

Draft

Strategy to promote the health and well-being of refugees, migrants and other displaced populations in the Eastern Mediterranean Region



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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Executive summary

Displacement is rapidly becoming a global phenomenon. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), 89.3 million people were displaced worldwide at the end of 2021 – equating to 1 in every 88 people in the world. The Eastern Mediterranean Region is the WHO region with the largest number of refugees and internally displaced persons (IDPs). More than half of all the World's refugees in 2021 (27.1 million) originated from the Region, primarily from the Syrian Arab Republic (6.8 million) and Afghanistan (2.7 million), in addition to the 5.8 million refugees in the occupied Palestinian territory under the mandate of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The numbers of IDPs have also been growing steadily in the Region in recent decades, rising to 21.1 million in 2021 (41% of the world's total).

In May 2017, the Seventieth World Health Assembly, in resolution WHA70.15 on promoting the health of refugees and migrants, urged 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 necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants. The resolution was the starting point for the development of the draft global action plan (GAP) on the health of refugees and migrants (2019–2023) based on best practices, experiences and lessons learnt in promoting the health of refugees and migrants in each WHO region.

Echoing these WHO and United Nations commitments to prioritize refugee and migrant health on the international and regional agendas, a series of regional meetings and consultations were conducted in the Eastern Mediterranean Region to develop a regional strategy for promoting the health of migrants, refugees and other displaced populations. Several follow-up activities were carried out with Member States in the Region with a final consultation on the draft regional strategy convened by WHO in Cairo in 2022. Consultation participants included ministries of health and other relevant ministries from 15 countries in the Region^a in addition to advisors from academia, and representatives from United Nations agencies including the International Organization for Migration (IOM), UNHCR and UNRWA. Staff from WHO headquarters, the WHO regional offices for the Eastern Mediterranean, Europe and Africa, and WHO country offices in the Region also attended.

The main goal of the strategy is to improve regional health by addressing the health and well-being of refugees and migrants in an inclusive and comprehensive manner as part of holistic efforts to respond to the health needs of the overall population in any given setting. This goal can only be achieved through inclusive national health policies, strategies and plans, and by responding to emergencies, addressing the social determinants of health and strong partnership.

- **Strategic objective 1:** Inclusion of refugees and migrants in national health policies, strategies and plans.

This objective will focus on ensuring the sustainability and continuity of services using people-centred and age- and gender-sensitive approaches. This will require a sufficient and competent workforce for effective health service delivery according to the needs of refugees and migrants. To ensure that national health policies, strategies and plans are evidence based, countries must include refugees and migrants in integrated surveillance and routine health information systems. In

^a Afghanistan, Bahrain, Egypt, Iraq, Jordan, Lebanon, Morocco, occupied Palestinian territory, Oman, Pakistan, Saudi Arabia, Somalia, Sudan, Tunisia and Yemen.

addition, WHO must promote public health research among refugees and migrants to inform and influence good policies and practices.

- **Strategic objective 2:** Respond in a timely and effective way to the needs of refugees and migrants in emergencies.

This objective will focus on ensuring that refugees and migrants have access to a continuum of care during humanitarian responses. It is crucially important that during an emergency, the public health needs of refugees and migrants are considered through an all-hazards, whole-of-government and whole-of-society approach, and in alignment with international treaties and conventions. Displacement is a natural occurrence during an emergency, either due to conflict or natural disaster. However, it is vital that basic services (such as continuity of health services, provision of life-saving medical supplies, timely responses to potential outbreaks and responses to urgent trauma needs) are provided for all of the population, including those that are displaced. It is also just as important to have a good risk communication and community engagement plan in place in order to ensure that trusted public health measures are adhered to. In all phases of health emergency and disaster risk management, including mitigation, preparedness, response and recovery, the needs of refugees and migrants must be adequately addressed.

- **Strategic objective 3:** Address the social determinants of health that affect the health and well-being of refugees and migrants.

This objective strives to promote and contribute to the addressing of social determinants of health that affect health outcomes for refugees and migrants, as well as for the host communities, to promote healthier populations. This can only be achieved through health-protection programmes that guarantee refugees and migrants the same protections as nationals, including through the management of environmental health, food, and toxicological and occupational health and safety, and access to safety-net systems. This will also require enhanced capacity to conduct health-promotion and disease-prevention activities among refugees and migrants through population and community outreach interventions. Community engagement will also be critical in supporting measures to improve risk communication, social mobilization and outreach efforts.

- **Strategic objective 4:** Strengthen partnerships for promoting the health and well-being of refugees and migrants.

