



World Health
Organization

A stylized number '5' composed of various colored segments (yellow, orange, pink, blue, green) and a central circular element containing the letters 'eh'.

GLOBAL SCHOOL

ON REFUGEE AND
MIGRANT HEALTH

Advancing Universal Health Coverage
for refugees and migrants:
from evidence to action

2 – 6 DECEMBER 2024

Hybrid event – Web streamed from Bogotá Colombia

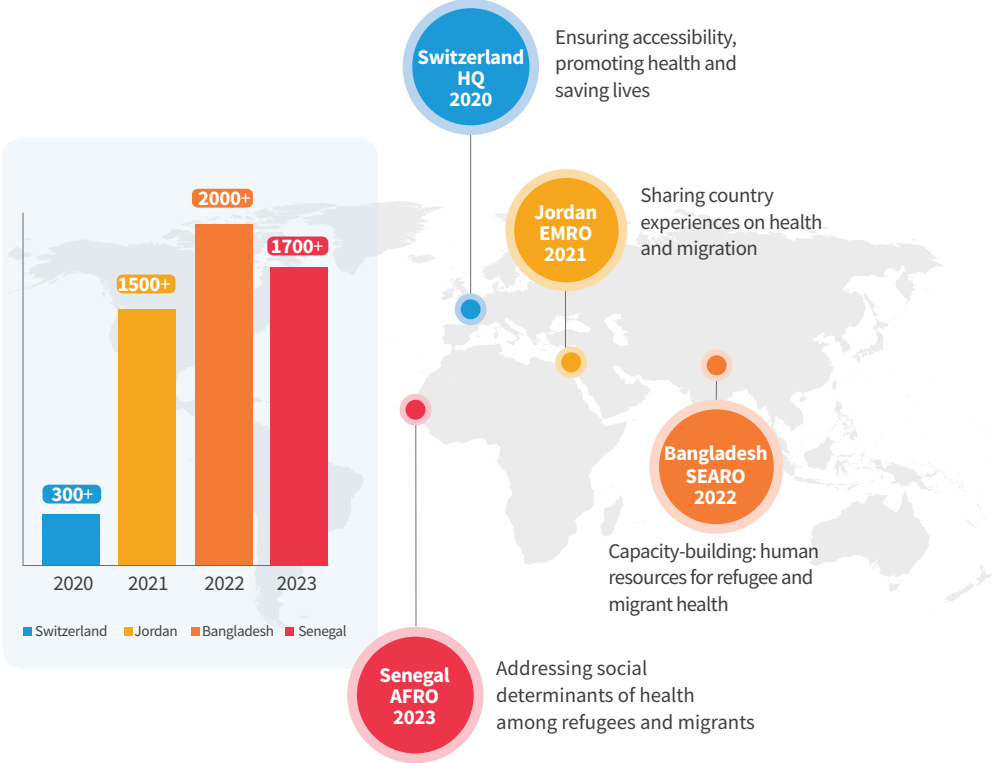
About the Global School on Refugee and Migrant Health

The Global School on Refugee and Migrant Health is a five-day flagship course hosted annually by WHO in different regions. It provides an opportunity for a diverse range of stakeholders in the health and migration sector including— governments, United Nations agencies, researchers, Non-Governmental Organizations and civil society— to come together to share country experiences and knowledge, outline good practices, identify gaps and collectively pave the way forward, leaving no one behind.

Why the Global School is important

When people move from their homes and countries, they may face many challenges including access to basic rights, such as health care. The WHO's Department of Health and Migration, through the Global School on Refugee and Migrant Health, supports countries to address health needs and rights for all people on the move. This requires culturally sensitive and effective care that recognizes both the impact of migration on physical and mental health, and the various barriers hampering the availability, accessibility, acceptability and affordability of health services for these populations.

Highlights from previous Global Schools



- WHO Regional Office for Africa (AFRO)
- WHO Regional Office for South-East Asia (SEARO)
- WHO Regional Office for the Eastern Mediterranean (EMRO)
- WHO headquarters (HQ)

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Refugees and Migrants in Colombia



According to UNHCR (2024), **Colombia hosts the third-largest number of refugees in the world.**¹

It also **hosts the largest population of Venezuelan refugees and migrants in the region**, with nearly 3 million seeking safety within its borders.¹ It is a major transit country for Venezuelans and displaced people of other nationalities who are moving north towards other parts of America.²

The Government of Colombia has implemented various initiatives to ensure equitable access to health services particularly to refugees and migrants from Venezuela including:

- 1

Border Management through the creation of humanitarian corridors with COVID-19 biosecurity protocols;
- 2

Equal access to health services to migrants and refugees, including emergency mechanisms for irregular status holders;
- 3

Cash-based programmes for housing, food, WASH assistance, health and shelter services.

This has had a positive impact in the lives of refugees and migrants through:

- Improved access to healthcare for over two million Venezuelans;
- Enhanced capacity of healthcare workers to address refugee and migrant health needs;
- Strengthened disease surveillance and outbreak response.

¹ UNHCR. Colombia's Refugee Crisis and Integration Approach Explained. Geneva: United Nations High Commissioner for Refugees; 2024 (<https://www.unrefugees.org/news/colombia-s-refugee-crisis-and-integration-approach-explained/>, accessed 19 Nov 2024).
² Rossiasco P, de Narváez P. Adapting public policies in response to an unprecedented influx of refugees and migrants: Colombia case study of migration from Venezuela. Washington, DC: World Bank; 2023 (<https://thedocs.worldbank.org/en/doc/7277e925bdaa64d6355c42c897721299-0050062023/original/WDR-Colombia-Case-Study-FORMATTED.pdf>, accessed 19 Nov 2024).

The Fifth Global School on Refugee and Migrant Health

Advancing Universal Health Coverage for Refugees and Migrants: From Evidence to Action

Rationale

Universal Health Coverage (UHC) serves as a fundamental pillar for enhancing the health of all individuals, promoting well-being and eradicating poverty in all its forms. This recognition was prominently reflected in the UN Political Declaration of the high-level UHC meeting in September 2023, where Member States reaffirmed their commitment to UHC and emphasized the significance of national ownership and governmental responsibility in prioritizing its achievement, thereby making it an indispensable goal in their agendas.

