Refugee and migrant health in the WHO European Region

Final progress report

This report provides an overview of the progress made in the implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (2016–2022) and the work done over the last six years. It also describes the new vision and actions going forward.

The Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (2016–2022) is coming to an end. Overall, the WHO European Region has seen significant progress in a number of areas in refugee and migrant health, but gaps remain. To address these gaps in the years to come, a new narrative has been proposed that includes five lessons learned and five pillars of action. This 5 + 5 approach was presented to Member States at the High-level Meeting on Health and Migration in March 2022, and it resulted in the adoption of an outcome document. That document is an expression of continuous leadership by countries and a commitment to pursue the work on refugee and migrant health, hence the proposal to develop – in close partnership with all countries, partners, and refugee and migrant representatives – a new regional action plan to be submitted to the WHO Regional Committee for Europe in 2023.

This working document is submitted to the Regional Committee at its 72nd session, in line with resolution EUR/RC66/R6.
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INTRODUCTION

1. Migration and displacement continue to be a social, political and public health reality for the Member States of the WHO European Region and beyond.1,2 The Region hosts almost 36% of the international migrant population,3 and more than 13% of the total population in the Region are international migrants, an increase from just under 4% in 1990.4

2. With the devastating war in Ukraine, the number of displaced people in the Region continues to rise daily. This, once again, calls for attention and action to ensure that all people, regardless of origin, have equal and unhindered access to health care.

3. At the High-level Meeting on Refugee and Migrant Health in 2015, the Region was facing a large and sudden increase in newly arrived refugees, asylum seekers and migrants. At that time, migration and displacement were seen as crises for transit and host countries and were the subject of intense political debate.

4. In recognition of the need for a consolidated and coordinated response to the health of refugees and migrants, the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region was adopted in September 2016 for the period until 2022.5

5. In 2018, to create an evidence base to assist Member States in the Region and other national and international stakeholders in implementing the Strategy and Action Plan for Refugee and Migrant Health, the WHO Regional Office for Europe (WHO/Europe) released the first Report on the health of refugees and migrants in the WHO European Region.6

6. Regular monitoring over the last six years has shown progress in the implementation of the Strategy and Action Plan and highlighted remaining gaps.7 An increasing number of Member States have made their health systems more accessible and inclusive for refugees and migrants. Countries show an increased awareness of refugee and migrant health in their national and local policies and practices. Furthermore, the majority of Member States have a contingency plan for large arrivals of refugees and migrants, and these

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1 Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. See https://apps.who.int/iris/handle/10665/338850.
2 Health diplomacy: spotlight on refugees and migrants. See https://apps.who.int/iris/handle/10665/326918.
3 This document uses the term “international migrant” to cover all persons who cross international borders, regardless of legal or migration status. Combined mention of “refugees and migrants” reflects the language in the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (see https://apps.who.int/iris/handle/10665/338085), which is sometimes still used to confirm that refugees are indeed included in the term “migrant”. Refugees and migrants are heterogeneous groups. The definitions applied in this document do not denote any legal status or entitlement. There is currently no universally accepted definition of the term “migrant”, and the definitions applied across the WHO European Region are diverse, reflecting political sensitivities and leading to specific challenges, including with regard to entitlements and access to health services, which are determined by national regulations and legislation. For the purposes of this document, the term “migrant” is used as an overarching category in line with resolution WHA61.17, and the terms “refugee” and “asylum seeker” are applied in accordance with the 1951 Convention relating to the Status of Refugees and as recommended by the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees. When considering global and regional migration trends, it can be useful to distinguish between two types of migration phenomena: (i) structural long-term migration patterns resulting from global inequalities and (ii) large-scale arrivals resulting from war, conflict and natural disasters.
5 Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. See https://apps.who.int/iris/handle/10665/338085.
6 Report on the health of refugees and migrants in the WHO European Region: No public health without refugee and migrant health. See https://apps.who.int/iris/handle/10665/311347.
7 The third and final round of follow-up on the implementation of the Strategy and Action Plan was conducted through a survey of the 53 WHO European Member States in 2022. Thirty-one countries completed the survey, sharing their successes and future priorities. Further information and an analysis of the results of this survey can be found in the background document accompanying this report.
plans have been put to the test in the current massive population displacement triggered by the war in Ukraine. Likewise, many Member States have made major efforts to include refugees and migrants in their responses to COVID-19.

7. In 2022 overall, many Member States address the health of refugees and migrants more holistically, acknowledging the importance of social determinants of health and a whole-of-society approach, looking at advocacy and health rights, and addressing less covered health areas such as mental health and noncommunicable diseases, instead of focusing primarily on infectious diseases, as was the case in 2018. This is also evident in the way countries in the Region are currently receiving and including people fleeing from Ukraine.

