

Summary report on the

Regional meeting to develop a regional action plan to promote the health of migrants, refugees and displaced populations

WHO-EM/IHR/013/E

Istanbul, Turkey
25–27 March 2019



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

Summary report on the

**Regional meeting to develop a
regional action plan to promote the
health of migrants, refugees and
displaced populations**

Istanbul, Turkey
25–27 March 2019

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. [Title]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Contents

1.	Introduction.....	1
2.	Summary of discussions	4
3.	Recommendations.....	13

1. Introduction

The proportion of the global population who are international migrants increased from 2.9% in 2005 to 3.4% in 2017, while the overall number of international migrants increased from an estimated 153 million in 1990 to 173 million in 2000 and 258 million in 2017. About one in every 30 people live outside their country of origin, an increase of almost 50% since 2000.

The Office of the United Nations High Commissioner for Refugees (UNHCR) reports that, globally, the number of forcibly displaced people is 68.5 million – the highest level of human displacement ever. This includes 25.4 million refugees. There are also 10 million stateless people who lack a nationality and access to basic rights such as education, health care, employment and freedom of movement.

Migrants, refugees and displaced populations are often among the most vulnerable of society's members. Despite international conventions and resolutions, many lack access to health care services, including health promotion, disease prevention, and treatment and care, as well as to financial protection. Sometimes nationality or legal status may be used as a basis for deciding who is entitled to access health care services.

Barriers to accessing health care services differ country by country, and may include high costs, language and cultural differences, discrimination, administrative hurdles, inability to affiliate with local health financing schemes, adverse living conditions, occupation and blockade of territories, lack of information about health entitlements, and a lack of recognition of previous professional qualifications. All these conditions make seeking care difficult. Additionally, these experiences can precipitate negative mental health outcomes. Further complicating factors include histories of torture, trauma, or post-

migration detention, which can result in even higher morbidity and mortality. Provision of services to refugees, migrants and displaced populations should not be to the detriment of the local population, and wherever possible, parallel health systems should be avoided.

The World Health Organization (WHO) Eastern Mediterranean Region, is the WHO region with the largest presence of refugees and displaced populations. Currently, the Region hosts 66% (16.7 million) of the total number of refugees worldwide (25.4 million) and 33% (1 million) of the world's asylum seekers (3.1 million). The Palestinian refugee population has reached almost 5.2 million people, living between Jordan, Lebanon, Syrian Arab Republic, and West Bank and Gaza Strip, in camps (approximately 30%) and among host communities.

In May 2017, the Seventieth World Health Assembly, in resolution WHA70.15 on promoting the health of refugees and migrants, urged Member States to strengthen international cooperation and partnerships on the health of refugees and migrants, in line with the New York Declaration for Refugees and Migrants, and to develop a global action plan by the Seventy-second World Health Assembly in May 2019. In the Eastern Mediterranean Region, WHO, at the request of Member States, began a two year consultative process with national and international stakeholders that has resulted in a regional action plan.

The proposed regional action plan to promote the health of migrants, refugees and displaced populations builds on resolution WHA70.15, promoting the health of refugees, migrants and displaced populations, and determining how to implement a framework of priorities and guiding principles. As such, the regional action plan highlights key concerns regarding migrants, refugees and displaced populations throughout the Region and strategizes for optimal short and long-term regional solutions. The regional action plan identifies four priorities

areas relevant to the Region to guide the regionalization of the draft global action plan on promoting the health of migrants and refugees (2019–2023).

In this context, a regional meeting to develop a regional action plan for promoting the health of migrants, refugees and displaced populations was convened by WHO in Istanbul, Turkey, on 25–27 March 2019. The meeting was attended by participants from ministries of health and other ministries from 12 countries of the Eastern Mediterranean Region, and from Turkey, as well as parliamentarians and staff from the American University of Beirut, Centers for Disease Control and Prevention, nongovernmental organizations and United Nations agencies, including the International Labour Organization (ILO), International Organization for Migration (IOM), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) and the World Bank. WHO staff from regional and country offices from both the European Region and Eastern Mediterranean Region also attended.