UHC means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course.³



Millions of people are forced to leave their homes due to conflict, violence, human rights violations, persecution, disasters and the impact of climate change every year.⁴

³ Universal Health Coverage (UHC). In: WHO/Newsroom/Fact sheets/Detail [website]. Geneva: World Health Organization; 2023 ([https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)), accessed 19 Nov 2024).

⁴ European Civil Protection and Humanitarian Aid Operations. Forced displacement. Geneva: European Commission; 2024 (https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/forced-displacement_en, accessed 19 Nov 2024).

As of May 2024,



the number of forcibly displaced people in the world reached a staggering

123 MILLION⁵

the number of refugees and persons in **need of international protection** climbed to



43.4 MILLION⁵

while the number of **internally displaced** persons rose to

68.3 MILLION.⁵

Migrants and displaced populations often face substantial health challenges and encounter barriers when accessing healthcare services, further complicating and presenting unique challenges in achieving UHC.

While many countries are making progress in safeguarding migrants' right to health, intensified efforts are required to improve migrants' access to health services across the mobility continuum and accelerate progress towards UHC in an inclusive and equitable manner.

Advancing towards UHC requires a broad range of actions focused on the strengthening of national health strategies, policies and programmes tailored to address the health needs and rights of migrants, and to provide access to comprehensive integrated and quality health services that are sensitive to language and culture.

Investing in the health of refugees and migrants, which includes providing health promotion, disease prevention and treatment, is not only a sound public health strategy but also a wise economic practice. The potential costs of excluding them from healthcare services, both in terms of health outcomes and finances, are likely to exceed the expenses of implementing inclusive health policies and programmes.

⁵ UNHCR, Refugee Statistics. Geneva: United Nations High Commissioner for Refugees; 2024 (<https://www.unhcr.org/refugee-statistics>, accessed 19 Nov 2024).



As countries prioritize equity and inclusion in their health policies, they must also ensure that migrants have equal access to quality health care services. This endeavour is crucial for advancing the goal of Universal Health Coverage. The Global School 2024 aims to promote evidence-informed policymaking and targeted interventions by disseminating knowledge and information on challenges and achievements in implementing UHC for refugees and migrants in different geographical and social contexts.

Structure of the Global School

The Global School 2024 consists of five modules to be delivered over five consecutive days from Monday to Friday.



Each module is dedicated to one specific thematic area and is **90 minutes**.

Main topic

Over the five days, the Global School 2024 will focus on advancing Universal Health Coverage (UHC) for refugees and migrants by integrating their health needs into national frameworks, while reinforcing global commitments to equity, inclusivity and universal access to health care.

Key discussion themes include:



Promoting Inclusive Primary Health Care for Refugee and Migrant Health Needs and Rights: Innovative approaches to delivering culturally sensitive primary health care that meet the specific needs of these populations.



Managing the Continuum of Care for Non-Communicable Diseases (NCDs) during the migration cycle: Addressing the growing burden of NCDs among refugees and migrants, and advocating for inclusive, continuous care for chronic conditions across and within borders.



Including Migrants in Comprehensive Health Financing Strategies: Exploring cost-effective mechanisms to remove financial barriers and ensure access to essential services for displaced and migrant populations.



Closing the Gap between Research and Policy Making to Better Address the Migrant Health Needs: Translating research into actionable policies to support evidence-based decision-making.



Universal Health Coverage Throughout and Beyond Refugee and Migrant Health Emergency Crises: Linking emergency responses with long-term health system improvements to sustain UHC through crises and recovery.

Target audiences

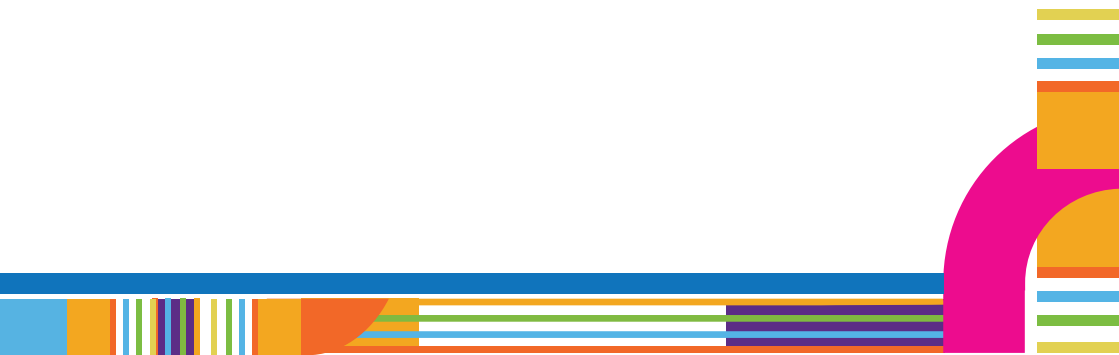
The Global School presents an opportunity to enhance communication and cooperation between different stakeholders in the field of health and migration including high-level health sector and government officials, health sector managers, health and non-health sector policymakers, lawmakers as well as public health professionals involved in planning, developing and implementing policies targeting refugees and migrants.

The Faculty of the Global School

The Faculty of the Global School consists of representatives from WHO and other United Nations agencies, international experts, field actors from different regions and disciplines relevant to the area of refugee and migrant health.

Programme/Agenda

Below is the detailed agenda that will be delivered over the five days:



Day 1.

Promoting Inclusive Primary Health Care for Refugee and Migrant Health Needs and Rights

Monday, 2 December, 2024

Description and rationale

Primary health care (PHC) is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and wellbeing closer to communities. It has three components: integrated health services to meet people's health needs throughout their lives; addressing the broader determinants of health through multi-sectoral policy and action; empowering individuals, families and communities to take charge of their own health.⁶

PHC is widely acknowledged as the most inclusive, equitable and effective path to UHC,⁶ including migrants and refugees. It enables systems to respond to the population's health needs from health promotion to disease prevention, treatment, rehabilitation, palliative care and more; while also strengthening the resilience of health systems to prepare for, respond to and recover from crises.

