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2nd High-level Interregional Meeting on Health of Refugees and Migrants

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DRAFT Technical Paper – Second WHO High-level Interregional Meeting on the Health of Refugees and Migrants

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Meeting draft, 10 March 2023.

1. Introduction and executive summary

Migration and displacement are complex phenomena, and a key reality for the WHO Eastern Mediterranean Region as a place of origin, transit, destination and return for millions of people. The Region is characterized by a significant amount of labour migration, particularly in the Gulf Cooperation Council (GCC) member countries, as well as forced migration in response to armed conflict, environmental shocks, economic disparities and other protracted and recurrent crises. The Eastern Mediterranean is the WHO region with the largest number of refugees and internally displaced persons (IDPs); more than half of all refugees globally originate from within the Region, and the majority of these remain in the Region.

Many of those in vulnerable situations continue to face increased risk of poor health outcomes, including mental health, due to poor living and working conditions, exposure to violence and lack of access to timely and high-quality health care along migration pathways, among other factors. Weakened and overwhelmed health systems and significant shortages in health workforces compound the challenges. While universal health coverage (UHC) has long been a core commitment of WHO Eastern Mediterranean Region Member States, many refugees and migrants remain excluded and forgotten in national and subnational health strategies. At times, health can also be a marginal topic in discussions on migration more broadly.

Ensuring the health and well-being of refugees and migrants must remain a priority on international and regional agendas. This is important for achieving the highest attainable standards of health for all people, as well as meeting international commitments, including to leave no one behind. It is essential for building inclusive societies and an economy of well-being for all. Migration provides valuable opportunities for refugees and migrants as well as for their home and host communities, including opportunities for strengthened social connections and improved development outcomes. Promoting the health of refugees and migrants is important in recognizing the positive contributions made by these groups and realizing the benefits of migration for all.

This paper provides a situation analysis of migration and displacement and access to health care for refugees and migrants in the Eastern Mediterranean Region. It highlights good practice examples for building resilient health systems along routes of migration, focusing on advancing UHC, promoting inclusive emergency preparedness and response, addressing the social determinants of health and strengthening governance and partnerships for improved migration health outcomes. It also includes examples throughout from the WHO European and African regions, noting the interconnectedness of migration and displacement across the three regions and the importance of a strong tri-regional partnership in this context.

The paper aims to build on the lessons and actions of the previous high-level meeting on health and migration held in 2022, and to capture the objectives contained in the current draft Strategy to promote the well-being of refugees, migrants and other displaced populations in the Eastern Mediterranean Region.

1. Situation analysis – refugees and migrants in the African, Eastern Mediterranean and European regions

1.1. Migratory patterns and routes

Migration is and always has been an enduring feature of the WHO Eastern Mediterranean Region, which is a region of origin, transit, destination and return for millions of refugees and migrants. In 2020 there were almost 281 million international migrants globally, of whom more than 47 million were hosted in the Eastern Mediterranean Region *(1)*. A significant proportion of these international migrants are refugees, as armed conflict, humanitarian emergencies and disasters, climate-induced shocks and economic disparities have seen an increasing number of people who have been forcibly displaced moving throughout the region *(2)*. As of 2021, 66% of refugees globally, including Palestinian refugees, originated from the Eastern Mediterranean Region, and most of these are hosted within the region itself *(3)*. The region is also home to 45% of internally displaced persons (IDPs) worldwide *(2)*.[2] According to the Internal Displacement Monitoring Centre's 2022 Global Report on Internal Displacement, the Syrian Arab Republic has the highest number of IDPs in the Region at more than 6.7 million, followed by Yemen with 4.3 million IDPs and Sudan with 3.3 million *(4, 5)*. The rate and patterns of displacement, however, are driven also by changing contexts and dynamics, particularly in conflict-affected and post-conflict countries *(5)*.

