

# Health of refugees and migrants

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

**WHO Region of Americas**  
2018





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# WHO Region of the Americas

## I. INTRODUCTION

### Background

To achieve the vision of the 2030 Agenda for Sustainable Development– to leave no one behind – it is imperative that the health needs of refugees and migrants be adequately addressed. In the 140th session of the World Health Organization (WHO) Executive Board in January 2017, the 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 70th World Health Assembly (WHA) endorsed Resolution WHA70.15 on “Promoting the health of refugees and migrants,” urging Member States to strengthen international cooperation on the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants and to consider providing the necessary health-related assistance through bilateral and international cooperation to countries hosting and receiving large refugee and migrant populations, 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 practices, experiences, and lessons learned in order to contribute to the development of a draft global action plan to be considered for adoption by the 72nd WHA in 2019 (16).

Pursuant to this Resolution, WHO issued an online global call for contributions on evidence-based information, practices, experiences, and lessons learned in addressing the health needs of refugees and migrants. In response to this call, in effect from August 2017 to January 2018, 12 Member States in the Region of the Americas, as well as partners such as the International Organization for Migration (IOM) and the International Labour Organization (ILO) submitted valuable information on the current refugee and migrant situation, health challenges associated with migration and forced displacement, more than 21 past and ongoing practices addressing the health needs of this population, legal frameworks in place, lessons learned, and recommendations for the future.

### Scope of the report and evidence synthesis

This report<sup>2</sup>, as well as its accompanying document on practices addressing the health needs of refugees and migrants in the Region of the Americas, is intended to contribute to the development of a draft global action plan on the health of refugees and migrants and to provide Member States and partners in the Region with information on past and ongoing public health interventions and practices to address refugee and migrant health, including health care access and outcomes. This report discusses current migration trends in the Region, key regional policy frameworks and legal instruments, and health challenges faced by migrants and their host communities, emphasizing the special challenges faced by refugees, irregular and regular migrants who, because of their situation, are in conditions of high vulnerability (1-3), while examining health determinants, conditions of migration, and health issues associated with migration. This report also presents a path forward, considering current strategic lines of action at the national and supranational levels. In addition, the report’s accompanying document

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<sup>1</sup> Decision EB140(9). To access the framework of priorities and guiding principles to promote the health of refugees and migrants: [http://www.who.int/migrants/about/framework\\_refugees-migrants.pdf](http://www.who.int/migrants/about/framework_refugees-migrants.pdf)

<sup>2</sup> This report is an adapted version of the chapter on national and international migration presented in PAHO’s 2017 Health in the Americas.

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 of Americas.

## Methodology and type of evidence

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

## Synthesis questions

The objective of the review is to answer the following questions:

- What are the current migration and displacement trends in the Region?
- What are the relevant global and regional legal frameworks for addressing the health needs of refugees and migrants in the Region?
- What are the current health challenges and outcomes associated with migration in the Region?
- What are the current policies, interventions, practices, experiences, and lessons learned in the Region?
- What are the ways forward in and recommendations for addressing the health needs of refugees and migrants in the Region?

## II. CURRENT SITUATION

### Regional migration trends and demographic distribution

Migration in the Americas exhibits four trends: a steady flow of returnees due to economic crises and inhospitable social settings in high-income countries; the receipt of remittances from migrants living in high-income countries as an important source of income for several Latin American and the Caribbean (LAC) countries; human trafficking and the smuggling of migrants; and the contribution of LAC communities in the United States, Canada, and Europe to the development of cultural, economic, and social ties with their countries and communities of origin (4).

In the Americas, the number of people migrating across international borders in the Region has surged by 36% in the past 15 years, reaching 63.7 million in 2015; of these migrants, 808,000 were defined as refugees<sup>3</sup> (see Figure 1). LAC hosted the fifth largest number of international migrants (10 million), and of the 258 million international migrants reported worldwide in 2017, LAC was the region of birth of the third largest number (38 million) (6). About 15.2% of the population in North America and 1.5% of the population in LAC are international migrants. Approximately 39% of this population in LAC and 26% in

<sup>3</sup> According to IOM, a refugee is a person who "owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country" (Art. 1(A)(2), Convention relating to the Status of Refugees, Art. 1A(2), 1951 as modified by the 1967 Protocol). In addition to the refugee definition in the 1951 Refugee Convention, Art 1(2), the 1969 Organization of African Unity (OAU) Convention defines a refugee as any person compelled to leave his or her country "owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country or origin or nationality." Similarly, the 1984 Cartagena Declaration states that refugees also include persons who flee their country "because their lives, security or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order" (5).