8. However, more progress is needed to make health systems fully inclusive for all refugees and migrants in the Region. Events of recent years remind us that migration is not a distinct phenomenon but an enduring, enriching and vital part of our societies: an essential ingredient in how we thrive and develop.

9. In March 2022, WHO/Europe invited WHO headquarters and the WHO regional offices for Africa and the Eastern Mediterranean to join the High-level Meeting on Health and Migration held in Istanbul, Türkiye, to discuss the current status of these issues and lessons learned and to identify priority actions moving forward.

10. The High-level Meeting was an expression of a renewed joint vision for health and migration across three regions and an articulation of commitment to ensuring that the health of refugees and migrants remains high on national and regional agendas and fulfils the commitment of the European Programme of Work, 2020–2025 (EPW), to leave no one behind.

11. This report states the achievements under the current Strategy and Action Plan but points also to areas of unfinished business. Building on the continued commitment and vision of Member States and partners expressed in the outcome document of the High-level Meeting, we propose to consider a new regional plan for 2023–2030, to be submitted to the WHO Regional Committee for Europe in September 2023. This new regional plan should be a result of Region-wide consultations with Member States, refugees and migrants, and partners.

A FIT-FOR-PURPOSE APPROACH TO HEALTH AND MIGRATION

12. During the implementation of the current Strategy and Action Plan since 2016, five salient lessons have been identified that inform a fit-for-purpose approach going forward.

Working across sectors and including the voices of refugees and migrants

13. Health is determined by complex interactions of social, political, economic and environmental conditions that can generate health inequalities. The processes of migration and displacement are cross-cutting, yet policy-making on migration issues has often been conducted in isolation within each sector, at times to the detriment of the health and well-being of refugee, migrant and host populations.

14. A focus on Health in All Policies is necessary, as is a focus specifically on health in all migration policies. Exploring ways to engage with other United Nations agencies, the European Commission and other relevant actors – not least through existing global and regional frameworks – is a priority. Other relevant actors include academic and research institutions, humanitarian and development cooperation organizations, the private sector, health and migration practitioners and, importantly, refugee, migrant and diaspora communities themselves.

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A meeting outcome document was adopted that highlights these main points. See https://www.euro.who.int/__data/assets/pdf_file/0010/527986/migrants-refugees-health-statement-eng.pdf.
15. Including refugees and migrants in decision-making is imperative; their voices are crucial to identifying challenges and solutions for refugee and migrant health.

**Accepting societal transformation and recognizing migration as an asset**

16. Safeguarding the rights of people who migrate is a collective human rights responsibility. This includes ensuring equal and unhindered access to health care.

17. Migration offers significant positive social, economic, cultural, developmental and other benefits to Member States. A strong and inclusive approach to migration health recognizes this. This is especially relevant in the context of the social and demographic transitions currently under way.

18. The ageing of the population in the European Region, for example, is a significant and ongoing challenge and will lead many Member States to become more reliant on migrant populations to support their labour force and sustain welfare models. The COVID-19 pandemic has demonstrated again the essential contribution of refugees and migrants in our societies and workforce, including within health systems and other essential and frontline services.

19. More broadly, refugees and migrants have an overall net positive effect on the economies of host countries, as well as improving development outcomes in countries of origin through remittances. Migration also helps strengthen social connections, expand the transmission of knowledge and ideas, and promote political engagement, among other important benefits. Ensuring the health and well-being of refugees and migrants is a human right and an important part of realizing these benefits. A future agenda on health and migration should acknowledge the positive contributions made by refugees and migrants and work to promote resilience and capacity-building in both receiving and sending countries.

**Strengthening cooperation within a whole-of-route approach**

20. While recognizing that migration and health governance are issues of State sovereignty, the health and well-being of refugees and migrants as a transnational issue can only be addressed in a robust and sustainable way by building international solidarity and cooperation. Single-country solutions fall short in meeting regional and global commitments and a whole-of-route approach. Member States within and across WHO regions need to work together in the spirit of international and interagency cooperation to find effective ways to ensure the health and well-being of refugees, migrants and host populations alike.

21. Migration corridors and routes are generally well defined, providing key opportunities for strengthened engagement along migration routes, including the provision of and access to health services in transit countries, the reciprocity of public health norms and standards between neighbouring countries, and the improvement of cross-border continuity and portability of care, for example with respect to immunization. The application of evidence-based guidelines for conducting health assessments of migrants and refugees at borders and while hosted in reception systems should be promoted. Strengthened coordination between health service providers and careful information-sharing, including of cross-border surveillance data, are other opportunities.