This objective focuses on enhancing and coordinating partnerships across all levels and sectors. A whole-of government and whole-of society approach must be used to ensure that refugees and migrants have access to a continuum of care throughout their migration journey. In addition, the approach relies on ensuring that refugees and migrants are seen as a collective responsibility as such partnership is an important cornerstone that must be maintained throughout the implementation of all strategic objectives. This is particularly important in countries with protracted emergencies and their neighbouring countries that have hosted refugees for years. This strategic objective is intended to complement all the other objectives of the strategy, facilitate coordination between United Nations partners, Member States, civil society, academia and donors, and ensure collective responsibility for protecting the right of people on the move to access to health care services. WHO, in collaboration with other international organizations, has a lead role to play in coordination and in putting the health of refugees and migrants on the international agenda.

Introduction

1. Commitment towards protecting the health and well-being of refugees and migrants dates back to the 1948 Universal Declaration of Human Rights¹ which outlines the right of freedom of movement, including residing within state borders, leaving any country (including one's own) and returning to one's country, as well as seeking asylum from persecution. This was followed by the 1951 Convention relating to the Status of Refugees² which outlined the specific rights of those displaced, and emphasized the principle of non-refoulement for refugees. The 1967 Protocol relating to the Status of Refugees³ sought to elaborate on the definition of a "refugee" to accommodate future refugee populations regardless of geography or time limits specified in the 1951 Convention.
2. WHO Member States promoted the health of refugees and migrants by endorsing the World Health Assembly resolution WHA61.17, calling for migrant-sensitive health policies.⁴ This resolution was followed by a number of international conventions to address pressing health needs related to migration and forced displacement, including the 2016 New York Declaration for Refugees and Migrants.⁵ The latter brought attention to the large movements of refugees and migrants, and called for international support and collaboration to address their urgent needs. While the New York Declaration included commitments around human rights, education, shelter and improving the delivery of aid, it did not emphasize the right to health among refugee and migrant populations. Migration was also recognized as a key pillar in the Programme of Action of the International Conference on Population and Development⁶ and is central to the commitments of the 2030 Agenda for Sustainable Development as part of "leaving no one behind".⁷
3. Although the New York Declaration⁵ addressed both refugees and migrants, the United Nations General Assembly stated that to address the plight of refugees and migrants it would be necessary to develop a Global Compact on Refugees⁸ and a separate Global Compact for Safe, Orderly and Regular Migration.⁹ Both compacts were later endorsed in 2018. However, during the development of these Global Compacts, it had become clear that the right to health was not adequately addressed. As a result, the World Health Organization (WHO) worked with Member States to develop the World Health Assembly resolution WHA70.15 on Promoting the health of refugees and migrants, which was endorsed in 2017.⁸ This resolution included a definitive commitment to prioritize refugee and migrant health on the international health agenda, and to advocate for international cooperation between Member States regarding the right to health among these populations.
4. Resolution WHA70.15 requested the Director-General of WHO to use the associated framework of priorities and guiding principles to increase advocacy for refugees and migrants; support WHO Member States, as well as IOM and UNHCR, in promoting the health of refugees and migrants; and to identify best practices and lessons learnt to guide development of a global action plan on the health of refugees and migrants, and to report on progress. At the World Health Assembly in 2019, Member States noted the resulting WHO global action plan on promoting the health of refugees and migrants 2019–2023.⁹ WHO also continued to focus on achieving universal health coverage (UHC), and the highest attainable standard of health for refugees, migrants and host populations, in the context of its Thirteenth General Programme of Work 2019–2023 (GPW13).
5. The global action plan includes both short- and long-term steps to mainstream refugee and migrant health care within global, regional and country agendas; enhance partnerships; strengthen health monitoring and information systems; and counter misperceptions about the health of migrants and refugees. The plan calls upon Member States to promote the framework of priorities and guiding principles agreed to in resolution WHA70.15, and which informed the development of the Global Compacts. It is also recommended that the health of refugees and migrants should not be considered

separately from the health of the overall population. Thus, refugees and migrants should be included in existing host country national health policies, strategies and plans, in accordance with their context, priorities and legal frameworks, in an effort to achieve Sustainable Development Goal (SDG) 3, and specifically SDG target 3.8 on UHC. Although the legal status of refugees and migrants differs from that of the host population, their health needs may be similar or not greatly different. Adopting refugee and migrant sensitive health systems should thus be considered.

6. In some countries, health and social systems have become strained by the presence of displaced populations such as migrants, asylum seekers, IDPs and refugees. From its human rights and equity perspective, WHO views access to health services for all as a critical element of achieving UHC and will help countries meet this challenge. The GPW13 mission statement is to promote health, keep the world safe and serve the vulnerable by ensuring that 1 billion more people benefit from UHC, 1 billion more people are better protected from health emergencies and 1 billion more people enjoy better health and well-being. To ensure the achievement of the SDG mission, the WHO GPW13 and the 2030 Agenda for Sustainable Development principle of “Leaving no one behind”, refugees and migrants must be included among these 3 billion.

7. The GPW13 also takes note of the targets of the 2030 Agenda for Sustainable Development directly related to international migration or migrants. The most explicit of these targets (10.7) calls on countries to facilitate the orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.