UHC and PHC are indeed closely intertwined concepts that aim to ensure that all individuals and communities have access to quality essential health services without suffering financial hardship.

Providing PHC to migrants is essential for promoting their well-being and facilitating their integration into new communities. Migrants often face unique health challenges related to the migration process itself, as well as social determinants such as language barriers, cultural differences and limited access to healthcare services. Adapting primary health care to meet the health needs and rights of refugees and migrants requires adjustments at individual, organizational and structural levels.

⁶ World Health Organization. Primary health care. Geneva: WHO; 2023 (<https://www.who.int/health-topics/primary-health-care>, accessed 19 Nov 2024).



The Global School 2024 showcases innovative approaches and best practices for delivering primary healthcare services to refugee and migrant populations. It also highlights successful programmes and initiatives that have effectively addressed the healthcare needs and rights of these communities.

Learning objectives:

- To recognize PHC's foundational role in refugee and migrant well-being;
- To link UHC principles to equitable PHC access for refugees/migrants;
- To identify and address access barriers (language, legal, cultural) for these groups;
- To review successful PHC models for refugee/migrant health needs;
- To emphasize cross-sectoral efforts in tackling social health determinants.

Guiding questions:

- How does PHC improve access for refugees/migrants?
- How can health systems adapt for these populations in PHC?
- What are key barriers and solutions?
- How does PHC support both health promotion and crisis response?
- Examples of cross-sectoral approaches?

Expected learning outcomes:

The session is expected to:

- Create comprehensive PHC understanding for inclusive health and resilience;
- Provide insights into adaptable, scalable PHC strategies;
- Recognize barriers and provide mitigation strategies;
- Foster the application of cross-sectoral partnerships in PHC interventions;
- Provide exposure to global best practices for culturally responsive PHC.

Time	Agenda
10:00–10:15	School opening Santino Severoni, Director, WHO Department of Health and Migration, HQ
	Opening remarks Tedros Adhanom Ghebreyesus, Director-General, WHO
	High level address Guillermo Jaramillo, Minister of Health and Social Protection, Colombia
10:15–10:25	Field video reportage from Brazil
10:25–10:45	Keynote address Karl Blanchet, Professor, Director, Geneva Centre of Humanitarian Studies and InZone, University of Geneva
10:45–10:55	Field video reportage from South Sudan
10:55–11:25	Q&A session Moderator: Baltica Cabieses, Professor, Universidad del Desarrollo
11:25–11:30	Conclusion <ul style="list-style-type: none"> • Gina Tambini, PAHO/WHO Representative, Colombia • Santino Severoni, Director, WHO Department of Health and Migration, HQ



Day 2.

Managing the Continuum of Care for Non-Communicable Diseases (NCDs) during the Migration Cycle

Tuesday, 3 December, 2024

Description and rationale

NCDs are an increasing public health challenge in all countries, particularly in low and middle-income countries that lack a resilient healthcare system, where more than three-quarters of NCDs deaths occur.⁷ Although the process of migration itself is not a determinant of NCD prevalence, NCD risk factors can be exacerbated by social determinants of health surrounding the migration process.

The WHO's Global Evidence Review on NCDs highlighted that the treatment of existing NCDs can face disruptions due to various factors associated with the migratory journey, such as difficulties accessing healthcare in new settings, lack of continuity of care and encountering multiple different organizations within health systems along the journey.

In transit and on reaching their country of destination, they are more likely to be exposed to economic inequalities, with adverse (or poor) living and working conditions, social exclusion and discrimination.⁸ These can create environmental, behavioural and lifestyle changes that increase the risk factors for NCDs. In addition to the potential increase in risk factors for NCDs, refugees and migrants may face interruption or delay in initiating necessary health care and encounter legal or migrant-specific barriers that may prevent access to NCD services.⁸

The Global School 2024 provides a platform for sharing information about the magnitude and patterns of NCD burdens, risk factors in refugees and migrants

⁷ World Health Organization. Non-communicable diseases (NCDs): Fact Sheets. Geneva: WHO; 2023 (<https://www.who.int/health-topics/noncommunicable-diseases>, accessed 19 Nov 2024).

⁸ World Health Organization. Continuum of care for non-communicable disease management during the migration cycle. Geneva: WHO; 2022 (<https://iris.who.int/handle/10665/352261>, accessed 19 Nov 2024). License: CC BY-NC-SA 3.0 IGO.

related to gaps, barriers within NCD health services health system and NCD policy gaps for the continuum of care across the migration cycle. It also exposes participants to migrant-inclusive practices and interventions in selected countries.

Learning objectives:

- To create an understanding of the impact of migration on NCDs risk factors and access to healthcare;
- To identify barriers within healthcare systems that disrupt the continuity of NCD care for migrants and refugees;
- To review and evaluate NCD healthcare services so as to effectively address the needs of migrant and refugee populations.

Guiding questions:

- What challenges do refugees and migrants encounter when accessing NCD health care services?
- What role does cross-sectoral collaboration play in ensuring continuity of care for NCDs among migrants?
- How can host countries effectively address the NCD needs of migrants, particularly in emergency situations?
- What are examples of countries successfully integrating migrants into NCD care programmes?

Expected learning outcomes:

- Participants will gain insights into strategies for ensuring continuity of NCD healthcare for migrants and refugees;
- Participants will recognize effective policies that promote inclusivity in NCD care;
- Participants will be well-equipped to identify and address gaps within health systems that impact NCD care for migrants.



