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Progress report on the strategy to promote the health and well-being of refugees, migrants, internally displaced populations and other displaced groups in the Eastern Mediterranean Region

Introduction

1. The strategy to promote the health and well-being of refugees, migrants, internally displaced populations (IDPs) and other displaced groups in the Eastern Mediterranean Region was endorsed by the Sixty-ninth session of the WHO Regional Committee for the Eastern Mediterranean in October 2022 in resolution EM/RC69/R.1. The strategy aims to guide Member States, WHO and partners in addressing the health challenges and needs of these vulnerable populations, in line with the 2030 Agenda for Sustainable Development, the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration.

2. The strategy has the following four objectives: 1) inclusion of refugees, migrants, IDPs and other displaced groups in national health policies, strategies and plans; 2) respond in a timely and effective way to the needs of refugees, migrants, IDPs and other displaced groups in emergencies; 3) address the social determinants of health that affect the health and well-being of refugees, migrants, IDPs and other displaced groups; and 4) strengthen partnerships for promoting the health and well-being of refugees, migrants, IDPs and other displaced groups.

3. This report presents the progress in implementing the strategy by Member States, WHO and partners since October 2022. The report is based on a monitoring and evaluation survey undertaken by WHO, with data provided by 17 WHO country offices.[1]

Progress update

Key findings

4. The overall implementation rate of the strategy to-date is 67% (of those who responded), indicating a high level of commitment and progress by Member States, WHO and partners.

5. The highest implementation rate was achieved for objective 2 (85%), which reflects the urgent and prioritized response to the health needs of refugees, migrants, IDPs and other displaced groups in the context of the COVID-19 pandemic and other humanitarian crises in the Region. The lowest implementation rate was observed for objective 3 (43%), which suggests that more efforts are needed to address the underlying social, economic and environmental factors that affect the health and well-being of refugees, migrants, IDPs and other displaced groups. The implementation rates for objective 1 (64%) and objective 4 (76%) were also high, indicating that Member States, WHO and partners have made significant progress in integrating refugees, migrants, IDPs and other displaced groups in national health policies, strategies and plans, and in strengthening partnerships and coordination mechanisms for promoting their health and well-being.

[1] Those countries covered by the survey included Afghanistan, Bahrain, Djibouti, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen.

Objective 1: Inclusion of refugees, migrants, IDPs and other displaced groups in national health policies, strategies and plans

6. The first question on objective 1 asked if all national health plans, policies and strategies included refugees, migrants, IDPs and other displaced groups (indicator 1.1). Of those who answered, 71% said yes. For instance, the Ministry of Health of Jordan provides a basic primary health care package at no cost for everyone living in Jordan, which covers things such as regular immunization, family planning, antenatal care, postnatal care and school health.

7. The second question on objective 1 asked if the country had created a multisectoral coordination mechanism to address the health of refugees, migrants, IDPs and other displaced groups (indicator 1.2). Of those who answered, 82% said yes. For instance, in Bahrain this multisectoral coordination mechanism includes the Ministry of Health, Ministry of Labour, Labour Market Regulatory Authority, and Social Insurance Organization.

8. The third question on objective 1 asked if the country had a financial protection arrangement for refugees, migrants, IDPs and other displaced groups (including health insurance schemes) to allow access to health care services (indicator 1.3). Of those who answered, 82% said yes. For instance, in 2019, WHO assisted Sudan's National Health Insurance Fund (NHIF) and the International Organization for Migration (IOM) to establish and implement a health scheme for Sudanese returning from Libya and the Gulf region. This was piloted with technical support from WHO, which provided a roadmap for the NHIF on suitable packages for returnees. UNHCR, the UN Refugee Agency, has begun similar efforts among refugees in Darfur.

9. The fourth question on objective 1 asked if the country included refugees, migrants, IDPs and other displaced groups in their health workforce strategies and plans (indicator 1.4). Of those who answered, 53% said yes. For instance, in the Syrian Arab Republic, Palestinian doctors are treated the same as doctors of Syrian nationality, and are registered with the Syrian Ministry of Health and licensed to practice medicine in the country. The Ministry of Health has a focal point for the WHO Global Code of Practice on the International Recruitment of Health Personnel, who is part of the reporting mechanism on this.

10. The fifth question asked if the country has a comprehensive research agenda to identify the needs of populations, including refugees, migrants, IDPs and other displaced groups (indicator 1.5). Of those who answered, 29% said yes. For instance, in Morocco, the National School of Public Health and several universities have a comprehensive research agenda to address issues related to the health of migrants and refugees. Each year there are students working on questions related to specific areas such as reproductive and sexual health, access to health care and so on, in collaboration with the Ministry of Health and Social Protection.