8. Due to the high number of countries in emergency situations in the Eastern Mediterranean Region, the regionalization of resolution WHA70.15 was recognized as a priority, with Member States of the Region requesting that efforts be made to develop a regional strategy that would reflect the Region’s specific challenges.

Refugee and migrant health: regional situation, opportunities and challenges

Regional situation

9. Since the end of World War II, the Eastern Mediterranean Region has been prone to conflict, beginning with the displacement of Palestinians in 1948. Over the past seven decades, the Region has witnessed invasions, civil strife and economic turmoil that have led to people being continuously on the move. In 2020, the Region was home to 731.4 million people,¹¹ – of whom, 419.1 million (57%)¹² lived in nine countries with graded emergencies (Afghanistan, Iraq, Libya, occupied Palestinian territory, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen).¹³ These countries experience high levels of IDPs and refugees. Chronic conflict is pervasive and economic disparities are widening in an increasingly fragile region.¹³ Furthermore, many of the neighbouring countries and areas have been home to displaced populations who have crossed their borders. Some of these displaced populations are registered as refugees but others simply remain as migrants and even irregular migrants. The Region remains home to all types of displaced populations, including IDPs, asylum seekers, refugees, regular and irregular migrants, and returnees.

10. Such populations are often vulnerable to poor health due to their living conditions and limited access to much needed quality health care. In addition, those who can access care are often faced with financial hardship as a result. There are also professionals and low-income labour migrants in the Region, with differential access to health services and varied health coverage schemes.¹³ For many, especially young people, women and girls, migration can be a positive experience leading to enhanced livelihoods, autonomy and empowerment.

Definition of key terms

In accordance with the General Assembly resolution on the Protection of and assistance to internally displaced persons (2000), IDP is defined as *persons or groups of persons who have been forced or obliged to flee or to leave their homes, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border*. The number of IDPs in the Region has been increasing steadily in recent decades, rising to 21 million in 2021 – 41% of the world’s total number.¹¹ IDPs, like refugees, are displaced persons but they remain within their country of origin and are the responsibility of their country. However, it is that difference that makes them equally vulnerable as many IDPs tend to be located in countries in conflict and often in hard to reach places as a result.

For asylum seekers, the Universal Declaration of Human Rights, Article 14, states that *everyone has the right to seek and to enjoy in other countries asylum from persecution*.¹ This right to seek asylum is further elaborated on in the 1951 United Nations Convention Relating to the Status of Refugees and subsequent 1967 Protocol.^{2, 3} In 2021, there were 969 371 asylum seekers from the Region – 22% of the global number.¹¹ Most asylum seekers receive refugee protection, and it is clear that from those remaining in the Region that the rate of acceptance is high in the Region. Asylum seekers are treated almost equally to refugees while awaiting the host government decision to accept or reject their appeal for asylum.

According to the 1951 United Nations Convention Relating to the Status of Refugees and subsequent 1967 Protocol, *a refugee is defined as a person who: owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, 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; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it*.^{2, 3} Refugees are the only entity guaranteed rights that are upheld by the United Nations Refugee Agency (UNHCR), mandated by the United Nations General Assembly. Refugees in the Region remain a sizable proportion of the global total, reaching 17.6 million in 2021 (including Palestinians) – 66% of the world’s total. Almost 59% (10.4 million) remain in the Region.¹¹ Refugees are thus seen as the responsibility financially of the global community and must be allowed protection by the country that hosts them; however, it should be noted that most refugees in the Region are considered to be in transit and awaiting reaching their country of destination.

There is no clear consensus on the definition of a migrant; however, for the purposes of this strategy the International Organization for Migration (IOM) definition refers to this as *an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons*.²⁴ There is a more concrete definition for a migrant worker, which according to the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families is *a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national*.¹⁸ There were 47.2 million people in the Region in 2020 that had migrated across borders (7% of the total regional population), of whom 22.8 million (48%) stayed within the Region (2021).¹⁰ Women constituted 34% of all migrants and 4% of those over 65 years of age.¹⁰ Migrants differ from refugees as migrants do not have universally recognized legal norms that govern their time outside of their country of origin.

The final category is returnees, and according to the 1951 United Nations Convention Relating to the Status of Refugees and subsequent 1967 Protocol, Article 33, *no Contracting State shall expel or return (“refouler”) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion*^{2, 3} Lastly, according to the United Nations General Assembly resolution, A/RES/50/152, while the right to return is a fundamental right of all refugees the resolution *emphasizes in this regard the prime responsibility of countries of origin for establishing conditions that allow voluntary repatriation of refugees in safety and with dignity and, in recognition of the obligation of all States to accept the return of their nationals, calls upon all States to facilitate the return of their nationals who are not recognized as refugees*.²³ It is very hard to track returnees in the Region, particularly IDPs, as many return to war-torn areas or they were no longer counted as displaced due to prolonged conflict.