Time	Agenda
10:00–10:05	Day overview Santino Severoni, Director, WHO Department of Health and Migration, HQ
10:05–10:10	High-level address Jarbas Barbosa, Regional Director, PAHO
10:10–10:20	Field video reportage from Jordan
10:20–10:35	Keynote address Kiran Jobanputra, Expert on NCD integration in preparedness and response to humanitarian crises, Department of Non- Communicable Diseases, Rehabilitation and Disability, WHO Headquarters.
10:35–10:45	Field video reportage from Italy
10:45–11:25	Q&A Moderator: Baltica Cabieses, Professor, Universidad del Desarrollo
11:25–11:30	Conclusion Santino Severoni, Director, WHO Department of Health and Migration, HQ

Day 3.

Including Migrants in Comprehensive Health Financing Strategies

Wednesday, 4 December, 2024

Description and rationale

Everyone, including refugees and migrants, should be able to enjoy the right to health and access to people-centred, high-quality health services without financial hardship.⁹ While migrants, especially those in irregular administrative situations, are frequently restricted to emergency care in numerous countries, these limitations are typically justified on economic grounds to conserve scarce resources.

However, research on the economics of migrant health policies suggests that such restrictions may escalate expenses. Ensuring equitable access to comprehensive, timely and high-quality health services for all individuals, including migrants, not only upholds the right to health for all, improving health equity but also demonstrates cost-effectiveness compared to exclusively addressing medical emergencies.

The Global School 2024 provides an opportunity to discuss the current financing mechanisms implemented by various countries to support Universal Health Coverage among refugee and migrant populations. The third day of the Global School showcases innovative and effective examples of health financing mechanisms for the inclusion of refugees and migrants within the hosting national health systems.

Learning objectives:

- To create an understanding of the advantages of migrant-inclusive national health financing;
- To examine effective financing mechanisms for equitable migrant healthcare access;
- To establish barriers to implementing inclusive health financing.

⁹ World Health Organization. Refugee and migrant health: Fact Sheets. Geneva: WHO; 2023 (<https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>, accessed 19 Nov 2024).



Guiding questions:

- What are the public health implications of restricted health care access for migrants?
- What barriers do host countries face when financing migrant healthcare and how can they be addressed?
- How can collaboration among countries enhance migrant health financing?

Expected learning outcomes:

At the end of the session, participants will be able to:

- Recognize the economic and societal benefits of inclusive health financing;
- Understand country initiatives required to reduce financial barriers for migrants;
- Identify successful collaborations for effective migrant health financing.

Time	Agenda
10:00–10:05	Day overview Santino Severoni, Director, WHO Department of Health and Migration, HQ
10:05–10:10	High-level address James Fitzgerald, Director, Department of Health Systems and Services, PAHO
10:10–10:20	Field video reportage from Colombia
10:20–10:35	Keynote address Josephine Borghi, Professor in Health Economics LSHTM
10:35–10:45	Field video reportage from Thailand
10:45–11:25	Q&A Moderator: Baltica Cabieses, Professor, Universidad del Desarrollo
11:25–11:30	Conclusion Santino Severoni, Director, WHO Department of Health and Migration, HQ

Day 4.

Closing the Gap between Research and Policy Making to Better Address the Migrant Health Needs

Thursday, 5 December, 2024

Description and rationale

The landmark WHO World Report, 2022 on the health of refugees and migrants noted a global lack of comprehensive, high-quality and contextualized research on health, migration and displacement.¹⁰ This is mainly the case for topics relevant to policymaking and policy implementation (particularly for marginalized and disadvantaged migrant subgroups) and for the responsiveness and appropriateness of health strategies for migrants, refugees and other displaced populations.

WHO's Global Research Agenda on health, migration and displacement (2023)¹¹ identifies five top global priorities for research to be conducted over the next five years and a global roadmap for strengthening research and translation of research into policy and practice, with one of the top five core priorities being: to generate evidence on inclusive UHC and PHC for migrants, refugees and other displaced populations.

The Global School 2024 presents examples of how research can best be translated into concrete actions towards UHC at the country level and emphasizes the importance of using evidence for policy making within the framework of the Global Research Agenda on health, migration and displacement.

Learning objectives:

- To create an understanding of how research can address gaps in health policy and practices for migrants and refugees;
- To identify key research priorities for enhancing UHC and PHC for displaced populations;
- To explore methods for translating health research into impactful policies for migrant and refugee health.

¹⁰ World Health Organization. World report on the health of refugees and migrants. Geneva: WHO; 2022 (<https://www.who.int/publications/i/item/world-report-on-the-health-of-refugees-and-migrants>, accessed 19 Nov 2024).

¹¹ WHO Department of Health and Migration. Global Research Agenda on health, migration and displacement. Geneva: WHO; 2023 (<https://www.who.int/publications/i/item/9789240059460>, accessed 19 Nov 2024).



Guiding questions:

- What challenges exist in translating research into health policies for migrants and refugees?
- How can evidence on migrant health be used to inform UHC and PHC policy at the country level?
- What steps can be taken to strengthen research that supports policymaking for displaced populations?

Expected learning outcomes:

At the end of the session, participants will be able to:

- Recognize the significance of evidence-based policymaking for migrant and refugee health;
- Identify research gaps impacting UHC and PHC for migrants;
- Gain insights on how countries are effectively translating research into national health policies for displaced populations.

Time	Agenda
10:00–10:05	Day overview Santino Severoni, Director, WHO Department of Health and Migration, HQ
10:05–10:10	High-level address Amy Pope, IOM Director General
10:10–10:20	Field video reportage from Estonia
10:20–10:35	Keynote address Jeremy Farrar, Chief Scientist, WHO
10:35–11:25	Q&A Moderator: Baltica Cabieses, Professor, Universidad del Desarrollo
11:25–11:30	Conclusion Santino Severoni, Director, WHO Department of Health and Migration, HQ

Day 5.

Universal Health Coverage Throughout and Beyond Refugee and Migrant Health Emergency Crises

Friday, 6 December, 2024

Description and rationale

Migration crises, characterized by large-scale movements of people often due to conflict, persecution, natural disasters or economic hardship, present significant challenges for both migrants and host countries. Effectively addressing these crises needs a multifaceted approach that encompasses immediate humanitarian assistance, long-term integration strategies, and policies that safeguard the rights and dignity of migrants.