The objectives of the meeting were to:

- present and discuss the outcomes of the assessment of the health needs of migrants, refugees and displaced populations conducted in some countries in the Region; and
- present the global action plan to promote the health of refugees and migrants, and the health provisions of the endorsed global compacts;
- present the draft regional action plan to promote the health of migrants, refugees and displaced populations and finalize its development.

In his message to the opening session of the meeting, Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, reminded participants of the conflicts that have plagued the Region for decades, leaving migrants, refugees and displaced populations without basic services. He noted that this had put a strain on the resources of countries experiencing conflict and the neighbouring countries that had welcomed these vulnerable populations. As many irregular migrants, refugees and displaced populations remain in a state of permanent transit, populations that were once healthy become vulnerable to diseases due to the conditions they live in, he said. Dr Al-Mandhari stressed that better health for the populations living in the Region cannot be ensured unless everyone works together toward achieving health for all by all. He observed that countries in the Region had shown innovative approaches and good practice that could be built upon.

2. Summary of discussions

Global perspective: updates on the Global Compact for Safe, Orderly and Regular Migration (GCM), Global Compact on Refugees (GCR) and global action plan on promoting the health of migrants and refugees (2019–2023)

The WHO global framework of priorities and guiding principles to promote the health of refugees and migrants was inspired by the WHO European Region's strategy and action plan for refugee and migrant health, adopted in 2015. The framework seeks to contribute to improving global public health by addressing the health of refugees and migrants in an inclusive, comprehensive manner, and as part of holistic efforts to respond to the health needs of the overall population in any given setting.

The GCM refers to the WHO global framework and the importance of incorporating the health needs of migrants in national and local health care policies and plans, such as by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote the physical and mental health of migrants and communities overall. In the GCR, health is referred to in paragraphs 72 and 73, specifically referring to the financial mechanism to provide adequate basic health services to refugees.

The global action plan is based on the global framework, recognizing the urgent need for the health sector to address more effectively the impact of migration and displacement on health. The plan will be discussed for endorsement during the Seventy-second World Health Assembly in May 2019.

Regional perspective and situation analysis

The Eastern Mediterranean Region has long been a site of voluntary migration to and from other regions of the world, as well as within the Region, for economic and other reasons. Oil-rich Gulf countries have made the importation of labour both from poorer countries of the Region, and from South Asia and elsewhere, integral to their economic development strategies. Other countries of the Region also import workers, both from within the Region and from other regions. Many middle-income countries are therefore characterized by both high levels of inward and outward voluntary migration. The health rights of migrants depend on the host country and the nature of the health system/policies. Challenges associated with assessing the health needs of forcibly displaced people in the Region include accountability, data, service delivery and entitlements.

Global migration data show there are 250 million international migrants and 760 million internal migrants, which means that 1 in 7 people is a migrant: 50% of those migrating are moving to urban centres, 50% are women, and 65.5 million in 2016 were moving as a result of forced migration. There is no internationally-adopted definition for a migrant, but IOM defines a migrant as anyone having moved from their known residence. Causes of migration vary due to labour, mobility and economic factors, conflict and natural disasters, epidemics and climate change. In the Middle East and North Africa (MENA) region there were 34.5 million migrants in 2015, rising by 150% from 13.4 million in 1990, which includes refugees. Just over one third of all migrant stocks in the region are of people from other MENA countries. Emigrants from MENA account for 10% of migrant stocks globally, and 53% of emigrants from MENA countries remain in the region.

There is a growing awareness of the importance of the health, social protection and labour rights of migrants, refugees and displaced populations. These rights are protected by a number international instruments and can be summarized as access to justice and the right to work, and equality in benefits.

Governance and health information management

Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. Desegregated data is pivotal to setting a baseline and monitoring progress towards universal health coverage, and allows us to expose hidden trends. Common stratifiers include: gender, age group, urban/rural location, ethnic background, language, geographical location and political/administrative units. Currently,

many of the countries in the Region are not officially desegregating their health information data.

Discussion focused on different models of health financing, such as insurance schemes in different countries and the importance of adopting a rights-based approach across all countries. The availability and usage of disaggregated data was also discussed, looking at occupational diseases among migrants and WHO methods for monitoring occupational diseases and the role of national statistical bureaus in relation to data disaggregation.

