Regional High-Level Meeting on the Health of Migrants and Refugees

12–13 December 2023
Manila, Philippines
MEETING REPORT

REGIONAL HIGH-LEVEL MEETING ON THE HEALTH OF MIGRANTS AND REFUGEES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants of the Regional High-level Meeting on the Health of Migrants and Refugees and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Regional High-level Meeting on the Health of Migrants and Refugees in Manila, Philippines from 12 to 13 December 2023.
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KEYWORDS: Delivery of healthcare / Regional health planning / Refugees / transients and migrants
SUMMARY

In the context of the worsening effects of climate change and unprecedented global human mobility, the Asia-Pacific region is experiencing an increase in environmental migration. Migrants and refugees in the region continue to face numerous challenges, including limited access to health-care services, discrimination and poor living conditions. In light of the extension to 2030 of the World Health Organization (WHO) global action plan on promoting the health of refugees and migrants and the pressing health needs of migrants and refugees in the region, the Regional High-level Meeting on the Health of Migrants and Refugees was organized by WHO and held in Manila, Philippines, from 12 to 13 December 2023. The meeting provided an opportunity for participants to share experiences and challenges, build consensus on addressing health and migration, and establish collaboration between WHO and Member States.

Participants noted the scale and variety of migration in the Western Pacific Region and the increasing numbers of women and children who become migrants and refugees. Migrant and refugee inclusion in health systems would support both universal health coverage and health security, and multisectoral collaboration is key to addressing barriers to access. The impact of climate change and displacement on health and well-being were discussed with particular reference to Pacific Islanders and the need for community involvement in policy development. Discussion of support for mobile populations in health emergencies focused on existing tools and the need for community and local government engagement in preparedness and response planning. Access to health and social security systems and women’s and girls’ vulnerability to violence are key elements of the social determinants of health for migrants and refugees that require robust community engagement and multisectoral efforts. Limited resources and incomplete data on the health of migrants and refugees in the Region pose challenges to health-care services planning and delivery, while the collection and analysis of data is complicated by data privacy concerns. Tools exist to support health data mobility and verification, and research in that field.

Participants concluded that Member States and the Secretariat need to work together and seek multisectoral engagement across the health sector and beyond to effectively address migrant and refugee health. They agreed that collaboration with programs such as health security and emergencies, disease control, and environmental health, is critical. This joint approach is key, not only to improve the health of migrants and refugees, but also to promote critical aspects such as equity-minded data collection and analysis and action-oriented research. Doing this, will improve access to healthcare services among vulnerable populations, and address the social determinants of health. Further, migrant and refugee inclusion, community engagement, targeted interventions and adequate funding would all be crucial to success.
1. INTRODUCTION

1.1 Meeting organization
The Regional High-level Meeting on the Health of Migrants and Refugees was held in Manila, Philippines, from 12 to 13 December 2023. The meeting created a space for representatives of Member States, international organizations, academia and civil society organizations to gather together and share experiences relating to migrant and refugee health, build consensus on strategic directions for health policy and explore options for cooperation at the regional and country levels. The meeting comprised eight sessions with presentations and panel discussions on different aspects of the public health challenges and needs posed by migration trends in the World Health Organization (WHO) Western Pacific Region.

1.2 Meeting objectives
The objectives of the meeting were:

1. to identify, gather and share experiences, challenges and successful interventions among Member States regarding the health of migrants and refugees;
2. to build consensus on the strategic directions for integrating health and migration considerations into different health programmes and policies, including thematic priorities under WHO’s For the Future vision for the Western Pacific Region; and
3. to establish collaboration between WHO and Member States with relevant stakeholders to launch and implement high-impact deliverables at both regional and country levels.

