

# Promoting the health of refugees and migrants

## FRAMEWORK OF PRIORITIES AND GUIDING PRINCIPLES TO PROMOTE THE HEALTH OF REFUGEES AND MIGRANTS

### A. INTRODUCTION AND PURPOSE

To achieve the aim of the 2030 Agenda for Sustainable Development – to leave no one behind – and the health-related commitments outlined in the New York Declaration for Refugees and Migrants,<sup>1</sup> it is imperative that the health needs of refugees and migrants are adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration, to be endorsed in 2018.

This framework was requested in January 2017 by the Executive Board at its 140th session, to be considered during the Seventieth World Health Assembly. The purpose of this framework is threefold:

- to inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration to ensure that the health aspects of refugees and migrants are adequately addressed;
- to serve as a foundation for the development of a draft global plan of action on the health of refugees and migrants, which is planned to be submitted to the Seventy-second World Health Assembly in 2019;
- to provide a resource for consideration by Member States in addressing the health needs of refugees and migrants, in alignment with the Sustainable Development Goals and other global and regional policy frameworks as appropriate to each country's context and priorities.

### B. SCOPE

This framework describes a number of overarching guiding principles and priorities to promote the health of refugees and migrants, building on the humanitarian principles, existing instruments and resolutions<sup>2</sup> including a strategy and action plan for refugee and migrant health in the WHO European Region<sup>3</sup>. It recognizes the urgent need for the health sector to address more effectively the impact of migration and displacement on health. 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. It is designed to promote the right to health, in accordance with international human rights obligations, including refugee law<sup>4</sup> and relevant international and regional instruments<sup>5</sup> as well as humanitarian principles. It also aims to support actions to minimize vulnerability to ill-health and to address the social determinants of health by promoting refugees' and migrants' ability to access promotive, preventive, curative and palliative health services. This framework acknowledges that laws, regulations and policies governing access to health services and financial protection for health by refugees and migrants vary across countries and are determined by national laws, policies and priorities.

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<sup>1</sup> Adopted by the United Nations General Assembly in resolution 71/1 (2016).

<sup>2</sup> See document A70/24, paragraphs 11–13.

<sup>3</sup> Strategy and action plan for refugee and migrant health in the WHO European Region ([http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/314725/66wd08e\\_MigrantHealthStrategyActionPlan\\_160424.pdf](http://www.euro.who.int/_data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf), accessed 3 May 2016).

<sup>4</sup> 1951 Convention relating to the Status of Refugees.

<sup>5</sup> Such as the International Covenant on Economic, Social and Cultural Rights (1966).