Labour migration is also a key feature of the region, and is largely concentrated in the high-income Gulf Cooperation Council (GCC) member countries, where labour migrants make up a significant proportion of the total population *(3)*. In 2020, for example, migrants accounted for 88% of the population in the United Arab Emirates, almost 73% in Kuwait, 77% in Qatar and 55% in Bahrain *(6)*. Many labour migrants in the Region come from the African, South Asia and Southeast Asian regions *(6)*. Reportedly, the incidence of both forced labour and forced marriage has increased significantly in the past five years and both have been documented in major migrant-receiving countries in the region, primarily GCC countries. The International Organization for Migration (IOM) and the International Labour Organization (ILO) report that the Arab States[3] have the highest prevalence of people in forced labour and forced marriage, at 5.3 and 4.8 per 1000 population respectively *(7)*. Critically, migrant workers are more than three times more likely to be engaged in forced labour than non-migrant adult workers *(7)*. Vulnerability is increased when migrant workers are not protected or are not able to exercise their rights, when migration is poorly governed and when recruitment practices are unfair or unethical *(7)*.

The Eastern Mediterranean is also a region with significant outmigration. According to the IOM, among Member States, Egypt has the largest number of people living abroad, in addition to being the largest recipient country in Africa of international remittances (*6)*. Morocco, Pakistan, Sudan and Somalia are other countries with significant numbers of nationals living abroad *(6)*.

[2] These numbers pre-date recent emergencies, including the war in Ukraine.
[3] ILO Arab States comprise Bahrain, Iraq, Jordan, Kuwait, Lebanon, the occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates and Yemen.

The primary migration routes across the Region are though the Maghreb region via the Western Mediterranean Route (WMR) (largely Morocco and Algeria to Spain) and the Central Mediterranean Route (CMR) (largely Libya and Tunisia to Italy and Malta) *(5)*. The Eastern Mediterranean Route (EMR) (largely Türkiye to Greece, Cyprus and Bulgaria) has also been used by migrants fleeing the Middle East and South Asia, particularly people from Syria, Iraq and Afghanistan; however, the numbers using this route have fallen dramatically since 2016 and many Syrians have remained in Türkiye *(5)*. Between 2014 and 2021, 2.3 million migrants crossed the Mediterranean *(8)*. The CMR continues to be one of the most dangerous migration routes in the world; between 2014 and 2022, the largest proportion of documented disappearances and deaths during migration (23 485 out of 47 296) was recorded in the Mediterranean Sea, with 80% of these deaths recorded in the Central Mediterranean *(3)*. The COVID-19 pandemic significantly reduced migratory flows within and between regions, however, due to restrictions on movement *(3)*.

While migratory patterns in the WHO African Region include people travelling to Europe and the Eastern Mediterranean (among other regions), approximately 80% of all migrants from sub-Saharan Africa remain within the African continent *(9)*. In 2017, the leading destinations for emigration in the region were Côte d'Ivoire (2.2 million individuals), Nigeria (1.2 million), South Africa (4 million) and Uganda (1.7 million) *(9)*. In the recent past, however, international migration from sub-Saharan Africa to Australia, China, Europe, the Middle East, New Zealand and North America has also increased as people seek employment opportunities, including an increasing number of women migrating as domestic workers *(10)*. Migration in the European region is also characterized by significant intraregional migration, as well as people fleeing conflict and other humanitarian situations. In 2020, the European region hosted approximately 6.8 million refugees and people in refugee-like situations, with Türkiye alone hosting nearly 3.7 million refugees *(3)*. The war in Ukraine has further resulted in significant displacement in the region, with more than 8 million refugees from Ukraine recorded across Europe, of whom almost 5 million are registered for temporary protection or similar national protection schemes *(11)*.[4]

The February 2023 earthquakes in Türkiye and Syria have devastated areas which were already hosting significant displaced populations. UNHCR reports that among the more than 15 million people affected in Türkiye are 1.7 million refugees living under temporary protection, as well as the communities that have hosted them, many of whom are now also displaced *(12)*. In Syria, 5.3 million people are reported to be in need of shelter assistance, including many who were previously displaced and living in insecure and unsafe accommodation *(12)*.