2. PROCEEDINGS

2.1 Session 1: Opening session: Setting the scene – what are the main public health challenges and needs posed by the growing trend of migration in the Western Pacific Region?
Speakers highlighted the scale and variety of migration in the Western Pacific Region within and outside countries, in a global context of unprecedented displacement and the worsening impact of climate change. The COVID-19 pandemic highlighted that universal health coverage (UHC) cannot be achieved without access to health care for migrants and refugees, who continue to experience limited access to health care, exposure to disease and the mental health impacts of displacement, which are further exacerbated by economic, environmental, cultural and social factors. The profile of global migration is changing as increasing numbers of women and children become migrants and refugees, which calls for an accompanying shift in approach. Multisectoral collaboration and community outreach are essential, and more research is needed to foster the development of evidence-based public health measures for migrants and refugees and for host communities.

2.2 Session 2: Equitable access to quality health care for migrants and refugees within the universal health coverage agenda
A presentation on promoting migrant-inclusive health polices and services noted that the exclusion of migrants and refugees from health care undermines collective health security, and that their health needs should be placed at the heart of efforts towards UHC. Poor standards of care are a key challenge. There is a need to incorporate the views of migrants and refugees in public health planning and facilitate cooperation beyond the health sector to tackle barriers to health care.

Country experiences of supporting the health and well-being of migrants and refugees highlight multisectoral collaboration, access to comprehensive and preventive health services, the dismantling of financial barriers to health care, and community engagement to reach migrants and mobile populations and build trust in health-care services.
Discussion focused on inclusion in coverage provided by national health systems, the importance of focusing on health needs rather than legal status, and access to sexual and reproductive health care, including abortion care.

2.3 Session 3: Addressing the health needs of communities impacted by environmental and climate migration

Presentations highlighted the impact of climate change as a direct cause of displacement and, increasingly, a catalyst for migration. The long-term impact of displacement on the health and well-being of Pacific Islanders calls for cultural understanding in order to meet health needs. Planning for the long-term future of displaced communities requires multisectoral and regional collaboration.

Following the screening of a video on displacement from Nabavatu, Fiji, a question-and-answer session highlighted the physical and mental health impacts for Pacific Islanders of climate-related disruption to essential services, the increased spread of vector-borne diseases and the exacerbation of other vulnerabilities. Key policy responses include investment in community health education, telehealth systems, spatial mapping and resilient infrastructure, as well as the inclusion of communities in planning. A stronger regional voice could highlight the health impacts of climate change and the need for more dialogue on environmental migration in the Western Pacific Region.

2.4 Session 4: Enhancing preparedness and support systems for mobile populations during health emergencies

Presentations emphasized the vulnerability of the Region to disasters and public health emergencies; their impact on mobile populations, including migrants and displaced persons; and their effect on public health service delivery. Resilient, migrant-friendly health systems, multisectoral partnerships, the WHO Asia Pacific Health Security Action Framework and the International Organization for Migration (IOM) Health Border and Mobility Management Framework were underlined as useful tools in health emergencies, and the engagement of communities and local government in preparedness and response planning was highlighted.

Discussion of country experiences focused on the importance of comprehensive multisectoral response plans, adequate resources, community empowerment and international cooperation in meeting the health needs of mobile populations during disasters and health emergencies. Preparedness and response plans benefit from stakeholder consultations and the incorporation of lessons learnt from previous disasters and health emergencies. Sustainable financing, a whole-of-government approach and multisectoral partnerships are also crucial to emergency response.

2.5 Session 5: Addressing the social determinants of health of migrants and refugees – focus on the social inclusion of migrants and refugees in host communities

Country experiences were shared relating to the social determinants of health, with a focus on social security coverage for migrants and refugees, the exacerbation of barriers to health care due to the precarious situation of migrants and refugees, the need for multisectoral efforts to achieve migrant and refugee inclusion, and the vulnerabilities of migrant and refugee women and girls to violence.