Regional opportunities

11. The Eastern Mediterranean Region provides several opportunities, particularly for migrants as they leave their countries with some remaining close by to be able to visit their families. The countries of the Gulf Cooperation Council, which house most of the migrants in the Region, have provided economic opportunities to those in neighbouring countries to work and send remittances back to their countries of origin. Other countries in the Region have provided a haven for refugees displaced by war. Most of the countries in the Region in the past have offered basic services to refugees and migrants.

Refugees and migrants and other displaced populations in the Region have been able to access some level of health care coverage. In Egypt, Iraq, Jordan, Lebanon and Tunisia, in accordance with national legislation, refugees and migrants can access health care for free at the primary health care level; nonetheless, this right is not always realized in reality. In Morocco and the Syrian Arab Republic, health care is provided by the government for regular migrants.¹² In Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates migrants are covered by their employers. In Oman, it is the migrant that is responsible – though migrants from Gulf Cooperation Council countries receive health care coverage and in the case of life-saving measures, all migrants are cared for.¹² For Palestinian refugees, UNWRA provides coverage for primary health care services and selective secondary and tertiary care, and in Yemen health care services are provided by the international community to the more than 4 million IDPs.¹² In Yemen, this includes, but is not limited to, procurement of medicines and vaccines, mobile and primary health care clinics, surgical teams, fuel for hospital generators, clean water and therapeutic feeding centres.

Regional challenges

12. While there are many opportunities in the Region, challenges are also prevalent. The Region suffers from poverty, economic challenges and political instability, which all make it hard to continue to house millions of displaced populations with no end in sight to the crisis. In addition, the COVID-19 pandemic also highlighted many hidden inequalities not recognized previously.

13. When refugees and migrants leave their homes, whether for political, economic, environmental, security or social reasons, they arrive at their destination with their own set of issues. For many, it is a last resort while for others it is a chance for hope; however, whatever the reasons, no journey is easy and for many it can take decades. “Finding health care while in transit can be extremely challenging, and migrants may be denied care once settled. Although many migrants prosper in their new homes, for others the physical and psychological traumas can be lifelong.”¹⁷ In the Region, migrants tend to be

mostly employed in low-skill, low-wage occupations.¹⁴ Such migrants tend to be more vulnerable due to inadequate health care, worse economic conditions and overcrowded living conditions, which puts them at greater risk of infection – as was clearly demonstrated at the beginning of the COVID-19 pandemic. In addition, different levels of health care coverage will be provided depending on migration status and on the quality of services in the host country.¹⁴ Furthermore, there are also issues of ease of access and financial constraints in accessing health care systems.

14. Refugees and migrants have been stranded in countries that had initially opened their doors to them as a transit stop – expecting that they would return home or move on to their destination/resettlement country. These populations are unable to access the formal labour market, while basic quality health services are either not accessible to them or are financially exorbitant. Even though Member States in the Region have reached agreements in Regional Committee resolutions,^b the implementation of these resolutions has not been fully realized. Subsequently, countries in the Region also agreed to achieve the SDGs within the 2030 Agenda for Sustainable Development, specifically Goal 3 with its target 3.8 to achieve UHC, which includes financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. And yet, refugees and migrants remain left out. It should therefore be noted that health coverage cannot be described as universal if it excludes refugees and migrants.

15. One of the most significant changes in migration patterns in the last half century is that more women are migrating on their own than ever before. Women constitute almost half the international migrant population globally, and in some countries as much as 70 or 80%.¹⁸ Since women migrants frequently end up in low-status, low-wage production and service jobs, and they often work in gender-segregated and unregulated sectors of the economy (such as domestic work) they are exposed to a much higher risk of poor health outcomes, in addition to exploitation, trafficking, violence and abuse.

16. The WHO Regional Office for the Eastern Mediterranean initiated a consultative process in 2017 with national and international stakeholders to discuss how to regionalize resolution WHA70.15 on promoting the health of refugees and migrants. This consultative process continued until September 2022.

17. Refugees and migrants may have been exposed to distress associated with conflict or their forced displacement, and may have had limited access to preventive and curative services before their arrival in the host country. All of these factors may result in additional health care needs that require specific health sector responses. In addition, and again based on its GPW13, WHO remains committed to working with national authorities and partners to ensure the availability of essential life-saving health services to those most in need. The regional Vision 2023 was developed to guide the Organization's work, acknowledges the socioeconomic diversity, opportunities and challenges facing the Region, and calls for solidarity and action to promote "Health for All by All". In line with the GPW13, the regional Vision 2023 has identified expanding UHC as a top strategic priority for the Region, and focuses on implementing the recommendations of the Salalah Declaration on UHC of September 2018. Addressing health emergencies in the Region has also been identified as a top strategic priority, with a focus on enhancing prevention, preparedness, detection, response and recovery from emergencies – with particular attention paid to vulnerable populations including refugees, migrants and displaced people.