Objective 2: Respond in a timely and effective way to the needs of refugees, migrants, IDPs and other displaced groups in emergencies

11. The first question on objective 2 asked if the country included refugees, migrants, IDPs and other displaced groups in all emergency preparedness plans (indicator 2.1). Of those who answered, 88% said yes. For instance, in Saudi Arabia, based on the experience of the COVID-19 pandemic and in line with a royal decree, all migrants (including those with irregular residency status) have been given the same right to access health services as the local population.

12. The second question on objective 2 asked if the country included refugees, migrants, IDPs and other displaced groups in their risk communication and community engagement (RCCE) strategies and plans (indicator 2.2). Of those who answered, 82% said yes. For instance, in Somalia, RCCE activities for IDPs are included by humanitarian partners in outbreak preparedness and response activities.

Objective 3: Address the social determinants of health that affect the health and well-being of refugees, migrants, IDPs and other displaced groups

13. The first question on objective 3 asked if the country generates disaggregated data by migration-related variables and has included these in the national health information system (indicator 3.1). Of those who answered, 35% said yes. For instance, in Saudi Arabia, disaggregated data according to Saudi and non-Saudi citizenship is generated on routine health indicators and published.

14. The second question on objective 3 asked if the country included refugees, migrants, IDPs and other displaced groups in their occupational health and safety policies and plans (indicator 3.2). Of those who answered, 35% said yes. For instance, in Bahrain, a migrant can report an incident and receive immediate treatment, with compensation obtained via the Social Insurance Organization and a medical commission.

15. The third question on objective 3 asked if the country included refugees, migrants, IDPs and other displaced groups in plans to address the social determinants of health (indicator 3.3). Of those who answered, 59% said yes. For instance, migrants in Qatar are absorbed within the general population and included in the national health insurance system, which covers health promotion.

Objective 4: Strengthen partnerships for promoting the health and well-being of refugees, migrants, IDPs and other displaced groups

16. The first question on objective 4 asked about the existence of projects in which WHO worked closely with UNHCR and IOM (and UNWRA were applicable), as well as other United Nations agencies and interested entities, to support the country to implement the strategy (indicator 4.1). Of those who answered, 71% said yes. For instance, in Pakistan, after the floods in 2022, WHO and UNHCR secured funding from Canada and the Republic of Korea for the provision of gender-responsive lifesaving health assistance to Afghan refugees and host communities in Pakistan, as well as for the ongoing provision of health care to Afghan refugee settlements and host communities.

17. The second question on objective 4 asked about the existence of partners supporting financial protection arrangements for refugees, migrants, IDPs and other displaced groups, including health insurance schemes to access health care services, as part of their support to national financial protection mechanisms (indicator 4.2). Of those who answered, 82% said yes. For instance, in Libya, the partners include IOM, UNHCR and several international nongovernmental organizations who support a range of interventions, including financial health protection.

Challenges

18. Challenges to the implementation of the strategy include the low levels of awareness and ownership of it by both WHO and ministries of health in some countries, resulting in low priority accorded to addressing the health of refugees, migrants, IDPs and other displaced groups.

19. Another challenge is the absence of clear agreed definitions for key terms such as “migrants”, “immigrants” or “expatriates”, as well as the lack of harmonized indicators for migrant health, leading to confusion and inconsistency in data collection and reporting.

20. Lack of disaggregated data and information on the health status and needs of refugees, migrants, IDPs and other displaced groups and host communities presents a further obstacle, hampering the evidence-based planning and monitoring of migrant health interventions.

21. Finally, there is a general scarcity of migrant-sensitive health policies and strategies, especially in the areas of occupational health, mental health, and communicable and noncommunicable diseases.

The way forward

22. The implementation of the strategy has faced several barriers that need to be addressed in order to achieve the desired outcomes and impact. WHO and Member States should work together to overcome these challenges and strengthen the migrant health response in the Region. Key recommended actions include:

- increasing awareness and advocacy on the health of refugees, migrants, IDPs and other displaced groups among ministries of health and other relevant sectors and partners;
- developing and adopting common definitions and indicators for the health of refugees, migrants, IDPs and other displaced groups, and enhancing data collection and reporting systems;
- conducting regular assessments and analyses of the health situation and needs of refugees, migrants, IDPs and other displaced groups, as well as host communities, and using the evidence to inform the planning and implementation of health interventions for these groups;
- improving access to, and the quality of, health services for refugees, migrants, IDPs and other displaced groups, as well as host communities, by addressing barriers and gaps and ensuring the cultural competence and sensitivity of health workers;
- reviewing and revising existing health policies and strategies, and incorporating the perspectives and needs of refugees, migrants, IDPs and other displaced groups;
- strengthening intersectoral collaboration and partnerships for migrant health, both at national and regional levels, and engaging refugees, migrants, IDPs and other displaced groups, as well as host communities, in the process;
- supporting an evidence-based research agenda on the health of refugees, migrants, IDPs and other displaced groups, as well as host communities, at the national level; and
- improving the competencies of the national health care workforce to ensure they are aware of the prevailing health issues and cultural norms of refugees, migrants, IDPs and other displaced groups, as well as host communities.