The discussion noted that social, economic and environmental factors could have a greater impact on health than the availability of health-care services, and that availability does not necessarily translate to accessibility for marginalized communities. Social security policy should better incorporate the health needs of migrant workers and their families and include asylum-seekers and stateless persons. Robust community engagement is needed to overcome barriers to health care for migrants and refugees, while multisectoral efforts are required to tackle the intersecting social determinants of health for migrants and refugees.
2.6 Session 6: Enhancing data collection to better understand and address the health and well-being of migrants and refugees

Presentations highlighted that fragmented data on migrants and refugees, their invisibility in health data – due to a lack of disaggregated data – and the sensitivity around recording legal migration status pose challenges to designing, delivering and tracking targeted health interventions. Data on migrants and refugees could be improved through cross-sectoral data-sharing, health data exchange across borders and the inclusion of a migration module in censuses and health information systems. However, attention needs to be paid to data privacy. The International Patient Summary and the WHO Global Digital Health Certification Network could be used to support migrant access to health care, while the WHO global research agenda on health, migration and displacement could support context-specific research.

During the discussion, participants raised the issue of the lack of data on the health and displacement experiences of Pacific Islanders and the need to consider the definition of “migrant” in the context of environmental migration and displacement.

2.7 Session 7: Overview of global, regional and national migration and health evidence and policy frameworks

The presentation noted the right of migrants to health and the need for efforts to go beyond the health sector to address the social determinants of health for migrants and refugees. Commitments on migrant and refugee health have already been made at the international and regional levels, including through the 2030 Agenda for Sustainable Development; the Global Compact for Safe, Orderly and Regular Migration; regional memorandums of understanding for specific health issues; and the work of the Association of Southeast Asian Nations on UHC. Migrant health should be incorporated in all areas of the health system and across sectors.

Following the screening of a video on the introduction of a national migrant health policy in Cambodia, discussion focused on the need for migrant and refugee health policy and how to integrate the issue into the health system, and how to tackle health in conjunction with other issues.

2.8 Session 8: High-level conclusion and next steps and closing

Participants reviewed the draft outcome statement of the meeting and discussed the proposals for a collective agenda on migrant and refugee health – the “how”. It was clear that the high-level meeting had been a timely and important event to consider how to support the health and well-being of migrants and refugees in the Western Pacific Region, in light of the disproportionate effect of the COVID-19 pandemic on migrants and refugees and a context of worsening impacts of climate change. The importance of working in partnership beyond the health sector and of community engagement was clear. It was to be hoped that the experiences shared and tools and solutions identified would help Member States in their efforts for migrant and refugee health, with the continued support of WHO.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Participants shared experiences, challenges and successful interventions relating to migrant and refugee health, and learnt about research and personal experiences of health, displacement and migration. They agreed that context-specific, culturally appropriate, and gender-sensitive approaches that meaningfully engage communities and takes into account the social determinants of health is needed. Further, noting the challenge of limited resources, participants recognized that collaboration within and beyond the health sector is required. This joint approach not only advances the agenda of migrant and refugee health but also promote critical aspects such as equity-minded data collection and analysis, increased access to healthcare services among vulnerable populations, and action on the social determinants of health.
3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Review and fully integrate migrant and refugee health in their policies and programmes for UHC.

(2) Carry out further research on the impact of migration and displacement on health and the particular health needs and barriers to access to health care experienced by migrants, refugees and displaced persons. Consider collecting better-quality data on migrant and refugee health while at the same time safeguarding privacy, including by encouraging the sharing of data among government agencies and introducing migrant health modules into existing surveys and questionnaires. Enable subnational administrations and communities to use this information to identify local solutions.

(3) Introduce standards for health data, including on data privacy, and the use of tools such as the WHO Global Digital Health Certification Network to securely verify health data.

(4) Strengthen cross-sectoral partnerships and links with community structures in order to provide better support for the health and well-being of migrants and refugees, and to ensure community acceptance of health interventions.

(5) Pursuant to the recently endorsed Asia Pacific Health Security Action Framework, introduce measures to remove and reduce financial and non-financial barriers to health care that is inclusive of migrants and refugees, including community engagement to engender trust, and ensure that labour migrants are adequately prepared before they travel and that they retain health coverage while temporarily abroad.

(6) Review and improve health emergency preparedness and response plans to ensure that vulnerable populations, including migrants and refugees, are not left behind.