Migration-responsive health systems and preparedness

The myth that migrants, refugees and displaced populations transmit diseases has been disapproved, yet ample literature continues to target these vulnerable populations. Transit conditions are what lead migrants, refugees and displaced populations to develop or contract diseases. WHO's communicable diseases programme therefore includes prevention (shelter, water, sanitation, vector control, food and nutrition, vaccination, health education and community participation), surveillance (case definitions, data collection, analysis and interpretation of surveillance data and feedback), outbreak control (preparedness, detection, confirmation, response, and evaluation), and diseases prevention and control for all major and neglected tropical diseases.

The MENA region has the highest levels of mental health problems globally; primarily depression, dysthymia, and anxiety. Migrants, refugees and displaced populations require layers of mental health protection and support, beginning with basic services, such as access to food, water, shelter, health care and other mainstream services. Also needed are working with the community and family support, focusing on marginalized segments within these vulnerable populations, and

providing specialized services for those who face significant difficulties to function daily. In order to support these vulnerable populations, the Mental Health and Psychosocial Support Network is developing a minimum service package for mental health that includes evidence-based actions to be implemented during complex emergencies. It operationalizes the Sphere Project's (2018) mental health standards, co-written with WHO, and is being developed in collaboration with UNICEF and other partners, and will be stringently field-tested with detailed protocols for implementation and ongoing evaluation.

As health systems struggle to cope with the needs of migrants, refugees and displaced populations, women and children face severe challenges. The total number of all deliveries in Lebanon is 73 000 childbirths per year in the Lebanese population, compared to 39 000 deliveries in the Syrian refugee population. This has created a serious constraint on the national health system in the country, especially on reproductive, maternal and child health services.

Guidelines and standards for reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in displacement settings are either non-existent, fragmented or poorly implemented. There is a real lack of systemic information and data on RMNCAH among migrants, refugees and displaced populations, and coordination and integration in humanitarian settings remains insufficient, as does financial and social protection.

With prolonged displacement, issues such as early childhood development, school health, and pre-conception care are becoming real challenges, as are the needs of adolescents which are regularly overlooked. Solutions should include integrating RMNCAH within each country's preparedness plans, strong coordination to ensure the provision of quality services for women, children and adolescents according to

guidelines and standards, working with innovative modalities to strengthen service delivery and data collection in displacement settings, and paying more attention to emerging areas such as early child development, adolescent health, violence and injuries, and disabilities.

Discussion focused on whether there should be specific health services for migrants, refugees and displaced populations, or whether they should be integrated into existing health services. It was felt that existing services should be expanded and strengthened to provide adequate prevention and management of noncommunicable diseases and mental health and psychosocial support. There should also be provision of family-oriented therapy for migrants, refugees and displaced populations, such as on coping mechanisms for parenting in difficult circumstances. In order to reach the most vulnerable of the migrants, refugees and displaced populations, specific maternal and child health programmes need to be designed that are sensitive to their needs and situation.

Country perspectives

In the area of health governance and coordination, country priorities include the integration of refugees and migrant populations in future legislation, strategies and policies, creating a multisectoral committee on the health of migrants, refugees and displaced populations, providing adequate resources to fulfil commitments, and a strong coordination mechanism between all stakeholders. WHO should support countries in drafting their national health strategies/policies and mobilizing support, and by providing guidelines/standards.

Regarding migration responsive health systems, and emergency and preparedness response, priorities include: achieving universal health coverage for everyone, including preventive and curative care offered at the primary health care level; ensuring preparedness and

contingency plans are in place; and training and capacity-building for health care providers in emergency settings. WHO should support countries to achieve universal health coverage, ensure the availability of medicines and other supplies, promote research on the epidemiological profile of migrants, refugees and displaced populations, and have an effective outbreak response.

In terms of health information, priorities include strengthening the health information system to include migrants, refugees and displaced populations at all levels of care and within all sectors, and for all preventive and curative care. WHO should develop guidance and tools to support migrant-sensitive health data collection for both camp and non-camp settings, including supporting syndromic surveillance systems that can capture mixed migrations. In addition, WHO should create a forum with all stakeholders to promote desegregated health indicators and ensure regular dissemination of information. Lastly, WHO should promote a regional health information-sharing mechanism on migrants, refugees and displaced populations, specifically to enable contact tracing and preventive measures in countries of origin, transit and destination. Capacity-building for health care administrative staff to acquire the necessary skills to work on new and innovative health information systems that can capture migrants, refugees and displaced populations, is also needed.