1.2. The health of refugees and migrants, and access to health care along migration routes

Refugees, migrants and IDPs are among those at highest risk of poor physical and mental health. While these groups are affected by the same determinants of health as for broader populations, the experience and processes of migration can often increase vulnerability to specific health risks *(3)*. Poor living and working conditions, social exclusion and exploitation, traumatic stressors and limited access to quality health care along migration pathways are among the key determinants for refugees

[4] Last update, 21 February 2023.

and migrants *(2, 6)*. Indeed, although many often experience improved livelihoods following migration, many remain in precarious situations and are vulnerable to a multitude of protection challenges and human rights violations *(2)*. This may be particularly the case for irregular migrants, who are often excluded from health and social protection schemes *(2)*.

Exposure to violence and injury remains a significant issue for refugees and migrants across the Eastern Mediterranean and surrounding regions, including sexual and gender-based violence (GBV). In some countries in the Region, the number of people in need of GBV programmes and services has increased in recent years. For example, the 2022 Somalia Humanitarian Response Plan (HRP) for the GBV Area of Responsibility estimated that there were 2.3 million persons in need, up from 1.7 million in 2021 *(13)*. However, the reality on the ground indicates that the numbers are much higher (*13)*. Experiences of torture, imprisonment and pushbacks, often resulting from political violence or perpetrated by state actors, have also been frequently reported by those transiting through different parts of the African, Eastern Mediterranean and European regions *(3, 14)*. Occupational injuries, trauma associated with human trafficking and racially incited violence and discrimination are further issues impacting the health and well-being of refugees and migrants *(3, 14)*.

Access to health care for refugees and migrants along migration routes across the Region is varied. In many countries of the Eastern Mediterranean, access to health services is still not well defined, making it increasingly difficult for these populations to receive the care they need at an affordable cost. While primary health care is free for refugees and migrants in some countries, such as Egypt, Iraq, Jordan, Lebanon and Tunisia, in other countries only regular migrants have access to health care *(15)*. In Morocco and the Syrian Arab Republic, for example, access to health care for regular migrants is provided by the state, while in Bahrain, Kuwait, Qatar, Saudi Araba and the United Arab Emirates health care is covered by employers *(15)*. In Oman, however, health care is not covered for migrants unless they are from a GCC member country, or in emergency situations *(15).* There remains a general lack of quality services tailored to the needs of refugees and migrants, including for example specialized service models responsive to the needs of those who have experienced conflict and insecurity *(3)*.

In the European and African regions access is similarly varied, with different legal and administrative barriers faced by different groups. In Africa, HIV-positive migrants living in Lesotho face barriers to accessing antiretroviral treatment (ART) while in South Africa, including transport costs; not being legally registered in the country; feeling discriminated against as a foreigner; being refused health services; being afraid that ARV medications would be confiscated at the border; or having to pay for health services *(16)*. In Uganda, challenges that migrants and refugees face in accessing care and treatment include stigma, discrimination based on nationality or language, extremes of climate (extreme rain or heat prohibit walking long distances), lack of documentation, medical mistrust of health services and inequitable gender norms *(17)*. In the European region, in some countries migrants may be limited to receiving emergency care, while in others they have conditional access to services at the same level as citizens *(3)*. Conditions of coverage are also often limited for asylum seekers, while irregular migrants generally face the greatest barriers to obtaining health care coverage *(3)*. Data are also limited on access to health care and service utilization among refugees and migrants in many settings across the three regions. However, the need for health services and facilities in refugee and humanitarian contexts is clear *(3)*.

The cost of health care is another barrier, as inadequate financing and insurance coverage continue to constrain access to quality services for refugees and migrants *(2, 18)*. Across the Eastern Mediterranean Region, around 40% of health expenditure is out-of-pocket and many refugees and migrants struggle to afford basic services and medications *(19).* Increases in out-of-pocket payments for health care have seen lower utilization of services and rationing of medicines. Many people have suffered the impacts of catastrophic health expenditures, with an estimated 7.5 million pushed into poverty due to spending on health care each year *(19)*. The 2021 vulnerability assessment of Syrian refugees in Lebanon (VASyR), for example, reported that nine out of 10 displaced Syrians in the country were still living in extreme poverty, with financial barriers being the greatest obstacle to accessing health care *(20, 21)*. Moreover, many migrants, particularly irregular migrants, are often excluded from national social protection mechanisms and a significant proportion of labour migrants are also uninsured *(2).* Limited state capacity to provide social safety nets remains an issue, as well as problems related to a lack of government-issued identification documents restricting access to state-managed health and social protection systems, including for IDPs.