3.2.2 Recommendations for WHO

WHO is requested to support Member States to:

(1) Strengthen health monitoring – with an emphasis on the collection of disaggregated data – and health information systems.

(2) Support further research into the impact of migration on health in the Western Pacific Region, in particular with reference to the consequences of climate change, and into the health needs and barriers to care for migrants, refugees and displaced persons, in order to bridge the data gap on migration and health in the Region.

(3) Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions.

(4) Promote continuity and quality of essential health care while developing, reinforcing and implementing occupational health and safety measures.

(5) Advocate the mainstreaming of refugee and migrant health in global, regional and country agendas, and the promotion of refugee-sensitive and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and inter-agency coordination and collaboration mechanisms.

(6) Enhance capacity to tackle the environmental and social determinants of health and to accelerate progress towards achieving the Sustainable Development Goals, including UHC.
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</thead>
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## Annex 2. Programme of activities

### Regional High-level Meeting on the Health of Migrants and Refugees

**12-13 December 2023, Manila, Philippines (hybrid)**

<table>
<thead>
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<th>Time</th>
<th>Day 1, 12 December 2023 (AM)</th>
<th>Time</th>
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<th>Time</th>
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### 1. Setting the scene: What are the main public health challenges and needs posed by the growing trend of migration in the Western Pacific Region?

- 1.1 Opening session | Welcome and opening
- 1.2 Keynote addresses
- 1.3 Global trends and directions
- 1.4 Introductions
- 1.5 Overview of objectives and agenda
- 1.6 Administrative announcements

### 2. Migration and Public Health: Equitable access to quality healthcare for migrants and refugees within the Universal Health Coverage agenda

- 2.1 Welcome remarks
- 2.2 Presentation: Promoting migrant-inclusive health policies and migrant-friendly services as a critical aspect of UHC
- 2.3 Country experience
  - 2.3.1 COVID-19 response to needs of the migrant population in Malaysia
  - 2.3.2 Removing financial barriers to routine childhood vaccination among stateless/undocumented/non-citizen population in Malaysia
- 2.3.3 Best practices: Malaria Prevention & Case Management among mobile- and migrant population in Cambodia by Mobile Malaria Workers (MMWs)
- 2.3.4 Viet Nam: TB control for migrants and mobile populations
- 2.4 Moderated Panel Discussion and Q+A
- 2.5 Closing Remarks

### 3. Migration and Public Health: Addressing the health needs of communities impacted by environmental and climate migration

- 3.1 Welcome remarks
- 3.2 Presentations: Environmental and Climate threats, migration and the health needs of communities
  - 3.2.1 Climate change, the environment and migration in the Pacific
  - 3.2.2 Climate change, health outcomes, and the ethical dimensions surrounding migration
  - 3.2.3 Regional and leadership considerations for climate-driven migration in the Pacific
- 3.3 Moderated Panel Discussion and Q+A on Country Experiences: Fiji and Palau
- 3.4 Closing Remarks

### 4. Migration and Public Health: Enhancing preparedness and support systems for mobile populations during health emergencies

- 4.1 Welcome remarks
- 4.2 Presentations: Enhancing Preparedness and Support Systems for mobile populations during health emergencies
  - 4.2.1 Migration across borders between SEAR and WPR: challenges and opportunities
  - 4.2.2 Health, Border and Mobility Management (HBMM) – regional examples of support systems for migrants and refugees in public health emergencies
- 4.3 Country experiences
  - 4.3.1 Vanuatu: Addressing the Needs of Displaced Populations in Natural Disasters (Volcanic activities – Ambae Island)
  - 4.3.2 Philippines: Healthcare Strategies for Displaced Communities due to Natural Disasters
  - 4.3.3 Cambodia: Internal displacement after a health emergency
- 4.4 Moderated Panel Discussion and Q+A
- 4.5 Closing Remarks

### 5. Migration and Public Health: Addressing the social determinants of health of migrants - focus on social inclusion of migrants and refugees in host communities