Regional strategies and innovative solutions: WHO European Region's regional strategy and population mobility mapping for public health

The WHO European Region adopted the first WHO regional strategy and action plan focusing entirely on the health of refugees and migrants in 2016. A survey to monitor the implementation of the strategy carried out in early 2018 found that countries were implementing the action plan. The survey will be repeated every two

years until 2022. Progress has been made in including refugee and migrant health in the national health policies, strategies and/or plans of several countries, and almost half have contingency plans in place for the arrival of large numbers of refugees and migrants.

The population mobility mapping tool within IOM's health, border and mobility management (HBBM) framework was developed in coordination with the Displacement Tracking Matrix, and is specific to health. The evidence-informed tool can be used to guide public health interventions and services to install health screening posts and referral mechanisms at spaces of vulnerability in the event of a rapidly progressing disease outbreak or other health threat.

The objectives are to: identify the sociodemographic profiles of local, regional and international travellers originating from, passing through, and/or going to a geographical area of interest, as well as the spaces of vulnerability and major mobility routes used by travellers in the catchment area; inform resource allocation for preventing, detecting and limiting the negative influence of health threats; predict the potential spread of diseases and other health threats, based on prevailing human mobility patterns; and support the design and implementation of public health interventions for preparedness and response to public health events at priority locations in a geographical area of interest.

Currently, IOM is collaborating with ministries of health, WHO and other partners to respond to the ongoing Ebola virus disease outbreak using the HBMM network in Democratic Republic of the Congo, focusing on mobility and border management, and neighbouring countries in East Africa.

The proposed regional action plan to promote the health of migrants, refugees and displaced populations

The proposed regional action plan envisages that all the population, including migrants, refugees and displaced populations, have the rights and means to enjoy the highest attainable standard of health and well-being, with no fear of discrimination or xenophobia. The regional action plan aims to build human mobility-competent preparedness and response, and health systems, in areas affected by displacement and migration. Its proposed goal is to ensure safety, security, and equitable access to essential, preventive and curative health services and public health interventions for migrants, refugees, displaced populations and host communities. The pillars suggested are: health governance and coordination, migration-responsive health systems, emergency and preparedness response, health information, and health partnerships and diplomacy.

Assessing the public health needs of migrants, refugees and displaced populations

It is important to assess the long-term public health of migrants, refugees and displaced populations, and explore the institutional capacity of countries hosting such populations and their ability to deliver health care services to vulnerable populations. WHO is currently finalizing an assessment tool for this purpose that follows a three phase approach: a preparatory phase (initiating the process, developing a concept note, drafting an agenda for the mission, completing the essential public health functions assessment); work on the ground (an orientation meeting, a stakeholders meeting to validate the essential public health functions assessment, facility-level assessments, focus group discussions, and a debriefing with all stakeholders); and finalizing the report and the plan of action.

3. Recommendations

To Member States

1. Designate a focal point to follow up on the regional action plan and be the point of contact for WHO for collecting input and feedback on the plan. The focal point should be responsible for coordinating with different stakeholders within the country to obtain their feedback on the regional action plan.
2. Adapt the WHO public health assessment tool for migration, when finalized, to the national context and conduct assessments.
3. Include migrant, refugee and displaced population health in the planning system and integrate it within existing and future national health strategies.

To WHO

4. Finalize the WHO public health assessment tool for migration and continue to roll out assessments in countries upon request.
5. Finalize the regional core indicators to include desegregation of data by an agreed variable that will allow monitoring for the health of migrants, refugees and displaced populations.
6. Coordinate with partners (including United Nations agencies) for revision of the regional action plan. The revised regional action plan should be sent to meeting participants for feedback, and then forwarded to WHO country offices to obtain input from countries through whatever channel will enable feedback from all sectors. WHO should support countries in policy dialogue, if needed, to ensure that input is obtained from all sectors. It is important to highlight the implementation role of other agencies in the development and implementation of the regional action plan, and that the plan is results-oriented.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int