The accessibility of health care for refugees and migrants, however, is determined not by legal eligibility alone but also by other factors, including some that have similar impacts on access to services for local populations *(3)*. Many health systems in the Eastern Mediterranean Region have been weakened and overwhelmed due to insecurity and conflict, disasters and socioeconomic pressures, reducing their capacity to provide basic services and respond to the needs of refugees and migrants, among others. Health systems in the Region have also been challenged by workforce shortages, particularly in low- and middle-income countries, with several countries below WHO's minimum workforce target requirement for universal health coverage (UHC) of 4.45 skilled health personnel per 1000 population[5] *(22)*. It is estimated that, globally, there will be a shortage of 18 million health workers by 2030 *(23)*. Health workforce shortages are also compounded by the outmigration of health professionals who are in growing demand in many high-income countries, among other factors. It is estimated that the total annual cost of physician emigration in the Eastern Mediterranean Region is almost US$ 3.5 billion, accounting for 0.2% of gross national income (GNI) *(2)*. Economic modelling indicates that of all WHO regions, however, it is the African Region that is experiencing the greatest impacts of migration by physicians *(3)*.

Finally, access to health care is also complicated by barriers related to communication and cultural norms (compounded by a lack of interpreters and cultural mediators in many settings), by distance and physical access, by lack of awareness among refugees and migrants of their rights and by exclusion and discrimination *(3)*. Refugees and migrants being unwilling to present themselves to authorities for fear of consequences such as arrest or deportation also remains an issue *(18)*. These challenges persist across all three regions.

The COVID-19 pandemic provides an important example of many of these challenges faced by people on the move, and growing evidence suggests that the pandemic has made health services less accessible to migrants and displaced populations in the Region. Reduced individual financial capacity to pay for medical services and consumables, lack of transport in part due to mobility

[5] SDG index threshold of 4.45 skilled health workers (doctors, nurses and midwives) per 1000 population

restrictions and lockdown measures, discrimination in access to care and treatment and increased fear of meeting with authorities are all factors *(24).* The capacity of health systems has also been tested and the situation is particularly poor in countries affected by conflict and humanitarian emergencies where facilities have been affected and the supply of medical services disrupted. For example, in 2020 the median COVID-19 test rate per 100 000 population was 291 in conflict-affected countries, compared with 15 279 in other countries across the Eastern Mediterranean region *(15)*. Capacity for vaccination was also a challenge in many countries with already compromised health systems *(15)*. By November 2021, the vaccination rate was less than 3% in Sudan and only 3.9% in Syria, for instance *(25, 26)*. In Afghanistan, as of December 2021, only 11% of the population had been vaccinated, with rates particularly low along women *(27)*. The pandemic has continued to be a driver of needs across the region, affecting humanitarian operations, reducing cross-border trade, compromising livelihoods and labour opportunities, and reducing purchasing power and access to food for vulnerable populations.

A review of the COVID-19 experiences of six African countries associated with high levels of migration, including forced displacement, suggests that previous experience of outbreaks of Ebola virus disease may have benefited the response to COVID-19 *(28)*. Although countries of the East African Community (EAC) were in many ways well prepared to address the pandemic due to their experience of managing Ebola, a failure to strengthen migration and health approaches both before and during the pandemic was reported to have exacerbated risks for people on the move, with research suggesting that emphasis on the securitization of borders and control of movement may have undermined and eroded efforts to address migration-related challenges at a regional level *(29)*. In countries like South Sudan, the lessons learned from the Ebola response could not be fully leveraged at the regional level due to a failure to understand and engage with the realities of migration; while in South Africa, non-citizen groups were left behind in the national response to COVID-19 *(30)*, and control measures that were instituted (e.g. lockdowns) had negative effects on livelihoods. Despite such challenges, however, many countries implemented inclusive response measures, as described below.