North America are 29 years old or younger, and about 51% are female (see population pyramids in Figure 2). Forced migrants within country borders account for an estimated 7.1 million people, 6.9 million of whom are in Colombia (7, 8). Most LAC members are primary sources of emigration to northern high-income countries in the Americas and Europe. Despite these flows from lower- to higher-income countries, migration between low- and middle-income countries and from higher- to lower-income countries has recently increased (9). In addition, LAC has been experiencing a significant increase in extraregional irregular migrants. For example, according to IOM, Costa Rica experienced an influx of over 5,600 irregular migrants between April and August 2016, primarily from Haiti and African and Asian countries (10).

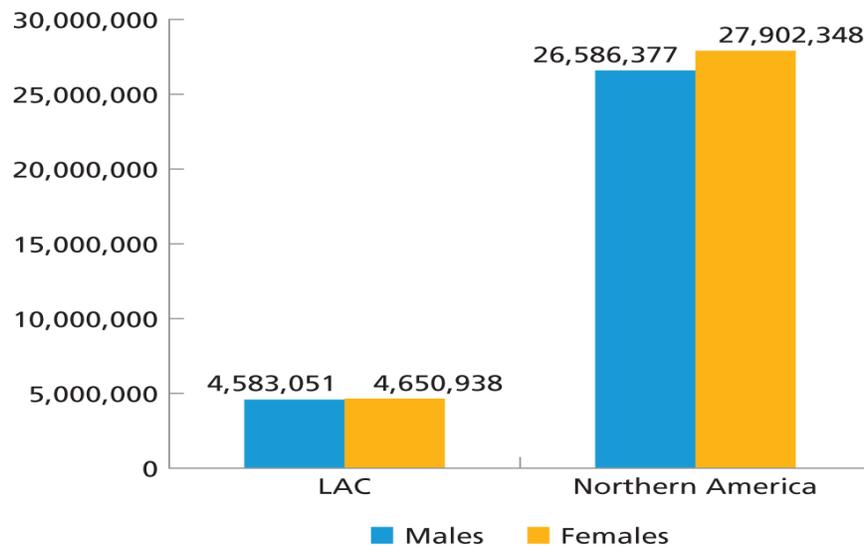


Figure 1: Total male and female international migrant stock in LAC and Northern America in 2015 (7)

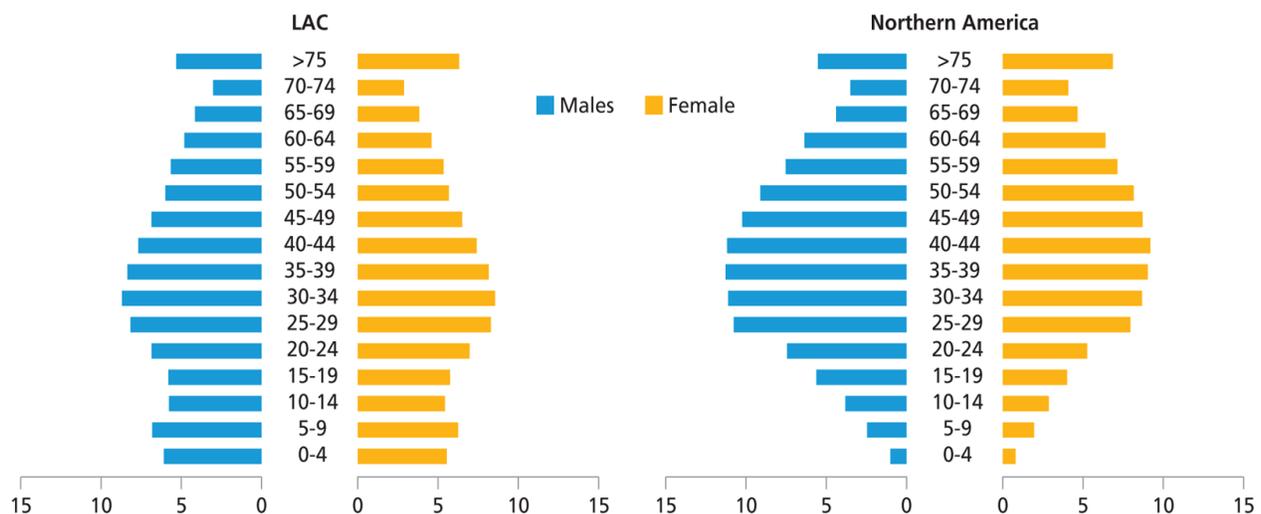


Figure 2: International migrant stock by age and sex in LAC and Northern America in 2015 (7)

### III. KEY REGIONAL FRAMEWORKS AND LEGAL INSTRUMENTS

At the Third Summit of the Americas, held in April 2001 (11), Heads of State in the Americas agreed to establish an inter-American program within the Organization of American States (OAS) for promoting and protecting the human rights of all migrants, regardless of their immigration status. The OAS recognizes that, given the scope, prevalence, and significance of the current migration phenomenon, virtually every state in the Americas has become a country of origin, transit, destination, or return for migrants, and as a direct result of this, migration has become a priority in the Region (12).