**Building inclusive health systems that are people centred and refugee, migrant and gender sensitive**

22. Developing refugee- and migrant-sensitive health systems does not mean parallel programming but, rather, reducing the barriers for refugees and migrants in accessing mainstream health services; the health of refugees and migrants is part of population health. Enabling all refugees and migrants to have the full enjoyment of health care does not stop at granting formal entitlements either; it requires inclusive and non-discriminatory health services that ensure quality of care.
23. Building inclusive health systems means supporting non-discriminatory and equitable access to quality health services under universal health coverage, irrespective of age, sex, gender, disability, race, ethnicity, country of origin, religion or ability to pay. It also means minimizing to the greatest extent possible the administrative, legal, logistic, cultural, linguistic, gender-based and other barriers to care that refugees and migrants experience. Intercultural competence plays a key role, and services need to be equipped to respond to the diverse needs that refugee and migrant populations have across all stages of the migration trajectory. Capacity-building among local service providers and organizations with local expertise is a key aspect of this work inside countries.

24. Effective and inclusive health and social services are also founded on the indivisibility and universality of human rights. As for all people, refugees and migrants are entitled to the right to the highest attainable standard of health, to equal access to health care, and to rights linked to the underlying determinants of health, such as non-discriminatory treatment and safe living and working conditions.

Recognizing One Health and its intersection with migration

25. A One Health approach is recognized as key in linking the health of populations, animals and the planet. While not a new concept, its relevance to migration and displacement is becoming increasingly recognized, including with respect to the hazards faced along migration routes, such as exposure to antimicrobial resistance. Anthropogenic climate change is also a particularly pressing challenge, causing significant changes in the functioning of the environments in which people live and in the ecological goods and services on which their livelihoods depend. As a result of these impacts, significant changes in human mobility, both forced and voluntary, are already occurring and are anticipated to accelerate.

26. Other environmental, health and humanitarian emergencies are also proliferating. In 2022, 39 million people more than in 2021 will require humanitarian assistance and protection, growing to some 274 million people in total, which is the highest number in decades. A renewed approach to migration health should be responsive to these emergencies and the potentially significant ramifications for population mobility in the future.

PILLARS OF ACTION FOR MOVING THE HEALTH OF REFUGEES AND MIGRANTS FORWARD

27. As part of the most recent and final survey on the implementation of the Strategy and Action Plan, Member States identified a few topics to be included in a future iteration: providing and ensuring translated and culturally adapted health information and health care services for refugees and migrants, improving the data and availability of data on migrant health to enable evidence-informed policies and better health care access, and increasing the health equality and equity of refugees and migrants.

28. Through consultations with Member States and in collaboration with WHO headquarters and the WHO regional offices for Africa and the Eastern Mediterranean, the informal advisory group, and key partners, five transformative action pillars emerged to guide commitment and actions going forward:

- Action pillar 1: ensure refugees and migrants benefit from universal health coverage regardless of migration status or level or health insurance.
- Action pillar 2: implement inclusive emergency and disaster risk reduction policies and actions to increase the resilience of refugee and migrant populations, bolster the preparedness of host countries and maintain safe cross-border mobility.
- Action pillar 3: develop inclusive environments that promote social inclusion, health and well-being and reduce inequalities between people.

• Action pillar 4: strengthen migration health governance as well as evidence- and data-driven policy-making.
• Action pillar 5: explore innovative ways of working to implement an ambitious agenda and develop partnerships as a vital enabling tool.

29. All the above action pillars are fully in line with the priorities of the EPW, as well as the global priorities outlined in WHO’s Thirteenth General Programme of Work, 2019–2023, the Global Action Plan on Promoting the Health of Refugees and Migrants, the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration, and the Sustainable Development Goals. Achieving the objectives set out under these global and regional instruments remains impossible if the health and well-being of refugees and migrants is not fully included.

30. A new vision and continued political leadership for refugee and migrant health are needed to ensure sustained progress and to keep the promise of leaving no one behind. Building on this political momentum, WHO/Europe will, in parallel to its emergency response to the mass displacement across the Region, work closely with countries to build accessible, people-centred and inclusive health systems and strengthen its tri-regional partnership with its neighbouring regions.

31. With the recent adoption of the outcome document of the High-level Meeting and agreed priority areas, the migration and health programme at WHO/Europe looks forward to building a new regional strategy and action plan with all Member States and partners in the year to come and presenting it to the Regional Committee in 2023 so that we can jointly continue the work to make health for all a reality, no matter where a person comes from.