- 5.1 Welcome remarks
- 5.2 Country experience
  - 5.2.1 Philippines: Establishment of the Social Security System Programme to Overseas Migrant Workers
  - 5.2.2 Malaysia (Health Equity Initiatives, CSO): Leveraging community engagement to address the social determinants of migrants and refugees in Malaysia
  - 5.2.3 Viet Nam: Barriers and facilitating factors to operationalizing intersectoral work: An experience from the Vietnamese Migrant Health Working Group
- 5.3 Moderated Panel Discussion and Q+A
- 5.4 Closing Remarks

### 6. Migration and Public Health: Enhancing data collection to better understand and address the health and well-being of migrants and refugees

- 6.1 Welcome remarks
- 6.2 Presentations
  - 6.2.1 WHO WPPO: Leveraging Data to Better Understand the Unique Health Needs of Migrants and Refugees in the Western Pacific Region
  - 6.2.2 IOM: The availability of data and trends in migrant health in the WPR
  - 6.2.3 WHO HQ: Global Research Agenda on Health, Migration and Displacement
  - 6.2.4 Global digital health certification network, WHO initiative, Digital Health Directorate
- 6.3 Country experience: Te Whatu Ora – Health New Zealand: Development of a New Zealand patient summary, implementation of the International Patient Summary and how this could support seasonal workers
- 6.4 Moderated Panel Discussion and Q+A
- 6.5 Closing remarks

### 7. Overview of Global, Regional and National migration and health evidence and policy frameworks

- 7.1 Overview of the development of health policy frameworks on migration health
- 7.2 Country perspectives: National Migrant Health Policy - Cambodia

### 8. High level conclusion and Closing

- 8.1 Presentation of the conclusions
- 8.2 Closing
3. **Outcome statement**

Outcome Statement of the WHO Western Pacific Regional High-level Meeting on the Health of Migrants and Refugees

Towards a WHO Western Pacific collective agenda for action

1. **Setting the scene**

1.1. Member States of the WHO Western Pacific Region have gathered in Manila, the Philippines, on 12–13 December 2023, for a High-level Meeting on the Health of Migrants and Refugees. The context is one of unprecedented levels of human mobility. Accordingly, the WHO global action plan on promoting the health of refugees and migrants (resolution WHA76.14 (2023)) was extended to 2030.

1.2. In accordance with our stated goals, Member States identified, gathered and shared experiences, challenges and successful interventions to build a common understanding of the strategic directions for integrating health and migration considerations into different health programmes and policies, including thematic priorities under the “For the Future” WHO vision for the Western Pacific Region.

1.3 Attention to migrant and refugee health is core to advancing universal health coverage and achievement of the Sustainable Development Goals in the WHO Western Pacific Region. Action to include groups with vulnerabilities, such as migrants and refugees, in work that enhances health and human security in the Region is emphasized in the action framework for the Region on universal health coverage, the Regional Action Agenda on Achieving the Sustainable Development Goals in the Western Pacific, the Western Pacific Regional Framework for Action for Disaster Risk Management for Health and the Asia Pacific Health Security Action Framework.

2. **Stepping up action on migrant and refugee health – the “why”**

2.1. Access to quality health care and universal health coverage that leaves no one behind is crucial to the well-being of migrants and refugees in the Region. It is also an acknowledgement of the right to the enjoyment of the highest attainable standard of physical and mental health and the need for equitable, people-centred and gender-responsive health systems. These principles should inspire the Region’s collective response to increasing numbers of environmental and climate migrants, refugees and displaced persons.

2.2. The Member States of the WHO Western Pacific Region are taking many steps to respond to the health needs of migrants and refugees. However, there are challenges in ensuring the sustainability and continuity of health services and the inclusion of migrants and refugees in the national health systems of host countries. Responding to sudden population movements can also present a challenge. Migrants and refugees need to be included, without discrimination, in order for health coverage to be universal.

