

Health of refugees and migrants

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

WHO South-East Asia Region
2018



REGIONAL OFFICE FOR

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TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	4
I. INTRODUCTION.....	5
II. CURRENT SITUATION.....	6
III. KEY LEGAL FRAMEWORKS AND INSTRUMENTS	7
IV. HEALTH CHALLENGES	
IN THE REGION	8
V. EXAMPLES OF CURRENT PUBLIC HEALTH INTERVENTIONS AND PRACTICES	12
VI. PROGRESS, RECOMMENDED POLICY OPTIONS AND WAYS FORWARD.....	32
VII. STRENGTHS AND LIMITATIONS OF THE REPORT	33
Background documents	36
Annex 1: International migrants in the WHO South-East Asia Region.....	37
Annex 2: Contributions from Member States and partners (WHO SEA Region)	38

ACRONYMS AND ABBREVIATIONS

ART	antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
BCC	behaviour change communication
CMHI	Compulsory Migrant Health Insurance (Thailand)
EWARS	early warning alert and response system
GDP	gross domestic product
GMS	Greater Mekong Subregion
IDP	internally displaced person
IEC	information, education and communication
ILO	International Labour Organization
IOM	International Organization for Migration
JUNIMA	Joint United Nations Initiative on Mobility and HIV/AIDS
MBDS	Mekong Basin Disease Surveillance (Consortium)
MDR-TB	multidrug-resistant TB
MMPs	migrants and mobile populations
MoU	memorandum of understanding
MRCS	Myanmar Red Cross Society
NCD	noncommunicable disease
NGO	nongovernmental organization
OD	occupational disease
OHS	occupational health service
OOP	out of pocket
PCU	primary care unit
PHC	primary health care
SAARC	South Asian Association for Regional Cooperation
SDG	Sustainable Development Goal
SEA	South-East Asia
SSS	Social Security Scheme (Thailand)
STI	sexually transmitted infection
TB	tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WOREC	Women's Rehabilitation Centre (Nepal)

WHO South-East Asia Region

I. INTRODUCTION

Background

To achieve the vision of the 2030 Sustainable Development Goals (SDGs) – 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.¹ In May 2017, the World Health Assembly endorsed resolution WHA70.15 on “Promoting the health of refugees and migrants”.² 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 learnt in order to contribute to the development of a global action plan for the Seventy-second World Health Assembly 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 learnt in addressing the health needs of refugees and migrants. Thirteen inputs covering practices in six Member States in the South-East Asia (SEA) Region were received from Member States and partners such as the United Nations Refugee Agency (UNHCR), International Organization for Migration (IOM) and International Labour Organization (ILO). This includes valuable information on the current situation of refugees and migrants, health challenges associated with migration and forced displacement, past and ongoing practices, interventions to promote the health of refugees and migrants, legal frameworks in place for addressing the health needs of this population, lessons learnt and recommendations for the future.

Scope of the report and evidence synthesis

This report examines 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 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 World Health Assembly in 2019. The report also aims to provide information to Member States and partners in the WHO SEA Region of 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 and partners 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.

¹ EB Decision 140(9) on promoting the health of refugees and migrants

² Resolution WHA70.15 on promoting the health of refugees and migrants

Methodology and type of evidence

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

The synthesis questions

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

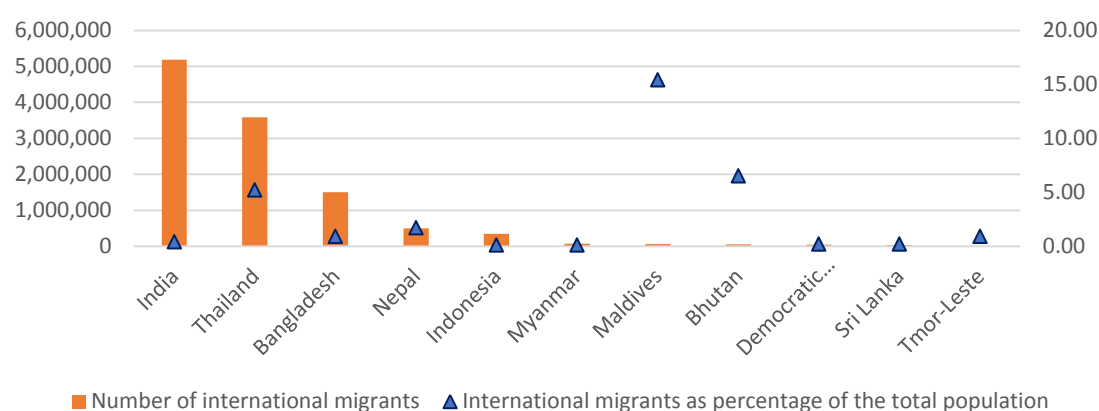
- What are the current migration and displacement trends in the Region?
- What are the relevant global and regional legal frameworks used in the Region to address the health of refugees and migrants?
- What are the current health challenges and outcomes of refugees and migrants in the Region?
- What are the current policies, interventions and practices, experiences and lessons learnt within the Region? Examples of good practices are presented in boxes.
- What are the ways forward and recommendations for addressing refugee and migrant health in the Region?