18. Greater partnership and international cooperation among countries, the United Nations system (including members of the Global Migration Group such as WHO, IOM, UNFPA, UNICEF and

^b Regional Committee resolution EM/RC60/R.2 (2013) on Universal Health Coverage¹⁹ in line with resolutions WHA64.9 and WHA58.33 on sustainable health financing structures and universal coverage; EM/RC57/R.7 on strategic directions to improve health care financing; and EM/RC59/R.3 on health systems strengthening.

UNHCR) and other stakeholders in the Region will be essential in helping countries address the health needs of refugees and migrants, and to ensure harmonized and coordinated responses. WHO, in collaboration with other relevant international organizations, has maintained its lead coordinating role in promoting refugee and migrant health on the regional agenda.

19. WHO and its partners have been actively assessing the public health gaps that refugees and migrants experience in countries, and have worked to ensure that they have access to COVID-19 testing, treatment and vaccination, including by working on risk communication and community engagement materials to ensure vaccine uptake. In addition, WHO and its partners have been working on identifying the key variables that determine whether or not refugees and migrants are included in routine health surveillance.

A refugee and migrant health strategy for the Eastern Mediterranean Region

20. This regional strategy aims to unify the actions needed to promote refugee and migrant health in the Region and to provide direction for national health systems, WHO and other health sector partners on how to take a structured approach to addressing the health of these populations. It introduces guiding principles and key approaches and formulates the goal, strategic objectives and priority actions needed to address the health of refugees and migrants in the Region, while considering the regional contextual specificities and priorities. The regional strategy is intended to help all actors and stakeholders identify their roles in and contributions to the different strategic objectives.

21. As entitlement and access to health services by refugees and migrants vary by country and are determined by national laws, national plans will have to be developed to take into account country situations, national legislation, priorities and circumstances, as well as international instruments.

22. Because Member States in the Region have adopted the UHC agenda and have different demographics, the proposed actions have been developed with the aim of comprehensive covering all migrants, refugees and other displaced populations; however, it will be left to each Member State to choose which actions are suitable for them in ensuring that no one is left behind.

Guiding principles

The guiding principles for implementation of the proposed regional strategy are set out in the framework of priorities and guiding principles in resolution WHA70.15.⁷

Goal, strategic objectives and priority actions

23. *The goal of this strategy is to improve regional health by addressing the health and well-being of refugees and migrants* in an inclusive and comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting.

24. To achieve this, the following key approaches are proposed: (1) inclusion of refugees and migrants within the UHC approach to maximize access to quality health services without financial hardship throughout the migration route and in humanitarian settings; (2) implementing essential public health functions; and (3) addressing the social determinants that affect the health outcomes of refugees and migrants, and of the host communities. These three approaches will be the basis for implementation of the regional strategy and will contribute to achieving its goal and strategic objectives.

25. The goal of the regional strategy will be realized through the four strategic objectives set out below:

- **Strategic objective 1:** Inclusion of refugees and migrants in national health policies, strategies and plans.

This objective will focus on ensuring the sustainability and continuity of services using people-centred and age- and gender-sensitive approaches. This will require a sufficient and competent workforce for effective health service delivery according to the needs of refugees and migrants. To ensure that national health policies, strategies and plans are evidence based, countries must include refugees and migrants in integrated surveillance and routine health information systems. In addition, WHO must promote public health research among refugees and migrants to inform and influence good policies and practices.

- **Strategic objective 2:** Respond in a timely and effective way to the needs of refugees and migrants in emergencies.

This objective will focus on ensuring that refugees and migrants have access to a continuum of care during humanitarian responses. It is crucially important that during an emergency, the public health needs of refugees and migrants are considered through an all-hazards, whole-of-government and whole-of-society approach, and in alignment with international treaties and conventions. Displacement is a natural occurrence during an emergency, either due to conflict or natural disaster. However, it is vital that basic services (such as continuity of health services, provision of life-saving medical supplies, timely responses to potential outbreaks and responses to urgent trauma needs) are provided for all of the population, including those that are displaced. It is also just as important to have a good risk communication and community engagement plan in place in order to ensure that trusted public health measures are adhered to. In all phases of health emergency and disaster risk management, including mitigation, preparedness, response and recovery, the needs of refugees and migrants must be adequately addressed.

- **Strategic objective 3:** Address the social determinants of health that affect the health and well-being of refugees and migrants.

This objective strives to promote and contribute to efforts to address the social determinants of health that affect health outcomes for refugees and migrants, as well as for the host communities, to promote healthier populations. This can only be achieved through health-protection programmes that guarantee refugees and migrants the same protections as nationals, including through the management of environmental health, food, and toxicological and occupational health and safety, and access to safety-net systems. This will also require enhanced capacity to conduct health-promotion and disease-prevention activities among refugees and migrants through population and community outreach interventions. Community engagement will also be critical in supporting measures to improve risk communication, social mobilization and outreach efforts.