## C. GUIDING PRINCIPLES

1. **The right to the enjoyment of the highest attainable standard of physical and mental health.** Refugees and migrants have the fundamental right, as do all human beings, to the enjoyment of the highest attainable standard of health, without distinction of race, religion, political belief, economic or social condition.<sup>1</sup> Furthermore, States parties to the 1951 Convention relating to the Status of Refugees shall accord to refugees lawfully staying in their territory the same treatment as accorded to their host country nationals,<sup>2</sup> with respect to public relief and social security, which may include access to health services.
2. **Equality and non-discrimination.** The right to the enjoyment of the highest attainable standard of health should be exercised through non-discriminatory, comprehensive laws, and policies and practices including social protection.
3. **Equitable access to health services.** Equitable access to health promotion, disease prevention and care should be provided for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;<sup>3</sup> and in accordance with the international law for refugees<sup>4</sup>. The health of refugees and migrants should not be considered separately from the health of the overall population. Where appropriate, it should be considered to include refugees and migrants into existing national health systems, plans and policies, with the aim of reducing health inequities and to achieve the Sustainable Development Goals.
4. **People-centred, refugee- and migrant-and gender -sensitive health systems.** Health systems should be refugee- and migrant-, and gender-sensitive, and people-centred, with the aim of delivering culturally, linguistically and gender- and age-responsive services<sup>5</sup>. While the legal status of refugees<sup>6</sup> and migrants<sup>7</sup> is different, their health needs may be similar to or vary greatly from those of the host population. They may have been exposed to distress, torture and sexual and gender-based violence associated with conflict or their movements and may have had limited access to preventive and curative services before arrival in the host country. All of these factors may result in additional health care needs that require specific health responses.
5. **Non-restrictive health practices based on health conditions.** The health conditions experienced by refugees and migrants should not be used as an excuse for imposing arbitrary restrictions on the freedom of movement, stigmatization, deportation and other forms of discriminatory practices. Safeguards should be in place for health screening to ensure non-stigmatization, privacy and dignity, and the screening procedure should be carried out based on informed consent and to the benefit of both the individual and the public. It should also be linked to accessing risk assessment, treatment, care and support.
6. **Whole-of-government and whole-of-society approaches.** Addressing the complexity of migration and displacement should be based on values of solidarity, humanity and sustainable development. The health sector has a key role to play in ensuring that the health aspects of migration and displacement are considered in the context of broader government policy and in engaging and coordinating with other sectors, including civil society, the private sector, refugees' and migrants' associations and the affected populations themselves, to find joint solutions that benefit the health of refugees and migrants.
7. **Participation and social inclusion of refugees and migrants.** Health policies, strategies and plans and interventions across the migration and displacement cycle and in countries of origin, transit, and destination should be participatory, so that refugees and migrants are involved and engaged in relevant decision-making processes.

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<sup>1</sup> As declared in the preamble to the Constitution of the World Health Organization. Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article 12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

<sup>2</sup> 1951 Convention relating to the Status of Refugees, Articles 23 and 24.

<sup>3</sup> See resolution 61.17 (2008) on the health of migrants.

<sup>4</sup> 1951 Convention relating to the Status of Refugees.

<sup>5</sup> WHO. Health of migrants –the way forward – report of a global consultation. Madrid, Spain, 3–5 March 2010. Geneva: WHO; 2016.

<sup>6</sup> The international legal framework applicable to refugees includes the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, and relevant resolutions and conclusions of international bodies relating to the rights of refugees in respect of health, including the conclusions adopted by the Executive Committee of UNHCR.

<sup>7</sup> At the international level, there is no universally accepted definition of the term “migrant”.

8. **Partnership and cooperation.** Managing large movements of refugees and migrants in a humane, sensitive, compassionate and people-centred manner is a shared responsibility.<sup>1</sup> Greater partnership and international cooperation among countries, the United Nations system including WHO, IOM and UNHCR, and other stakeholders, is essential to assist countries in addressing the health needs of refugees and migrants; and to ensure harmonized and coordinated responses. WHO, in collaboration with other relevant international organizations, has a lead role to coordinate and promote refugees' and migrants' health on the international agenda.

## **D. PRIORITIES**

To promote the health of refugees and migrants, the following priorities could be considered:

1. **Advocate mainstreaming refugee and migrant health in the global, regional and country agendas and contingency planning.** Special attention should be given to promote and monitor the health of refugees and migrants, as part of efforts to achieve the Sustainable Development Goals. Efforts should also be made to ensure that the health aspects of refugees and migrants are included in the global compact on refugees and the global compact for safe, orderly and regular migration.

2. **Promote refugee- and migrant-sensitive health policies, legal and social protection and programme interventions** that incorporate a public health approach and that can provide equitable, affordable and acceptable access to essential health promotion, disease prevention, and high-quality health services, including palliative care for refugees and migrants. This may require modifying or improving regulatory and legal frameworks to address the specific health needs of these populations, consistent with applicable national and international laws.

3. **Enhance capacity to address the social determinants of health**<sup>2</sup> to ensure effective health responses and health protection in countries of origin, transit and destination. This includes improving basic services such as water, sanitation, housing and education. Priority should be given to implement a Health in All Policies approach to promote health equality for refugees and migrants. This will require joint and integrated action and coherent public policy responses involving multisector collaboration such as the health, social, welfare and finance sectors, together with the education, interior and development sectors.