2.3. Many countries in the Region are both origin and destination countries for migrants. The COVID-19 pandemic has highlighted the health risks to which migrants and refugees are exposed and the difficulties that they face in accessing health care services. Action at all levels is needed to address the challenges and gaps in access to health care services for migrants and refugees in the Western Pacific Region. This is a prerequisite for stronger health systems that can cope with the next health crisis and part of working towards becoming the healthiest and safest region.

2.4. Western Pacific countries are on the front line of the climate crisis. The increasing frequency of natural disasters and extreme weather events linked to climate change is a driving factor in migration.

2.5. Migrants and refugees often face heightened risks due to factors such as overcrowded living conditions, limited access to health care and language barriers, which compound their vulnerability when health emergencies strike.
2.6. The health status of migrants and refugees is affected by the social determinants of health, including poverty, gender, stigma and discrimination, social exclusion, language and cultural differences, separation from family, sociocultural norms, administrative hurdles and legal status. The increasing proportion of women migrating in the Region calls for a focus on the particular risks and vulnerabilities that they face as migrants, alongside a focus on the vulnerabilities of migrants and refugees due to their age, location, employment status and working conditions.

2.7. The Member States of the WHO Western Pacific Region see a need to set out a collective agenda for coordinated action on migrant and refugee health, in a spirit of solidarity. This is based on the need to achieve the vision of the 2030 Agenda for Sustainable Development to leave no one behind, including by ensuring universal health coverage, and on the regional strategic priorities of climate change, the environment and health, and reaching the unreached. Our understanding of the need for action is also grounded in the WHO global action plan on promoting the health of migrants and refugees, 2019–2030, and the Global Compact for Safe, Orderly and Regular Migration.

3. A collective agenda for action – the “what”

3.1. Equitable access to quality health care should be ensured through health policies that take into account cultural differences and the health needs of migrants and refugees. Continuity and quality of health care for migrants and refugees is grounded in their inclusion in health systems and their appropriate referral to secondary and tertiary health services. The physical and mental health of migrants and refugees should be promoted through short- and long-term public health interventions. Support is needed to help migrants and refugees overcome the difficulties associated with arriving in a new environment as well as the barriers to accessing health care services.

3.2. More intense efforts should ensure that women and children, older persons and persons with disabilities receive priority action, given their increased vulnerabilities in relation to sexual and reproductive health, gender-based violence and mental health.

3.3. Preparedness and response planning for health emergencies should include specific support for the health of migrants and refugees.

3.4. Climate-resilient health systems would ensure continued access to health care during and following natural disasters and extreme weather events and associated displacement. To react quickly to climate-related events, climate-based early warning systems and adequate surge capacity in preventive activities are necessary.

3.5 The social determinants of the health of migrants and refugees should be addressed through coherent multisectoral action in policy responses. Social inclusion, enforcement of existing regulations on the rights of migrant workers and occupational health and safety are key areas.

3.6 The collection and analysis of disaggregated data is essential to understanding the health needs of migrants and refugees and better tailoring policy responses.

3.7. Strengthened collaboration and partnerships between governments, WHO, civil society organizations and other stakeholders are needed to identify opportunities for meaningful action at the regional and country levels.

4. Towards coordinated action for the collective agenda – the “how”

4.1. Universal Health Coverage

4.1.1. Health services for migrants and refugees should be extended beyond the current focus on specific infectious diseases and emergency provision to encompass essential health services, in keeping with the regional strategic priority of reaching the unreached and the goals of universal health coverage and the expansion of primary health care.

4.1.2. Interventions should be context-specific, gender-sensitive and tailored to different types of migrants and refugees. Different service delivery models, including active
outreach and community engagement models, can help health care services reach migrants and refugees, build trust and encourage engagement with health care services.

4.1.3. The well-being of migrants and refugees could be supported through the removal of barriers to access health care, particularly financial and legal barriers, as well as by ensuring access for migrants and refugees to the full range of services, including preventive and outpatient health care and dental care.

4.2. Climate and Environment

4.2.1. The research gap on climate change, displacement and health in the Western Pacific Region could be closed through improved data and research. Improved health information systems and data collection and disaggregation – including by sex and migration status – can inform efforts to meet the health needs of displaced communities, while investment in cost effective innovations such as telehealth services can complement local health care provision and provide services in hard-to-reach areas.