The Global School 2024 sheds light on the concept of nexus between emergency health response and the necessary structural changes within health systems during and after migrant and refugee health emergency crises. The final panel discussion explores countries' experiences in responding to migrant health emergency crises and the medium- to long-term challenges they encounter.

Learning objectives:

- To create an understanding of the link between emergency health responses and health system strengthening for the support of migrant and refugee populations;
- To identify approaches for linking immediate health interventions with longer-term health planning within the context of Universal Health Coverage (UHC) and Primary Health Care (PHC);
- To explore country experiences in addressing migrant health needs during and beyond crises.

Guiding questions:

- How can emergency health responses be aligned with UHC goals for migrants and refugees?



- What are the key barriers to ensuring continuity of care for migrant populations post-crises?
- How can health policies support both immediate and long-term health needs in migrant health crises?

Expected learning outcomes:

At the end of the session, participants will be able to:

- Understand the role of integrated health interventions in achieving UHC for migrants and refugees;
- Gain insights into effective country strategies for addressing migrant health needs throughout the crisis-to-recovery continuum;
- Formulate recommendations for health policies that support equitable access to quality healthcare for displaced populations in both emergency and long-term contexts.

Time	Agenda
10:00–10:05	Day overview Celso Bambaren, Unit Chief, PHE, PAHO
10:05–10:10	High-level address Michael Ryan, Executive Director, WHO Health Emergencies Programme
10:10–10:15	Video message Ailan Li, ADG; UHC/ Healthier Populations
10:15–10:30	Keynote address Ciro Ugarte, Director, PHE PAHO
10:30–11:15	Panel Discussion
11:15–11:30	Conclusion Santino Severoni, Director, WHO Department of Health and Migration, HQ

Speakers



Tedros Adhanom Ghebreyesus

Tedros A. Ghebreyesus is the current WHO Director-General, elected by the Seventieth World Health Assembly in May, 2017 for a five-year term.

He is the first WHO Director-General from the WHO African Region to head the world's leading public health agency.

Before becoming the Director General of WHO, Ghebreyesus served in various capacities at both national and international levels. At the national level, he served as the Minister of Health from 2005

to 2012, where he led a comprehensive reform of the country's health system, built on the foundation of Universal Health Coverage and provision of services to all people, even in the most remote areas.

He also served as the Minister of Foreign Affairs from 2012 to 2016 where he elevated health as a political issue nationally, regionally and globally. In this role, he led efforts to negotiate the Addis Ababa Action Agenda, in which 193 countries committed to the financing necessary to achieve the Sustainable Development Goals.

Internationally, Ghebreyesus held many leadership positions in global health, including as Chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Chair of the Roll Back Malaria Partnership and Co-chair of the Partnership for Maternal, New-born and Child Health Board.

He was born in Asmara, Eritrea and holds a bachelor's degree in Biology from the University of Asmara. He also holds a Master of Science degree in Immunology of Infectious diseases from the University of London, a Doctor of Philosophy in Community Health from the University of Nottingham and an Honorary Fellowship from the London School of Hygiene and Tropical Medicine.





Amy Pope

Amy E. Pope is an American dignitary and the eleventh Director General (DG) of the International Organization for Migration (IOM), a portfolio she undertook from 1 October 2023 to date and is the first woman Director General of IOM. Prior to undertaking this role, DG Pope was IOM's Deputy Director General for Management and Reform.

Ms Pope has also served in other positions outside the IOM including as the Senior Advisor on Migration to US President Joseph Biden and as the Deputy Homeland Security Advisor to President Barack Obama.

She has promoted dialogue on global migration challenges and opportunities through her academic writing and work with Chatham House. She has, further, occupied positions at the US Department of Justice and US Senate and was a Partner in the London-based law firm, Schillings.

DG Pope holds a Juris Doctorate from the Duke University School of Law and a BA in Political Science from the Haverford College in Pennsylvania.



Guillermo Martínez

Guillermo A. Jaramillo Martínez

is the Minister of Health and Social Protection of Colombia. He is a Paediatric Cardiovascular Surgeon with a broad professional and political career.

Politically, Jaramillo served as Councilman of the Municipality of Armero (Tolima) in 1976 and became the Deputy to the Assembly of Tolima in 1978. He then served as a member of the House of Representatives of the Congress of the Republic in 1982. He was also Governor of Tolima for two terms and a Senator of the Republic on four occasions.

He later served as the District Secretary of Health for the Bogotá city cabinet during the “Bogotá Humana” Administration, and later as the District Secretary of Government where he was at the forefront of strategic campaigns defending the right to health, security, coexistence, local development and political relations in the capital of the Republic.

In August 2012, Jaramillo served as the Mayor of Bogotá city and as the Mayor of Ibagué city from 2016 to 2019, during which period Ibagué city became second-best performing municipality in the whole Colombia.

He has received various accolades including the *Order of the Legion of Honour - Ordre National de la Légion D'Honneur* - from the Government of the Republic of France in 2003, for his contribution to development, peace and reconciliation in Colombia, among others.

Jaramillo Martínez graduated from the *Universidad del Rosario* with specialization in Cardiovascular surgery, with Thoracic surgery from the University of Lund and in Pediatric Cardiac surgery from the University of Uppsala, both in Sweden.





Ailan Li

Ailan Li works as the Assistant Director-General of the Universal Health Coverage, Healthier Populations Division.

Li oversees WHO's efforts to promote better health and well-being through interventions relating to the environmental, social and economic determinants of health including climate change, tobacco control, chemical safety, road safety, food systems and nutrition, physical activity, air pollution and radiation.

Li has also served as the WHO Representative to the Kingdom of Cambodia between 2019 and 2023. Prior to this, she worked as the Regional Emergency Director for the WHO Health Emergencies Programme in the WHO Regional Office for the Western Pacific and before that, as Director of the Division of Health Security and Emergencies in the same Office.

Before joining WHO, Li was an Associate Professor at the School of Public Health, Peking University. During her career in Public Health, Li also worked in the areas of Preventive medicine, disease prevention and control, health policy, health systems, social science and food safety.