- **Strategic objective 4:** Strengthen partnerships for promoting the health and well-being of refugees and migrants.

This objective focuses on enhancing and coordinating partnerships across all levels and sectors. A whole-of government and whole-of society approach must be used to ensure that refugees and migrants have access to a continuum of care throughout their migration journey. In addition, the approach relies on ensuring that refugees and migrants are seen as a collective responsibility as such partnership is an important cornerstone that must be maintained throughout the

implementation of all strategic objectives. This is particularly important in countries with protracted emergencies and their neighbouring countries that have hosted refugees for years. This strategic objective is intended to complement all the other objectives of the strategy, facilitate coordination between United Nations partners, Member States, civil society, academia and donors, and ensure collective responsibility for protecting the right of people on the move to access to health care services. WHO, in collaboration with other international organizations, has a lead role to play in coordination and in putting the health of refugees and migrants on the international agenda.

26. To ensure an inclusive and holistic public health approach, the WHO Regional Office for the Eastern Mediterranean recommends the priority actions shown in Table 1, and aligned with the regional Vision 2023 and with other regional frameworks and strategies. Table 1 is not intended to provide an exhaustive list of priority actions but rather a proposed approach for countries to follow to promote the health and well-being of refugees and migrants in the Region.

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Table 1. Proposed actions for each of the strategic objectives of the regional strategy for promoting the health of migrants, refugees and other displaced populations

Strategic objectives	Proposed actions for countries	Proposed support from WHO and partners
<p>Strategic objective 1 Inclusion of refugees and migrants in national health policies, strategies and plans</p>	<ul style="list-style-type: none"> ● Include refugees and migrants in national health plans and strategies, including strategies/policies towards UHC. ● Assess the status of and gaps in health service and population coverage for refugees and migrants in all settings. ● Develop a road map to address the health of refugees and migrants in order to achieve UHC, with short-, medium- and long-term objectives. ● Assess existing health financing strategies and plans to explore mechanisms to cover costs and ensure access, with financial protection of refugees' and migrants' access to health care services. ● Engage with donors and national finance authorities to promote predictable public financing for refugees and migrants in line with UHC. ● Strengthen the monitoring and evaluation system to reliably track, evaluate and report on refugee and migrant inclusion in UHC efforts, and to identify gaps and inequalities. ● Ensure surveillance and monitoring of morbidity and mortality among refugees and migrants in camp and camp-like settings, and integrate this into national health information systems. ● Analyse, disseminate and use refugee- and migrant-related data and indicators to inform policies and strategies. ● Improve health workforce availability, accessibility, quality and performance to meet the current and future health service requirements of refugees and migrants. ● Build institutional capacities to support research on the health of refugees and migrants. ● Build a critical mass of refugee and migrant health researchers. ● Develop knowledge-sharing mechanisms among researchers and policy-makers, and ensure that health research is disseminated in a timely manner to support evidence-based decision-making. ● Strengthen the health information system by integrating refugee and migrant variables within routine health information systems, and: 	<ul style="list-style-type: none"> ● Support countries in assessing the status of and gaps in public health service and population coverage for refugees and migrants, and in the development of a road map to address these gaps. ● Provide the necessary support to ensure that refugees and migrants are included in national health policies and planning. ● Identify and explore creative revenue-raising mechanisms for promoting the health of refugees and migrants. ● Support countries in developing national health care financing schemes for refugees and migrants (which also cover their children and dependents). ● Provide support in developing guidance on prepayment arrangements, including social health insurance for refugees and migrants. ● Provide support in improving public investment, public-private partnership, resource mobilization and the effective use of aid to ensure continuity of care for refugees and migrants. ● Provide support in the designing, costing and implementing of a service package of highest priority interventions such as emergency life-saving health care, and in ensuring the continuity of essential health services for all, including refugees and migrants. ● Ensure that Global Health Initiative guidelines include all categories of populations, including refugees, migrants and IDPs, in funding proposals. ● Provide technical support for the inclusion of migration status as a variable in national health information system data-collection forms to effectively monitor and evaluate equitable progress towards UHC. ● Promote the disaggregation of data on refugees and migrants for SDG and GPW13 (and subsequent GPWs) indicators in line with primary data sources at national level. ● Support governments in their efforts to collect migration statistics, including age- and gender-specific data and health condition status data (for example, disability or pregnancy status). ● Support studies into health workforce development, with projections of the needs of refugee and migrant populations.