II. CURRENT SITUATION

The WHO SEA Region is one of the world's most dynamic regions, with a large number of migrant workers moving both within and between the Region and the rest of the world. The most predominant flows are those of temporary labour migrants. In addition to inter- and intraregional regular labour migration, other migration trends have been observed, such as irregular migration, including human trafficking, in particular, of women and children. There were an estimated 11.42 million international migrants in the WHO SEA Region in 2017. A significant observation is that countries in the Region can no longer be compartmentalized as either source or destination countries. To illustrate, India is among the top 10 countries of destination for migration within the WHO SEA Region but it is also one of the top 10 countries from where migrants originate in the same Region.

The WHO SEA Region is vulnerable to different types of emergencies and disasters resulting in population movements. Countries in this Region face a broad range of disasters such as floods, cyclones, earthquakes, tsunamis, landslides, volcanic eruptions, heat waves and droughts. Following the conflict in August 2017 in Myanmar, 898,300 people moved from Myanmar to Bangladesh.

Fig. 1. Number of migrants in the Region and the percentage of international migrants as a percentage of the total population (source: UNDESA 2017 (<https://www.un.org/development/desa/en/news/population/international-migration-report-2017.html>, accessed 28 April 2018))



III. KEY LEGAL FRAMEWORKS AND INSTRUMENTS

The ratification of the United Nations legal instruments related to international migrants and migration, while steadily increasing over time, remains uneven. The 1951 Refugee Convention and its 1967 Protocol has been ratified by Timor-Leste. The protocol to combat human trafficking has been ratified by India, Indonesia, Myanmar, Thailand and Timor-Leste. India, Indonesia, Myanmar and Timor-Leste have ratified the protocol seeking to stem migrant smuggling. Furthermore, Bangladesh, Indonesia, Sri Lanka and Timor-Leste have ratified the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. As of September 2017, of all the WHO SEA Member States, only Timor-Leste had ratified all five United Nations legal instruments related to international migration, while four Member States had ratified none of the relevant instruments.³

Increasing efforts are being made to prioritize migrants' rights in Asia, including a specific focus on their right to health. These include the 2007 Declaration on the Protection and Promotion of the Rights of Migrant Workers by the Association of Southeast Asian Nations (ASEAN); the 2011 Dhaka Declaration to promote migrant-inclusive health policies; the Colombo Statement from the High-level meeting of the Global Consultation on Migrant Health, Colombo, 23 February 2017, issued in February 2017; and The Delhi Call for Action to End TB in the WHO South-East Asia Region by 2030 (1). Other examples include the WHO Mekong Malaria Programme – population mobility and malaria; WHO Regional Strategy to Stop Tuberculosis in the Western Pacific; bilateral collaboration and memoranda of understanding (MoUs) between Thailand and the neighbouring Greater Mekong Subregion countries (GMS, which covers some Member States of both the South-East Asia and the Western Pacific Regions), which focus on migrant workers; and the WHO Regional Action Framework on Universal Health Coverage.

³ <https://esa.un.org/MigGMGProfiles/indicators/indicators.HTM#europe>

IV. HEALTH CHALLENGES AND HEALTH OUTCOMES ASSOCIATED WITH MIGRATION AND FORCED DISPLACEMENT IN THE REGION

Access to health services and determinants of health

Mobile populations pose additional challenges to countries that are often already struggling to cope with day-to-day demands on their health-care systems. Migrants also encounter obstacles to accessing quality health care, as provision of health services is contingent on their legal and administrative status. Pockets of unreached non-resident population groups have contributed to failure in eliminating vaccine-preventable and other communicable diseases. Targeted health services designed for migrants and innovative financing of revenues generated by migrants have not been meaningfully deployed with flexible regulations. As a result, productive migrant populations have been perceived as a burden to the country rather than an asset to the prevailing health services.

The inability of policies and strategies to be adaptive to the global migratory context is one of the key challenges with regard to access. Furthermore, there is a lack of comprehensive national health policies and strategies for migrants in many South-East Asian countries. While migration policies exist in some countries, there is no focus on internal migrants (e.g. in Thailand and India).

Lack of disaggregated data in health information systems is a challenge in the region. Except for a few countries in the Region, data that permit analysis of the main health issues are not available either for refugees and migrants or those directly related to migration and displacement. Lack of disaggregated data hampers efforts to fully understand the extent of their health challenges and develop evidence-informed health policies.

There is great variability in the capacity of health-care systems in the Region to address migrant health (2). Thailand has demonstrated good capacity in this regard and has signed an MoU with Cambodia, Myanmar and Lao People's Democratic Republic, providing support for health service access to migrants. Legal labour migrants working in Thailand are covered by the Social Security Scheme (SSS). There is also the Compulsory Migrant Health Insurance (CMHI) Scheme, which enrolls migrant workers at the time of pre-employment health screening and deducts premiums from the workers' wages. Under this Scheme, the migrant has access only to services at the registered hospital, and not all services available to Thai citizens are made available to them. Additionally, irregular migrants are allowed to enrol into the CMHI scheme (3). Universal Health Coverage (UHC) remains weak in the GMS, with the exception of Thailand.¹⁰ Consequently, migrant workers, especially irregular migrants, are affected by these systems and remain uncovered, often facing extortionate out-of-pocket (OOP) expenses. Migrant workers overall have limited access to health services, and even when certain services are made available to them, lack of awareness of the

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