4.2.2. Long-term planning should be incorporated in a multisectoral and holistic approach to addressing the health needs of communities impacted by environmental and climate migration. Due consideration is needed of the broad impact of displacement on health and well-being in both the short-term and through the generations, including in terms of community well-being and continuity. Interventions should go beyond the health sector to target healing for communities and support health by tackling other needs, such as housing.

4.2.3. The voices of communities themselves could provide valuable input to discussions on their futures. A stronger joint regional voice, informed by local and national dialogues, should highlight the urgency of tackling climate change and its health impacts at the international level.

4.3. Health Emergencies

4.3.1. Health emergency preparedness for vulnerable populations, including migrants and refugees, should be reviewed and improved following the recommendations in the Asia Pacific Health Security Action Framework and by incorporating lessons learned from the COVID-19 pandemic and other emergency situations.

4.3.2. A multisectoral and whole-of-government approach that extends from the community level to the national level and beyond can provide a good basis for emergency preparedness and support systems for mobile populations. The involvement of local government and communities is crucial, given their role in the initial response to emergency situations, while international organizations can play a convening role to strengthen partnerships and coordination and share experience and technical guidance.

4.3.3. Multisectoral partnerships can ensure sustainable financing for emergency preparedness and response, and facilitate calls for assistance from the international community. Stronger multisectoral partnerships support efforts to address the public health impacts of emergency situations, while active engagement from governments, communities and civil society organizations, including in planning, can secure community acceptance of solutions in disasters and emergencies.

4.4. Social Determinants of Health

4.4.1. Multisectoral approaches to health should tackle the root causes of health issues faced by migrants and refugees and should include the health sector in inter-agency efforts to address the social determinants of health. Financial resources and capacity-building are needed to empower local governments to take action on the social determinants of health. Meaningfully engaging individuals from diverse and representative communities in decision-making processes is pivotal to building a resilient and inclusive foundation for sustained health equity.

4.4.2. Explicit references to migrants and refugees in legal frameworks on social security and health can ensure their inclusion in national health and social security systems, while bilateral agreements between origin and destination countries for migrants and the
digitalization of social security systems can support the provision of social security coverage to overseas workers. The health of migrant workers can be further supported through the provision of adequate preparation for travel abroad and health coverage while abroad and for families back home.

4.4.3. Robust community engagement is crucial to tackling the determinants of health that impact uptake of interventions among migrants and refugees, such as childhood vaccination, and in particular to addressing non-financial barriers to health care such as lack of trust and culture gaps and misconceptions. The safety, health and well-being of women and girls who are migrants or refugees can be supported within the health sector through formal agreements and training on the treatment and referral of migrants and refugees who have experienced gender-based violence.

4.5. Data

4.5.1. Data collection and analysis could be improved through regional cooperation, the sharing of data among government ministries and agencies, the inclusion of questions on migration status in health questionnaires and by requesting health data in advance of travel. Data collected should allow for disaggregation by migration status and type and by gender and other social determinants of health.

4.5.2. National strategies on data collection need to ensure consent to data collection and the confidentiality of data, alongside the ability to share anonymized data with government departments and with researchers. The sensitivity of data collection for migrants and refugees must be recognized and consideration should be given to gathering information and experiences, rather than official data. Care should also be taken when considering the definition of migrant and types of migrants, in particular with reference to climate-induced mobility in the Western Pacific Region.

4.5.3. The setting of standards for health records would provide data compatibility across borders and access to health data and records for migrants and refugees would support the delivery of appropriate health care services. The international patient summary is a tool for providing electronic health record extracts and the WHO Global Digital Health Certification Network provides a means of verifying digital health data. The WHO global research agenda on health, migration and displacement offers a tool to identify knowledge gaps and support context-specific research, such as that needed to achieve the strategic priorities of the “For the Future” vision for the Western Pacific Region.