Strategic objectives	Proposed actions for countries	Proposed support from WHO and partners
	<ul style="list-style-type: none"> – collect data, disaggregated by migration-related variables, to monitor equity in progress towards UHC, health security and health promotion, and amend health records accordingly; – collect adequate disaggregated data on social determinants of health (SDH) variables for refugees, migrants and other displaced populations; – ensure confidentiality and security of data, including through the use of firewalls. 	<ul style="list-style-type: none"> ● Explore ways to utilize the refugee and migrant health workforce to address shortages where needed. ● Provide guidance on how to use the capacities of diaspora to respond to the health needs of refugees and migrants in the Region. ● Support the development of training and capacity-building programmes for refugees and migrants with medical or public health degrees. ● Support countries in developing knowledge-sharing mechanisms, and enhancing the science–policy–practice interface in the context of refugee and migrant health. ● Share global experiences, evidence and good practices regarding the inclusion of refugees and migrants in national health systems and UHC platforms, including promoting study tours and intercountry cooperation across regions. ● Support countries in building technical capacities for research and policy-oriented studies focusing on the most vulnerable populations.
<p>Strategic objective 2 Respond in a timely and effective way to the needs of refugees and migrants in emergencies</p>	<ul style="list-style-type: none"> ● Establish mechanisms to track population movements across borders while ensuring the confidentiality, safety and security of data. ● Ensure reliable access by refugees and migrants to quality, safe and affordable essential medicines and vaccines, as well as to health technologies during health emergencies. ● Assess and ensure provision of priority essential public health functions, including the IHR (2005) functions, to all, including refugees and migrants. ● Establish cross-border collaboration under the framework of IHR (2005) to support the health of refugees and migrants across borders. ● Strengthen health system preparedness for an influx of migrants, refugees and other displaced populations. ● Address the needs of refugees and migrants in the transition from humanitarian settings to sustainable development in large-scale disasters and protracted emergencies. ● Facilitate participation/consultation with refugees and migrants to identify their needs (across sex, age, language etc.). 	<ul style="list-style-type: none"> ● Develop/advocate methods and tools to bridge health and mobility data (for example, promote utilization of innovative tools such as Population Mobility Mapping) to better track and forecast human mobility for public health purposes. ● Provide support in developing tools, guidelines and SOPs to facilitate cross-border collaboration and ensure that the health needs of refugees and migrants are addressed, including at points of entry for those on the move. ● Develop and support innovative ways to ensure continuity of essential health care services, including referrals, for refugees and migrants across borders. ● Strengthen the coordination and interoperability of case management information systems across borders. ● Support preparedness efforts to ensure health system readiness for the influx of refugees and migrants. ● Support development of training manuals/curricula and capacity-building programmes for refugee and migrant health during emergencies, including epidemics and pandemics.
<p>Strategic objective 3 Address the social determinants of health</p>	<ul style="list-style-type: none"> ● Strengthen essential health services by: <ul style="list-style-type: none"> – ensuring that all noncommunicable disease prevention policies and programmes include refugees and migrants; 	<ul style="list-style-type: none"> ● Identify a core set of indicators, in consultation with countries, to measure the access of refugees and migrants to quality health services throughout the migration route, and advocate for their inclusion in national routine data-collection systems.

Strategic objectives	Proposed actions for countries	Proposed support from WHO and partners
that affect the health and well-being of refugees and migrants	<ul style="list-style-type: none"> – ensuring MHGAP guidelines are in place and an adequate proportion of health care workers trained in the recognition and management of priority mental health conditions affecting refugees and migrants; – ensuring prevention and management of childhood illnesses, including routine vaccination for all refugee and migrant children free of charge, using community outreach programmes; – ensuring that refugees and migrants have access to information, counselling and services for comprehensive sexual and reproductive health, including contraception; – ensuring that a Minimum Initial Service Package for preventing reproductive-health-related morbidity and mortality is implemented and that reproductive health services are used by all refugee and migrant women and girls; – strengthening breastfeeding promotion and complementary feeding programmes at all levels of health care facilities and ensuring their accessibility for refugees and migrants. ● Strengthen health systems management: <ul style="list-style-type: none"> – strengthen Ministry of Health ownership and role to address migration as an SDH; – conduct community advocacy activities to promote the health of refugees and migrants; – promote migration-sensitive community engagement; – equip a proportion of primary health care facilities with a regular supply of essential psychotropic medicines, with at least one staff member trained to deliver non-pharmacological interventions. – build trust and confidence between migrant and refugee communities and health professionals and systems. ● Strengthen cross-sectional collaboration to address health needs relating to SDH: <ul style="list-style-type: none"> – ensure all occupational health and safety policies and plans include refugees and migrants; – ensure integrated and multisectoral health and development programmes for early childhood and adolescence are also targeted toward refugees and migrants; – ensure all refugees and migrants have access to quality water and sanitation. 	<ul style="list-style-type: none"> ● Provide necessary support to countries in including refugees and migrants in all occupational health policies and plans. ● Provide support in assessing and mitigating the impacts of environmental determinants on the health of refugees and migrants, with a focus on climate change and migration. ● Facilitate the access of refugees and migrants to complaints mechanisms and review processes. ● Support continuation of interagency collaboration to help national immunization programmes include refugees and migrants in order to maintain vaccine-coverage achievements in the Region. ● Support countries with guidelines and tools for preventative, diagnostic, curative, rehabilitative and palliative services for communicable and noncommunicable diseases among refugees and migrants. ● Provide support to countries to ensure mental health and psychosocial support services are accessible by refugees and migrants at health facility and community levels. ● Assist countries with integrated and multisectoral health and development programmes for early childhood, childhood and adolescence in targeting and including refugees and migrants. ● Support nutrition screening, treatment and prevention of all types of malnutrition, including wasting, stunting, overweight and obesity, as well as micronutrient deficiencies. ● Provide necessary support to countries in ensuring access by refugees and migrants to information, counselling and services for comprehensive sexual and reproductive health, as well as in the prevention of and response to harmful practices, such gender-based violence and early and forced marriage. ● Provide guidance and standards relevant to refugees and migrants to help countries address migration and displacement as SDH. ● Support countries in integrating migration and displacement determinants of health into their SDH programmes. ● Develop technical guidance on effective risk communications with refugee and migrant populations. ● Provide necessary guidance on migration-sensitive community engagement and social mobilization. ● Support community advocacy campaigns in countries that promote the health of refugees and migrants.