4. **Strengthen health monitoring and health information systems** in order to: assess and analyze trends in refugees' and migrants' health, disaggregate health information by relevant categories, as appropriate; conduct research; and identify, collate and facilitate the exchange of experiences and lessons learned among Member States, and generate a repository of information on relevant experiences in the affected countries.

5. **Accelerate progress towards achieving the Sustainable Development Goals including universal health coverage** by promoting equitable access to quality essential health services, financial risk protection, and access to safe, effective, quality and affordable essential medicines and vaccines for all (target 3.8), including refugees and migrants. This may require strengthening and building the capacities and resilience of health systems. As a part of these efforts, priority should also be given to developing sustainable financial mechanisms to enhance social protection for refugees and migrants, and to strengthen the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.<sup>3</sup>

6. **Reduce mortality and morbidity among refugees and migrants through short- and long-term public health interventions**, aimed at saving lives and promoting the physical and mental health of refugees and migrants. Rapid and effective emergency and humanitarian responses is essential to saving lives and relieving suffering, but longer-term planning for more systematic development-oriented approaches to ensure the continuity and sustainability of the response should begin early. Priority should be given to efforts to enhance local capacity to address public health issues such as communicable and noncommunicable diseases, with an emphasis on disease prevention, for example through vaccination. Vaccines should be

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<sup>1</sup> New York Declaration for Refugees and Migrants, paragraph 11.

<sup>2</sup> See resolution WHA62.14 (2009).

<sup>3</sup> The Code was adopted by the Sixty-third World Health Assembly through resolution WHA63.16 (2010).

provided for refugees and migrants in an equitable manner, with a systematic, sustainable, non-stigmatizing approach. As vaccination is a health intervention that requires a continuum of follow-up until the full schedule is completed, there must be cooperation among the countries of origin, of transit and of destination.

**7. Protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings.** Priority should be given to the provision of essential health services such as: a minimum initial service package for reproductive health, sexual and reproductive health information and services; maternal health care including emergency obstetric services, pre- and postnatal care; prevention, treatment, care and support for sexually transmitted infections including HIV, and specialized care for survivors of sexual violence, as well as supporting for child health activities.

**8. Promote continuity and quality of care** delivered by public and private institutions and providers, non-State actors and other service providers for refugees and migrants, in particular for persons with disabilities, people living with HIV/AIDS, tuberculosis, malaria, mental health and other chronic health conditions as well as those with physical trauma and injury. It is important to ensure that adequate information on continuity of care is provided and is adhered to, especially during mobility, and particularly for the management of chronic health needs. Access to adequate mental health care, including at reception and through referrals to appropriate secondary services, should be provided. Priority should be given to ensure that children have access to specific care and psychological support, which takes into account the fact that they experience and deal with stress differently than adults do.

**9. Develop, reinforce and implement occupational health safety measures** in work places where refugees and migrant workers are employed, in order to prevent work injuries and fatal accidents. Provide information and training to educate refugee and migrant workers about occupational health and safety risks in hazardous occupations. Refugee and migrant workers should have equal access to treatment of work-related injuries and disability, rehabilitation and death compensation according to national contexts.

**10. Promote gender equality and empower refugee and migrant women and girls** including through recognizing gender differences, roles, needs and related power structures among all relevant stakeholders and mainstreaming gender into humanitarian responses, and longer-term policy development and interventions. Also consider implementing the recommendations of the High-Level Commission on Health Employment and Economic Growth (2016), which call for tackling gender concerns in the health reform process and the health labour market.

**11. Support measures to improve communication and counter xenophobia** by making efforts to dispel fears and misperceptions among refugee, migrant and host populations on the health impacts of migration and displacement; and share accurate information on the impact of refugees and migrants on the health of local communities and health systems, as well as to acknowledge the contribution of refugees and migrants to society. Provide appropriate, accurate, timely and user-friendly information on the health services available in countries of origin, transit and destination to refugees and migrants.

**12. Strengthen partnerships, intersectoral, intercountry and interagency coordination and**

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