

# Health of refugees and migrants

Regional situation analysis, practices,  
experiences, lessons learned and  
ways forward

**WHO African Region  
2018**



REGIONAL OFFICE FOR

**World Health  
Organization**

**Africa**



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## ACRONYMS AND ABBREVIATIONS

<b>4Mi</b>	Mixed Migration Monitoring Mechanism Initiative
<b>ACMS</b>	African Centre for Migration & Society
<b>ACT</b>	Artemisinin-based combination therapy
<b>AME</b>	Association Malienne des Expulsées
<b>ART</b>	Antiretroviral Therapy
<b>CAR</b>	Central African Republic
<b>CRRF</b>	Comprehensive Refugee Response Framework
<b>DRC</b>	Democratic Republic of the Congo
<b>EAC</b>	East African Community
<b>ECSA-HC</b>	The East, Central and Southern Africa Health community
<b>ECWC</b>	Eastleigh Community Wellness Centre
<b>EOCs</b>	Emergency Operating Centres
<b>HMIS</b>	Health management information system
<b>HPCSA</b>	Health Professional Council of South Africa
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>IDP(s)</b>	Internally Displaced Person(s)
<b>ILO</b>	International Labour Organization
<b>maHp</b>	Migration and health project
<b>MDRTB</b>	Multi-drug resistant tuberculosis
<b>mhGAP</b>	WHO Mental Health Gap Action Programme
<b>MHPSS</b>	Mental Health and Psychological Support
<b>MPFA</b>	Migration Policy Framework
<b>PHAMESA</b>	Partnership on Health and Mobility in East and Southern Africa
<b>PHC</b>	Primary Health Care
<b>PoC</b>	Protection of Civilians
<b>PTSD</b>	Posttraumatic stress disorder
<b>ReHoPE</b>	Refugee and Host Population Empowerment
<b>RMMS</b>	Regional Mixed Migration Secretariat
<b>SADC</b>	Southern Africa development community
<b>SAM</b>	Severe Acute Malnutrition
<b>SDG(s)</b>	Sustainable Development Goal(s)
<b>SOPs</b>	Standard Operating Procedures
<b>STA</b>	Settlement Transformative Agenda
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNAIDS</b>	The Joint United Nations Programme on HIV and AIDS
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UNRWA</b>	United Nations Relief and Works Agency
<b>UPHI</b>	Universal Public Health Insurance
<b>WASH</b>	Water Sanitation and Hygiene
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

# WHO African region

## I. INTRODUCTION

### Background

To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind – it is imperative that the health needs of refugees and migrants be adequately addressed. In its 140th session in January 2017, the Executive Board requested that its Secretariat develop a framework of priorities and guiding principles to promote the health of refugees and migrants<sup>1</sup>. In May 2017, the World Health Assembly (WHA) endorsed resolution 70.15 on ‘Promoting the health of refugees and migrants’<sup>2</sup>. The resolution urges Member States to strengthen international cooperation on the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants. It urges Member States to consider providing the necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants, as well as using the framework of priorities and guiding principles at all levels. In addition, the resolution requests the Director-General to conduct a situation analysis, and identify best practices, experiences and lessons learned in order to contribute to the development of a global action plan for the seventy-second WHA in 2019.

In alignment with resolution WHA70.15, from August 2017 to January 2018, WHO conducted an online call for contributions on evidence-based information, best practices, experiences and lessons learned in addressing the health needs of refugees and migrants. 18 inputs covering practices in 14 Member States in the African region were received from Member States and partners such as the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the International Labour Organization (ILO). This report includes valuable information on the current situation of refugees and migrants, health challenges associated with migration and forced displacement, past and ongoing practices and interventions in promoting the health of refugees and migrants, legal frameworks in place for addressing the health needs of this population, lessons learned, and recommendations for the future.

### Scope of the report and evidence synthesis

This report has examined the contributions from WHO regional and country offices, Member States and partners in responding to a global call for contributions, as well as from evidence available on current migration trends, legal frameworks, health challenges and outcomes, policies and public health interventions and good practices to improve the health of refugees and migrants in the African region. The report will contribute to the development of a draft global action plan to promote the health of refugees and migrants to be considered at the Seventy-second WHA. The report also aims to provide information to Member States and partners in the region on current public health interventions and good practices in promoting refugee and migrant health, including access to and outcomes of care. In addition, the report’s accompanying document highlights practices in the Region that include efforts to address the health needs of refugees and migrants. The information received from Member States, partners and WHO Country Offices in response to the aforementioned WHO global call for contributions was examined and compiled in the accompanying document – practices in addressing the health of refugees and migrants in the Region of Africa.