Ailan Li holds a medical degree from Beijing Medical University in China and a Master's degree in Health Social Science from Mahidol University in Thailand.



Jeremy Farrar

Jeremy Farrar is a British medical researcher who is currently serving as the Chief Scientist, Science Division, World Health Organization since 2023. He oversees the implementation of Science and Innovation projects by pulling the best resources from around the world and allocating them towards the delivery of high quality health services to the people who need them most, no matter who they are and where they live.

Before joining the WHO, Ferrar worked as the Director of *Wellcome*.

He had earlier spent 17 years as the Director of the Clinical Research Unit at the Hospital for Tropical Diseases in Viet Nam where his research interests were in global health with a focus on emerging infectious diseases.

Jeremy Farrar is a Fellow of the Academy of Medical Sciences in the UK, European Molecular Biology Organization (EMBO), the National Academies in the USA and a Fellow of The Royal Society.





Jarbas Barbosa

Jarbas Barbosa was elected Director of the Pan American Health Organization (PAHO) on 1 February 2023 for a five-year term.

He has previously held various positions in PAHO including working as the PAHO Assistant Director, where he led five technical departments and the PAHO's Revolving Fund – a special programme to increase equitable access to vaccines in the region.

Barbosa also led the Organization's efforts to support Member States in reducing the impact of the emergency on priority Public Health programmes during the COVID-19 pandemic. He also led the PAHO Task Force for COVID-19 vaccination in the Americas and launched a platform to expand production of mRNA vaccines in Latin America and the Caribbean to reduce the region's dependency on imports during future health emergencies.

Barbosa is a Brazilian with a medical degree from the Federal University of Pernambuco in Recife, Brazil. He specialized in Public Health and Epidemiology at the National School of Public Health, Oswaldo Cruz Foundation-FIOCRUZ in Rio de Janeiro, and holds a Master's degree in Medical Sciences and a PhD in Public Health from the University of Campinas-UNICAMP in São Paulo, Brazil.



Ciro Ugarte

Ciro Ugarte is the Director, PAHO Department of Health Emergencies, formally known as the Department of Emergency Preparedness and Disaster Relief, since 2013.

He has extensive experience in Disaster Risk Reduction, Emergency Preparedness and Disaster Response. Ugarte coordinated the implementation of public health measures and health care in various emergency situations including earthquakes, severe floods, El Nino phenomenon, landslides, epidemics like cholera, yellow fever, dengue, malaria, pandemic influenza H1N1 2009 in Mexico, among others.

He coordinated the United Nations Inter-Agency Disaster Team in Honduras and served subsequently as PAHO/WHO Emergency Preparedness and Disaster Relief Advisor for South America based in Ecuador, and as Regional Advisor based in Washington DC.

At the national level, Ugarte served in various portfolios including: as Deputy Director General at the National Institute of Occupational Health in Peru, Director General of the Office of National Defense of the Ministry of Health of Peru, President of the Peruvian Society of Emergency Medicine, Official Representative of the Peruvian Government to the International Committee of the Red Cross, Member of the National Committee of the Peruvian Red Cross Society, among others.

He is the author of numerous publications and articles in his area of expertise.

Ciro Ugarte is Peruvian, holds a medical degree from the Mayor National University of San Marcos and a Master's degree in Public Health, Emergency and Disasters Medicine. He has also conducted multiple studies in Disaster Mitigation, Preparedness and Response.





Gina Tambini

Gina Tambini is the Representative, Pan American Health Organization/ World Health Organization, Colombia.

She is a Peruvian professional with extensive experience in Public Health in the Americas Region. Throughout her professional career, Tambini has provided technical cooperation to strengthen national capacities in response to population health needs, and to achieve national goals that contribute to regional and global initiatives.

She is credited for having built genuine and effective partnerships within the Organization and with other partners. Her reputation as a leader who motivates and inspires is well recognized.

She is an expert in the area of Family and Community health with extensive expertise in vaccines and immunization, and has been a member of the team responsible for the elimination of preventable diseases by vaccination, and for the significant reduction in mortality rates in children and mothers in the Americas.

She initiated her professional career at the Peruvian University of Cayetano Heredia as an Adjunct Researcher working with the Campus communities along the Pichis River on the project of micro-computers in Primary Health Care. In 1989, she joined PAHO/WHO as a short-term consultant on the Expanded Programme on Immunization (EPI) in El Salvador. This position led her to greater responsibilities within the Organization, in Colombia and in the Regional Office; assuming the position of Family and Community Health Area Manager and Director of the Department of Family, Gender and Life Course.

Gina Tambini also contributed to the development of Global Programmes as a member of various committees including: the Steering Committee during the Vaccine Decade that developed the Global Vaccine Action Plan 2011-2020; the International Reproductive Health Supplies coalition; Advisory Councils on Vaccination Programmes; and participated as a Regional Manager on the Technical Steering Committee for the Maternal, New-born, Child and Adolescent Health programme.

Between 13 August, 2014 and 3 August, 2018, Tambini worked as the PAHO/WHO Representative in Ecuador.



James Fitzgerald

James Fitzgerald is the Director of Health Systems and Services at the Pan American Health Organization (PAHO).

He oversees the PAHO/WHO work programme to support the transformation of national health systems in the Americas to improve equity and resilience, strengthen Primary Health Care (PHC), and supports the progressive realization and achievement of Universal Health Coverage.

He joined PAHO/WHO in 1997 where he held various positions in Haiti and Brazil. He then assumed leadership of the regional work programme in Medicines and Health Technologies at PAHO headquarters, Washington DC, USA in 2008, and was appointed Director of Health Systems and Services in 2014.

Prior joining PAHO, he worked with the pharmaceutical industry in Ireland for several years.

He has authored and co-authored numerous articles, is a member of several professional societies and advisory groups associated with his profession and area of work.

James Fitzgerald is Irish and holds a bachelor of Science degree in Pharmacy and a PhD in Pharmaceutical Sciences from Trinity College Dublin, Ireland.