2. Building resilient health care systems across routes of migration – best practices from the WHO Eastern Mediterranean, African and European regions

Universal health coverage (UHC) has long been a core commitment of the WHO Eastern Mediterranean Region Member States. Such commitment is reflected in the Regional Committee Resolutions EM/RC57/R.7 (2010) on improving health care financing, EM/RC59/R.3 (2012) on health system strengthening and EM/RC60/R.2 (2013) on UHC, which calls for access for all people to essential health services of sufficient quality and without risk of financial hardship. These are in line with resolutions WHA64.9 and WHA58.33 on sustainable health financing and universal coverage. The commitment to UHC is further grounded in both WHO's Thirteenth General Programme of Work (2019–2023) and the 2030 Agenda for Sustainable Development, specifically Goal 3 with target 3.8 to achieve UHC by 2030, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicine and vaccines. Despite these commitments and frameworks, however, many refugees and migrants remain excluded, and access to health care varies significantly across the Region, as highlighted above. Health coverage is

not universal if it excludes refugees and migrants *(18)*. Leaving no one behind is essential for all countries in the Region to achieve the SDGs and the WHO Triple Billion Targets.

Enjoyment of the highest attainable standard of health is a fundamental right of every human being and an essential precondition for refugees and migrants to live in dignity and to meaningfully participate and contribute to their home and host communities. The health and well-being of refugees and migrants and their families and communities along the migration continuum are directly affected not only by the specific conditions in which migration and displacement take place, but also by the overall socioeconomic and political context and the policy frameworks designed to respond to current challenges and opportunities. Positive health and migration outcomes therefore require responsive and accessible health and social systems, good migration governance and strong partnerships that enable continuity of care for mobile populations into and throughout the Region. Addressing the complexity of migration and displacement should be based on the values of solidarity, humanity and sustainable development.

The best practices outlined below build on the lessons and actions of the previous high-level meeting on health and migration held in Istanbul in 2022, and are also reflected in the current draft Strategy to promote the well-being of refugees, migrants and other displaced populations in the Eastern Mediterranean Region *(31)*. Key lessons include the importance of whole-of-government and whole-of-society approaches. The health sector has a key role both in ensuring that the health aspects of migration and displacement are considered within broader government policy actions and in coordinating with other sectors and stakeholders to find joint solutions, including with civil society, the private sector and refugee and migrant representatives *(32)*.

2.1. Advancing universal health coverage and inclusion of refugees and migrants in national health policies

WHO has continued to advocate, alongside the IOM and UNHCR, that refugees and migrants must be included in the national health systems of countries in which they are hosted. Primary health care is a key entry point to the health system and should provide refugees, migrants and IDPs with preventive and promotive care, as well as treatment, outreach and referrals as required. Connection with primary health services is important for providing continuity of care over the life course; it is a foundation of effective health systems, and key to achieving UHC and meeting the right to health. Addressing the health needs of refugees and migrants early through preventive and primary care also reduces health care costs in the long term. Indeed, evidence demonstrates that extending access to primary care to refugees and migrants, including irregular migrants, can result in significant savings in direct medical and non-medical costs *(18).* Advancing UHC in this context reduces the risk of poor health outcomes, preventing the progression of illness from becoming complex and expensive to treat *(18)*. Inclusion of refugees, migrants and IDPs within the health care system moreover contributes to economic growth and promotes social cohesion and integration *(18).* It is important that governments in the Region respond to the health needs of refugees and migrants within national policies, plans and strategies so that all people can access quality and affordable health care as needed. UHC must also be advanced with a whole-of-route approach in mind, ensuring timely access to care along all points of the migration trajectory.

In Jordan, governmental policy on access to health care services for Syrian refugees has changed over the past 10 years. At the beginning of the civil war, the Government of Jordan granted access to public health services free of charge, and in 2014 at the same cost as Jordanians. In 2018, this health care subsidy ended, with refugees then being required to pay 80% of the rates paid by foreign persons at Ministry of Health (MoH) facilities. However, Syrian refugees were exempt from fees for maternity and childhood services affiliated with the MoH. In 2019, it was announced that Syrian refugees would have access to health services at the same cost as non-insured Jordanians at public hospitals and MoH-affiliated primary health centres *(33)*.