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<sup>1</sup> EB Decision 140(9) on promoting the health of refugees and migrants

<sup>2</sup> WHA70.15 on promoting the health of refugees and migrants

## Methodology and type of evidence

A rapid scoping review of available technical reports, peer-reviewed and grey literature in English, as well as from Member States and partners' contributions to the global call for contributions, was conducted between August 2017 and 20 January 2018.

### The synthesis questions

The objective of the review was to address the following questions.

- What are the current migration and displacement trends in the African region?
- What are the relevant global and regional legal frameworks used in the region in addressing the health of refugees and migrants?
- What are the current health challenges and outcomes of refugees and migrants in the region?
- What are the current policies, interventions and practices, experiences and lessons learned within the region? The section on current public health interventions gives examples of interventions and good practices.
- What is the way forward and what recommendations can be identified for addressing refugee and migrant health in the region?

## II. CURRENT SITUATION

### Migration trends in the region

Migration in the WHO African region is both voluntary and forced, within and outside national borders. In 2017, the WHO African region was home to 1.2 billion people, of which 22 million were international migrants, including 6.3 million refugees (3). The bulk of African migrants move within the continent. More than 80 percent of the migration in Africa occurs within the continent, with intraregional emigration in Sub-Saharan Africa being the largest south-south movement of people in the world (4).

Over the last decade, the region has re-emerged as a migration destination. This is linked to the increasing economic opportunities offered in several African countries, as well as a liberalization of economic policies, which has facilitated foreign direct investment. African countries have grown in importance as destination countries for migration mainly from other African countries, but also, increasingly, from China, Europe and elsewhere (2). In 2017, the leading destinations for emigration in the region were Cote d'Ivoire (2,197,000 individuals), Nigeria (1,235,000 individuals), South Africa (4,037,000 individuals) and Uganda (1,692,000 individuals).

Since the 1990s, the closure of previously open borders to Europe created a demand for smuggling services and heralded the start of a trans-Mediterranean migration route, which has continued to the present day. Over the 1990s and 2000s, an increasing number of migrants and asylum seekers from Western and other sub-Saharan countries joined this route, also leading to an increasing use of trans-Saharan migration routes through the Algeria, Libya, Mali and Niger (2).

International migration from sub-Saharan Africa to Australia, China, Europe, the Middle East, New Zealand and North America has also increased. In recent years, East and West African countries have increased their outward mobility, mainly towards the Gulf States due to employment opportunities, including an increasing share of women - particularly from Ethiopia - migrating as domestic workers. African migrants are also attracted to fast-growing economies beyond the traditional destinations in Europe, and migration to China has been growing since the year 2000. Initially, this was mostly students who later decided to settle (2).

Migration is beneficial for migrants, as well as origin and destination countries. In destination countries, migration replenishes the labour supply and skills, incentivises entrepreneurship and eases strains on pension systems. For origin countries, this contributes to poverty reduction and brings in remittances and diaspora investments (5). Remittances play an important role in improving living conditions for households in origin communities. International migrants from the WHO African region have generated US\$ 39 billion in remittances that boost the incomes of poor households to not only increase their consumption power, but also to provide funds for education, health and business investments (6). However, remittance flows are likely significantly underestimated: only about half of the countries in Africa collect remittance data with any regularity and some major receivers of remittances report no data at all (7).