Poonam Dhavan

Poonam Dhavan is the Director of the Migration Health Division within the Department of Mobility, Pathways and Inclusion at the International Organization for Migration (IOM). In this role, she provides strategic leadership and oversees all migration health programmes. She is responsible for IOM's migration health policies and represents IOM internationally, working closely with Member States, UN agencies and other stakeholders.

She previously served as the Senior Migration Health Policy Advisor from 2018 to 2023, responsible for the management of migration health programmes, providing advice and guidance on migration health policy development and implementation, both internally across the various thematic areas of migration management in humanitarian and development contexts.

From 2015 to 2018, Dhavan worked as the Migration Health Programme Coordinator with IOM in Geneva, Switzerland and as the Epidemiology and Research Specialist with IOM in Manila, Philippines from 2010 to 2015.

Before IOM, Poonam Dhavan worked with the School of Public Health at the University of Texas, Houston from 2007 to 2010; the Public Health Foundation of India, Delhi from 2006 to 2007 and with the World Health Organization in Geneva, Switzerland from 2002 to 2006.

She has over two decades of international health experience, and is a trained medical doctor from India with specialization in Health Administration and Public Health.



Santino Severoni

Santino Severoni is the Director of the Department of Health and Migration at WHO headquarters since 2020.

Severoni has worked with WHO, governments, NGOs and foundations in eastern Africa, central Asia, the Balkans and Europe. His areas of expertise Include: global health, health sector reforms, health systems strengthening, health diplomacy, aid coordination effectiveness and management of complex emergencies.

Within WHO, Severoni has held various positions including: as the WHO Representative in Albania and Tajikistan, the Regional Office's Special Representative on Health and Migration and as the acting interim Director on Health Systems and Public Health.

He is a medical doctor, Health Economist, Epidemiologist and Systems Manager with over 24 years of experience as an international senior technical adviser and executive.





Soha Shawqi Albayat

Soha Shawqi Albayat is the Director of Health Emergency at the Ministry of Public Health, Qatar since June, 2023. Prior to this, Albayat was the Head of Vaccination at the same ministry for seven years.

She is a Community Medicine consultant with an Arab board degree in Community Medicine. Soha also holds several other degrees: she is trained in Aviation Medicine, Occupational Medicine, holds a Master's degree in Healthcare Management from the Royal College of Surgeons in Ireland, a Diploma in Travel Medicine from the Royal College of Physicians and Surgeons in Glasgow and is a fellow of the faculty of Travel Medicine in the same college.

Soha is a National Immunization Technical Advisory Group (NITAG) member and has worked on the introduction of new vaccines like the HPV vaccine in Qatar along with colleagues in NITAG, the Ministry of Public Health (MoPH) and the Hamad Medical Corporation (HMC).



Ali Ardalan

Ali Ardalan is the Regional Adviser and Head of the Health Systems Resilience Unit, WHO Regional Office for the Eastern Mediterranean. His work focuses on integrating health systems and health emergency risk management, health systems recovery from emergencies, humanitarian-development-peace nexus and the health of refugees and migrants.

Ardalan was the founding chair and Professor at the Department of Disaster, Public Health at Tehran University of Medical Sciences. He is a senior fellow at the Harvard Humanitarian Initiative and a visiting Scientist at Harvard School of Public Health.

Ardalan is a Public Health professional with an MD, PhD and about 20 years of experience in various managerial, policy making, advisory and academic capacities.





Allen G.K. Maina

Allen G.K. Maina has close to two decades' work experience, including serving as a government Clinician in a refugee camp in northern Kenya in the early years and subsequently joining international organizations, working in diverse portfolios.

He has coordinated Public Health responses in various complex emergencies primarily in Africa, Europe, Asia and the Middle East, and has contributed to various publications, some of which have informed key policy and operational reforms in Public Health.

He is currently the Chief of the Public Health Section, overseeing UNHCR's global Public Health programmes.

Allen G.K. Maina is a medical doctor with a Master's degree in Public Health.



Celso Bambaren

Celso Bambaren is the Chief, Country Health Emergency Preparedness department (PHE), Pan American Health Organization (PAHO/WHO).

Bambaren has held different positions at PAHO since 2007, working in Preparedness and Disaster Risk Reduction. In 2018, he was assigned to work on Health and Migration with the focus on Preparedness and Response to the migration crisis in Latin America and Caribbean. Bambaren is also the PAHO representative in R4V's health regional group.

He is a medical doctor with Masters' degrees in Health Economics, Environment Management and Audits, as well as in Migrations and Attention of refugees.





Kiran Jobanputra

Kiran Jobanputra is a medical doctor and Public Health practitioner, who has worked for 15 years in humanitarian field programmes and as the Non-Communicable Diseases (NCD) Advisor and Deputy Medical Director for Médecins Sans Frontières (MSF).

He is currently working on strengthening NCD integration in preparedness and response to humanitarian crises at the Department of Non-Communicable Diseases, Rehabilitation and Disability at the World Health Organization (Headquarters).

Kiran Jobanputra is a board member of the International Alliance for Diabetes Action (IADA), a network of agencies working to improve access to diabetes care in emergencies.



Baltica Cabieses

Baltica Cabieses is a professor of Social Epidemiology, a director of the Centre of Global Intercultural Health at Universidad del Desarrollo in Chile, a senior visiting scholar of the Department of Health Sciences at the University of York, a board member of Lancet Migration for Latin America and RECHISAM in Chile, a director of the Directorate WHO/PAHO Collaborating Centre on Capacity Building for Training and Research in the Health of Migrants and Refugees, and an international consultant on Health equity, health of migrants and implementation science research/action in socially and culturally diverse communities in Latin America.

She is a nurse-midwife from the University of Chile with a diploma in University teaching, a Master's degree in Epidemiology from the University of Chile and a PhD in Health Sciences with specialization in Social Epidemiology from the University of York, United Kingdom.





Josephine Borghi

Josephine Borghi leads the Social Cohesion, Health and Wellbeing research group at the International Institute for Applied Systems Analysis.