Specifically in health, the new WHO International Health Regulations of 2005 (13) were adopted "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade." As of 2016, the status of all core capacities established in the International Health Regulations across PAHO Member States continues to be heterogeneous, with the lowest scores consistently recorded in the Caribbean (14). In September 2016, the Directing Council of PAHO adopted Resolution CD55.R13 "Health of Migrants," urging PAHO Member States to generate health policies and programs to address health inequities that affect migrants; improve regulatory and legal frameworks in order to address the specific health needs of migrants; ensure access to the same level of financial protection and health services that other people living in the same territory enjoy; and coordinate programs and policies on the health of migrants in the border areas between countries (15).

At the 53rd Directing Council of PAHO in 2014 (17), the Member States approved the Strategy for Universal Access to Health and Universal Health Coverage (18) as the overarching framework for health system action to protect the health and well-being of migrants. Moreover, in April 2017, the ministers of health and health authorities of the Mesoamerican countries signed the Ministerial Declaration on Migration and Health in Mesoamerica, which recognizes the commitment to improve the health of migrants (19). Among other provisions, the Declaration outlines agreements to work jointly to share experiences and good practices to improve information systems, promote changes and improvements in regulatory frameworks to meet the health needs of migrants, strengthen interagency and intersectoral work capacities, establish mechanisms for multilateral cooperation, and strengthen health surveillance systems for the in-transit population.

In November 2017, representatives of South American governments met at the 17th South American Conference on Migration (SACM), a regional consultative forum on migration that, since its creation in 1999, has promoted and developed international migration policies and initiatives in the South American context (20). With the theme "inclusion and integration of migrants beyond territorial borders," the Conference focused on areas that included the human rights of migrants and the strengthening of migration governance (21). The SACM highlighted the importance of inclusive public policies on migration that consider migrants to be "under the same conditions as nationals in the host country regardless of their origin, nationality, or immigration status" (20). Also in November 2017, representatives from countries in the Americas met at the Regional Conference on Migration (RCM), a multilateral regional forum on international migration, created in 1996. The topics discussed at the meeting included strengthening institutional capacities for comprehensive assistance to migrants and forging partnerships to benefit the migrant population (22).

## Migrants' right to health and other related human rights in the Americas

The Universal Declaration of Human Rights proclaims that “all human beings are born free and equal in dignity and rights,” that every person is entitled to all human rights and fundamental freedoms, and that all persons “have the right to freedom of movement and residence within the borders of each State [and] the right to leave any country, including his own, and to return to his country” (23). The Constitution of the World Health Organization (WHO) also clearly supports the right to health: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (24). This right applies to all persons, wherever they are and regardless of their migration status.

There are 27 international legal instruments relevant to migration and human rights (25). In particular, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families of 1990 (3) has increasingly been recognized and prominently reflected in the international agenda. As States Parties to the Convention, 18 governments in the Americas have acknowledged the need to integrate health needs and the vulnerability of migrant workers into their national plans, policies, and strategies. Accordingly, these governments have demonstrated a heightened appreciation for the development of health programs and policies that address health inequities and improve access to health facilities, goods, and services. It is important to note that migrant destination countries such as Brazil, the Dominican Republic, Canada, and the United States have yet to take action on the Convention.

In the Americas, the 59th Session of the Executive Committee of PAHO, held in 1968, began discussing the relationship between health and international human rights instruments in the context of the technical cooperation that PAHO provides to its Member States (26). In 2007, ministers and secretaries of health of the Americas underscored their commitment to the aforementioned international principle in the Health Agenda for the Americas (2008–2017). In so doing, they placed human rights among this instrument’s principles and values and reconfirmed the importance of ensuring the highest attainable standard of health by stating, “In order to make this right a reality, the countries should work toward achieving universality, access, integrity, quality and inclusion in health systems that are available for individuals, families, and communities” (27). In 2010, the 50th Directing Council of PAHO agreed to work to improve access to health care for groups in conditions of vulnerability, including migrants, by promoting and monitoring compliance with international human rights treaties and standards (28).

## IV. HEALTH CHALLENGES AND AREAS OF CONCERN IN THE REGION

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[https://www.yunbaogao.cn/report/index/reportId=5\\_25935](https://www.yunbaogao.cn/report/index/reportId=5_25935)

