? (If this is in a specific migration context within your country please specify)

Contact point for clarifications

If you need more information or clarification, please do not hesitate to send an email to:
healthmigration@who.int.

Health and Migration Programme (PHM)

World Health Organization

20 Avenue Appia

1211 Geneva 27 Switzerland

who.int