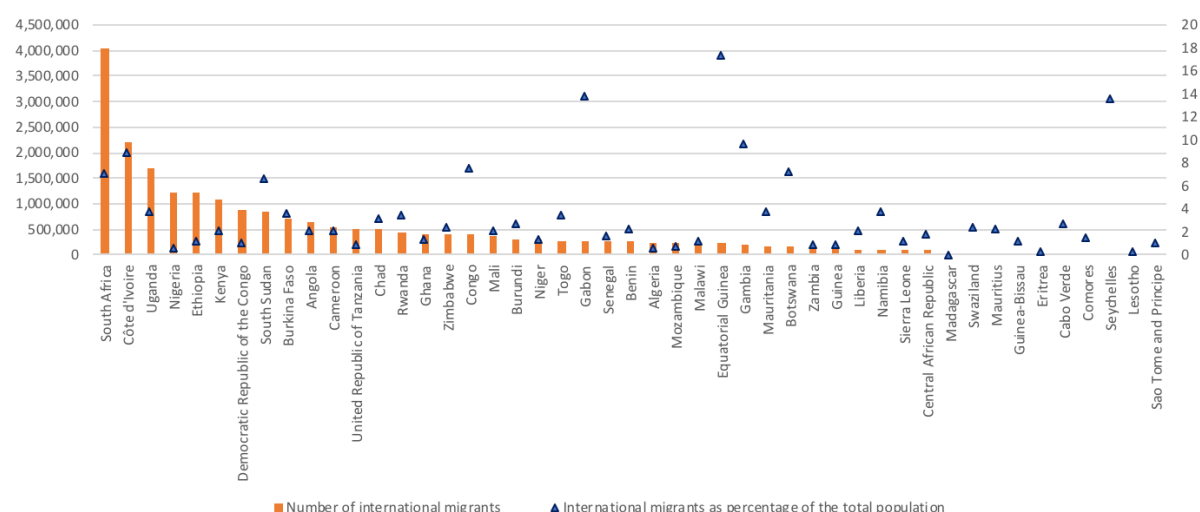


Figure 1: Absolute and relative size of international migrant population in the WHO African region 2017 (3)

## Forced Displacement

The WHO African region continues to face new and ongoing conflicts. Between 2015 and 2017, the number of refugees in the region has increased, significantly due to conflict in the Central African Republic, the Lake Chad basin crisis and renewed conflict in South Sudan (2). By the end of 2016, 14.9 million forcibly displaced people originated from the region, of which 6.4 million were refugees, asylum seekers and stateless persons and 7.4 million were internally displaced. More than half of all refugees and internally displaced people were from Democratic Republic of the Congo, Nigeria and South Sudan.

The crisis in the Lake Chad basin now affects around 17 million people. Population displacement is a result of the ongoing insurgency and its impact on the fragile political and economic structures of countries in the sub-region. While the situation in north-eastern Nigeria is expected to gradually improve, it will take some time until people can safely return to their place of origin (10).

The political situation in South Sudan remains volatile and food insecurity further exacerbates the situation, leading to large internal displacement and movements across borders. Half of the South Sudan population has been affected by conflict and a third has been displaced. There are currently 2 million refugees in the sub-region, in addition to the 2 million internally displaced. As a result of the conflict in South Sudan, Uganda has become the largest refugee-hosting country in Africa (8).

### III. KEY REGIONAL FRAMEWORKS AND LEGAL INSTRUMENTS

Seventy-nine percent of WHO African region Member States are parties to at least one of the various international treaties that comprise the international normative framework on international migration (11): 37 countries (79 percent) are parties of the Convention relating to the status of Refugees (1951); 38 (80 percent) to the Protocol relating to the status of Refugees (1967); 25 (53 percent) to the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990); 41 (87 percent) to the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000); and 40 (85 percent) to the Protocol against the Smuggling of Migrants by Land, Sea and Air (2009).

The African Union approach to migration is articulated in policy documents such as: The Common Position on Migration and Development (African Common Position) (12) and the Migration Policy Framework (MPFA) (13), both adopted by the Executive Council of the AU in 2006. The revised MPFA aims to assist Member States and Regional Economic Communities in the development of their own national and regional migration policies. It provides policy guidelines in nine thematic areas, namely: Labour Migration; Border Management; Irregular Migration; Forced Displacement; Human Rights of Migrants; Internal Migration; Migration Data Management; Migration and Development; and Inter-State cooperation and partnerships (14).

#### The right to health of migrants in the African region

The commitment from African governments and states to protect the migrants' human rights, including the right to health, has been stressed in several instances. The African Charter on Human and People's rights (15), ratified by most of the member states of the region, prohibits discrimination and states that every individual has the right to enjoy the best attainable state of physical and mental health. The African Common Position states that management of migration should not jeopardize the human rights of refugees and should adhere to the principle of non-discrimination (12). The joint Africa-EU declaration on migration and development (Tripoli 2006) recognizes that effective protection of the rights of migrants is one of the major components of managing migration, and states that the management of irregular migration should not compromise human rights (16). In 2008, the Declaration Africa and Migration: challenges, problems and solutions, reaffirmed that states shall guarantee to all persons found on their territory, without any kind of distinction, the rights stated in international instruments. It also called on host countries to ensure that migrants are given the same treatment as citizens with respect to access to social services (education and health) (17).

Specifically related to health, several declarations and frameworks for action have been agreed upon

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