She is a professor in Health Economics at the London School of Hygiene and Tropical Medicine and one of the founding Directors of Democracy without Borders, United Kingdom.

Her research focuses on understanding the effect of health financing reforms and other global

challenges like climate change and COVID-19, on health systems, health outcomes and equity.

She is also interested in the design and effect of policy interventions targeted at making health systems more sustainable and resilient to future shocks.

Borghi has experience in leading research projects involving a range of methods including: economic evaluation of health care programmes, mixed methods evaluation of complex interventions and theories of change, and most recently, system dynamics and agent-based modelling.

Her research is primarily focused on vulnerable populations such as: mothers and children, refugees and poor populations in low- and middle-income settings.

Borghi has conducted research in several countries including: Brazil, China, Lebanon, Malawi, Mexico, Mozambique, Sierra Leone, Tanzania, Uganda, West Africa, Zambia and Zimbabwe.



Karl Blanchet

Karl Blanchet is a Professor in Humanitarian Public Health at the Faculty of Medicine, University of Geneva and the Director of the Geneva Centre of Humanitarian Studies.

Blanchet's research focuses on public health, migration, system resilience and health systems issues in global health, specifically in post-conflict and conflict-affected countries. He has developed innovative research approaches based on complexity science and system thinking, and focuses on women, adolescents and child health in humanitarian settings.

Blanchet has also contributed to developing a priority package of essential health services for countries like Afghanistan and more generally, for humanitarian crises.

He is the co-chair of the *CHH-Lancet Commission on Health, Conflict and Forced Displacement* and the co-chair of the *Lancet Migration Europe*. He is also the Academic Director of InZone, a University of Geneva academic project offering university courses for refugee populations.

Karl was the guest editor of the *Lancet European Regional Health* special issue on Migration, Health and Equity published in May, 2024.

The professor was one of the co-PI of the Lancet series on Women's and Children's health in conflict settings. He is also the co-PI of the PULSE study focusing on community engagement during vaccination programmes in Nigeria and Ethiopia and the PI of the Senselet study in Ethiopia on diabetes and hypertension in Ethiopia.

Before joining the University of Geneva, Blanchet worked in Health Systems Research at the London School of Hygiene and Tropical Medicine since 2010 and was the co-founder and co-director of the Health in Humanitarian Crises Centre.





Mayra Alejandra Nieto Guevara

Mayra Alejandra Nieto Guevara

is an International Relations and Political Studies professional with extensive expertise in the formulation, implementation and evaluation of projects for both public and private entities in International Cooperation, as well as in the international positioning and cooperation of national interests in the Health and Social Protection sectors.

For six years, she has been associated with the Ministry of Health and Social Protection of Colombia, where she has led the Ethnic Affairs Group, the Disability Management Group and, since 2022, has co-ordinated the Cooperation and International Relations Group.

Mayra Alejandra Nieto Guevara holds a bachelor's degree in International Relations and Political Studies, with a specialization in Comprehensive Project Management and a Master's degree in Public Management Leadership.



Kenneth G. Ronquillo

Kenneth G. Ronquillo is the Undersecretary for Universal Health Care - Policy and Strategy Cluster in the Philippines. He provides executive oversight to sectoral and institutional health policy development and planning, health human resources development and management, organizational strengthening and performance monitoring, evaluation and strategy management, local health systems development and international health cooperation.

Ronquillo is one of the champions of Universal Health Care in the country. He was involved in the formulation of the implementing rules and regulations of the Universal Health Care Act, was one

of the primary authors of “Universal Health Care in the Philippines: from Policy to Practice”, and provides principal oversight in the establishment and management of UHC systems in the country, through his role in the Department of Health.

Ronquillo is also the lead convener of the Philippine Human Resources for Health Network and led the crafting of the Philippine Human Resources for Health Master Plan 2020-2040. He is an active member of the Asia-Pacific Action Alliance on Human Resources for Health, and has recently been tapped by the World Health Organization to co-chair the Expert Advisory Group on the Global Code of Practice on International Recruitment of Health Personnel. He is a faculty member and technical adviser at the Ateneo School of Government.

Kenneth G. Ronquillo is a Public Health and Health Human Resource development and management expert with a Master’s degree in Public Health methodology from the Libre de Bruxelles University, a diploma in Human Resource Development from the Ateneo de Manila University, a certificate on Human Resource Management from Curtin School of Business, Curtin University of Technology, Australia; a certificate in International Health from Vrije University, Brussels and a certificate in Human Resource Planning at the University of Keele, Staffordshire, England, among others.





Candelaria Araoz

Candelaria Araoz is a Health Systems' expert who began her career as a medical doctor in Argentina before joining the Pan American Health Organization (PAHO) in the Department of Health Systems and Services (HSS) in 2002. Since then, she has held various roles within PAHO and other organizations, focusing on strengthening health systems throughout the region.

In 2017, she shifted her focus to Health and Migration, addressing these critical issues within HSS. As of January 2023, she serves as a Technical Officer in the Department of Health and Migration at the World Health Organization (WHO) headquarters, where she continues to advance initiatives aimed at enhancing health systems' responses to protect the health of migrant populations.

Candelaria Araoz is the Coordinator of the Fifth Global School on Refugee and Migrant Health.

She is a medical doctor with a Master degree in Health Management and Administration from the University of Cordoba in Argentina.

About the WHO Department of Health and Migration

WHO promotes Universal Health Coverage with a primary health care approach, striving for all people to have access to the quality health services they need, when and where they need them, without financial hardship.

Through the Department of Health and Migration, WHO assists countries to implement the WHO Global Action Plan on promoting the health of refugees and migrants, 2019–2030, and improves the health of refugees and migrants and their access to health care worldwide by leading high-level advocacy efforts; developing a wide range of norm and standard-setting technical products; setting a research agenda to define global research priorities in health and migration; and training policy-makers, health-sector managers and service providers in the field of health, migration and displacement.



**Booklet for the Fifth Global School
on Refugee and Migrant Health**

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