Strategic objectives	Proposed actions for countries	Proposed support from WHO and partners
<p>Strategic objective 4 Strengthen partnerships for promoting the health and well-being of refugees and migrants</p>	<ul style="list-style-type: none"> ● Ensure that refugee and migrant women and girls are protected from harmful practices such as gender-based violence and early and forced marriage: <ul style="list-style-type: none"> – ensure a Minimum Initial Service Package for preventing reproductive-health-related morbidity and mortality is implemented and that reproductive health services are used by all refugee and migrant women and girls; – ensure promotion of healthy behaviour programmes targeting adolescent and youth refugees and migrants; – ensure school health programmes provide nutritious meals to refugee and migrant children, and create opportunities for children to enrol and remain in school; – develop family programmes, in coordination with relevant sectors, to stop the increase in child labour among refugee and migrant communities; – assess the barriers to effective risk communication with refugee and migrant communities to identify and implement innovative measures according to their social and cultural needs and characteristics; – conduct targeted health promotion and social and behaviour change communication to improve the health-seeking behaviours of refugees and migrants (and to address problems such as early marriage, etc.); ● Conduct community advocacy activities to promote the health of refugees and migrants. ● Strengthen multisectoral coordination mechanisms by using existing national systems to address the health of refugees and migrants and their different needs, and designate focal point(s) to liaise with all partners. 	<ul style="list-style-type: none"> ● Facilitate the convening of stakeholders for dialogue/health diplomacy on refugee and migrant health. ● Strengthen regional partnership on refugee and migrant health in support of national health systems in the Region. ● Promote regional partnership and coordination with United Nations and other organizations, particularly through UNCT and health and humanitarian clusters, to ensure data, CRVS and health information system development. ● Facilitate multinational and interregional research collaboration, and promote twinning and route-based programmes. ● Coordinate with all United Nations agencies and civil societies operating on the ground to ensure health care provision during health emergencies at all health care levels, including at points of entry and transit for refugees and migrants.

Monitoring of the regional strategy

The monitoring framework will use the following indicators to monitor progress at country and regional levels. Progress will be reported upon to the WHO Regional Office to allow for annual reporting to the Regional Committee on baseline and progress:

- **Strategic objective 1:** number of countries that have included refugees and migrants in all national health plans, policies and strategies.
- **Strategic objective 1:** number of countries with a multisectoral coordination mechanism to address the health of migrants and refugees.
- **Strategic objective 1:** number of countries with a financial protection arrangement for refugees and migrants in place (including health insurance schemes) to allow access to health care services.
- **Strategic objective 1:** number of countries that have included refugees and migrants in their health workforce strategies and plans.
- **Strategic objective 1:** number of countries with a comprehensive research agenda to identify the needs of populations, including refugees and migrants.
- **Strategic objective 2:** number of countries that have included refugees and migrants in all emergency preparedness plans.
- **Strategic objective 2:** number of countries that have included refugees and migrants in their risk communication and community engagement strategies and plans.
- **Strategic objective 3:** number of countries that generate disaggregated data by migration-related variables and that have included them in their national health information systems.
- **Strategic objective 3:** number of countries that have included refugees and migrants in their occupational health and safety policies and plans.
- **Strategic objective 3:** number of countries planning to include the health of refugees and migrants in plans to address the social determinants of health.
- **Strategic objective 4:** number of projects in which WHO worked closely with UNHCR and IOM, as well as other United Nations agencies and interested entities, to support countries in the Region implementing this strategy.
- **Strategic objective 4:** number of partners supporting financial protection arrangements for refugees and migrants, including health insurance schemes to access health care services, as part of their support to national financial protection mechanisms.

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