

Beyond the barriers

Framing evidence on health system strengthening to improve the health of migrants experiencing poverty and social exclusion



© IOM / Ray Leyesa



World Health
Organization

Beyond the barriers

**Framing evidence on health system strengthening to improve
the health of migrants experiencing poverty and social exclusion**

Beyond the barriers: framing evidence on health system strengthening to improve the health of migrants experiencing poverty and social exclusion
ISBN 978-92-4-151336-4

© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Beyond the barriers: framing evidence on health system strengthening to improve the health of migrants experiencing poverty and social exclusion. Geneva: World Health Organization; 2017. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

Table of contents

Acronyms	4
Introduction	5
Conceptual underpinnings	12
Examples of barriers	17
Health systems governance	20
Service delivery	28
Human resources for health	34
Essential medicines and technologies	41
Health financing	44
Health information systems	48
Further consolidation of the evidence base	51
Conclusion	55
Methods	59
Contributors	60
References	62

Acronyms

- ASEAN** Association of Southeast Asian Nations
- GRADE** Grading of Recommendations Assessment, Development and Evaluation
- GDP** gross domestic product
- ILO** International Labour Organization
- IMF** International Monetary Fund
- IOM** International Organization for Migration
- JUNIMA** Joint United Nations Initiative on Migration, Health and HIV in Asia
- NHPSPs** national health policies, strategies and plans
- OECD** Organization for Economic Co-operation and Development
- OHCHR** Office of the High Commissioner on Human Rights
- PAHO** Pan-American Health Organization
- SEKN** Social Exclusion Knowledge Network
- SDG(s)** Sustainable Development Goal(s)
- UN** United Nations
- UNHCR** United Nations High Commissioner for Refugees
- WHO** World Health Organization



© International Federation of Red Cross and Red Crescent Societies / CC BY-NC-ND

INTRODUCTION

Aims

Target 3.8 of the Sustainable Development Goals (SDGs) focuses on achieving universal health coverage. Universal health coverage means that *all people* can use the health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship (WHO, 2017a). While universal health coverage is the goal embodied in target 3.8, *health systems strengthening* is a means through which that goal can be achieved, acknowledging also the important role that intersectoral action plays (Kieny et al., 2017; De Paz et al., 2017). The term “all people” in the definition of universal health coverage means that health systems strengthening should be underpinned by the commitment to health as a fundamental human right. It also means that specific attention should be paid to populations experiencing marginalization, poverty and vulnerability in order for them to fulfil the right to health and other interrelated, interdependent and indivisible rights (IOM/WHO/OHCHR, 2013)

“Leaving no one behind” is a centrefold principle in the Sustainable Development Agenda. Those “left behind” are a vastly heterogeneous group. They face a wide range of barriers to health services that differ across countries, communities and individuals. As such, approaches to health system strengthening to leave no one behind need to account for this heterogeneity and the complexity of barriers. Some migrants,¹ in particular those experiencing poverty and social exclusion, face intersecting and compounding barriers (see examples in subsequent sections).

Against the backdrop of leaving no one behind on the path to universal health coverage, this paper aims to:

1. present information on barriers to health services faced by some migrants, in particular those experiencing poverty and social exclusion;
2. acknowledge that some barriers are faced by multiple subpopulations and others are unique to migrants, and that both types of barrier should be addressed to overcome inequities;
3. provide a framing for addressing these barriers in health systems strengthening for universal health coverage, and provide a non-exhaustive synthesis/scoping of existing evidence using this framing;
4. highlight areas where more research is needed, to further contribute to the evidence base for leaving no one behind in progress towards SDG target 3.8 on universal health coverage.

1 At the end of 2015, there were estimated to be over 244 million international migrants (about 3.5% of the world's population) (UNDESA, 2015). For more information, see: <http://gmdac.iom.int/global-migration-trends-factsheet>

Global context

This paper contributes to follow-up to *Equality and non-discrimination at the heart of sustainable development: a shared UN framework for action* (UN, 2016a). This emphasizes that leaving no one behind entails *full realization of human rights, without discrimination on the basis of sex, age, race, colour, language, religion, political or other opinion, national or social origin, property, birth, disability or other status*. The World Health Organization (WHO), through its Constitutional² mandate and its work on equity, gender and human rights, is committed to its part in operationalizing this framework.

With its explicit focus on health systems strengthening for universal health coverage and equity, the paper contributes to follow-up to the:

- United Nations General Assembly resolution on universal health coverage (UN, 2012a);
- World Health Assembly resolution WHA69.11 on Health in the 2030 agenda for sustainable development;
- World Health Assembly resolution WHA65.8 on the Outcome of the World Conference on Social Determinants of Health;
- World Health Assembly resolution WHA62.14 on Reducing health inequities through action on the social determinants of health.

Specifically, resolution WHA69.11 stresses the importance of health system strengthening for universal health coverage while giving a special emphasis to segments of the population experiencing marginalization, poverty and

The paper also provides inputs to the synthesis of evidence on “migrant-friendly health systems”. In conjunction with many other resources, it feeds into the situation analysis now underway by WHO and partners following up on World Health Assembly resolution WHA70.15 on Promoting the health of refugees and migrants (WHO, 2017b). In May 2017, resolution WHA70.15 was adopted by the Seventieth World Health Assembly. In this resolution, Member States took note with appreciation of the *Framework of priorities and guiding principles to promote the health of refugees and migrants* (WHO, 2017c).

Resolution WHA70.15 urges Member States, in accordance with their national context, priorities and legal frameworks, to consider promoting the framework of priorities and guiding principles, as appropriate, at global, regional and country levels including using it 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 (WHO, 2017c; UN, 2017b). An element of the *Framework of priorities and guiding principles to promote the health of refugees and migrants* that is particularly pertinent to the focus of this paper is:

[...] *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 (SDG target 3.8), including*

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26274