Lebanon is host to the highest per capita proportion of refugees in the region, and the country is having to manage intertwined crises of severe economic collapse, the emigration of nearly 40% of its health workforce and the consequences of the Beirut port explosion in 2020, which left a number of major facilities damaged. Despite this, primary health care is available to vulnerable Lebanese as well as to displaced Syrians through a variety of primary health facilities, whether or not they are registered with UNHCR. Pakistan has also been hosting one of the largest refugee populations in the world since 1990 and has adopted different models of care for these groups. Afghan refugees have the same level of access to primary, secondary and tertiary health care at government-run facilities as Pakistani nationals. For refugees living in camps near the Afghan border, basic health care is provided by international and non-governmental organizations *(34)*.

Water, sanitation and hygiene (WASH) is an essential component of primary health, and the WASH crisis continues to worsen across parts of the region, with severe water shortages. In Somalia, over 6000 households in four IDP camps in Kismayo are currently in urgent need of WASH assistance, and partners are reorienting their response towards famine prevention and prioritizing those most vulnerable in areas of highest need *(35).* From January to June 2022, 1.3 million people received WASH humanitarian assistance; however, the situation is still dire due to funding shortages and constraints *(35)*. In Ethiopia, the Itang integrated water scheme provides water to 250 000 people, over 75% being refugee beneficiaries *(36)*. The importance of WASH interventions has also been noted elsewhere. It has been reported that, likely due to improvements in WASH standards, such as ensuring sufficiency and availability of protected water sources, the Borgop-Cameroon refugee camp in Cameroon in the WHO African Region has experienced reductions in outbreaks of waterborne diseases *(3).*

With respect to care for communicable and noncommunicable diseases, there are important opportunities to improve the provision and uptake of diagnostic and treatment services. For example, evidence from the WHO African Region and other WHO regions has shown that the introduction of more diverse opportunities for HIV testing, such as rapid or self-testing, can be beneficial for refugees and migrants where they may otherwise have limited access to such services, be unaware of local testing sites or are deterred due to stigma and other barriers to seeking HIV care *(3)*.

Mental health and psychosocial support (MHPSS) is another critical aspect of refugee and migrant health. In the European region, while many refugees and migrants have access to primary and emergency health services, MHPSS services are often available only at secondary and tertiary health care levels, excluding these key populations. The impact of the war in Ukraine has again highlighted

the importance of responding to the mental health needs of refugees and migrants, and of strengthening country capacities to meet their needs. Activities in countries receiving Ukrainian refugees span mental health awareness-raising, psychological first aid and basic MHPSS counselling and referrals and provision of specialized services, as well as the provision of community, parenting and family support and structured recreational and creative activities *(37)*. Examples include the provision of safe/quiet rooms for refugees in Romania and the deployment of multicultural workers and interpreters and the operation of 24/7 mental health helplines in Slovakia *(37)*. Ukraine has also worked to ensure that MHPSS is included in national response and recovery planning and that both health and social services have strengthened capacity to provide psychosocial support, management and referral, including for IDPs living in collective centres. Efforts across the region to streamline the provision of accommodation, as well as accessible and translated information, have also been identified as important measures in this context to reduce psychosocial stressors *(27)*. It is important to note the need for a strong health workforce for mental health, including non-specialist support and first response.

2.2. Responding in timely and effective ways to the needs of refugees and migrants in emergencies

The Eastern Mediterranean Region has endured some of the world's longest humanitarian emergencies and most protracted conflicts. The increasingly recurrent nature of crises in the Region means that there is a greater range of overlapping and compounding needs, and a greater urgency to respond quickly and to address the inequities that place certain groups at particular and long-term risk. It is in this context that a humanitarian–development–peace nexus (HDPNx) approach presents opportunities for a more joined-up approach to respond more effectively and holistically to the needs of refugees, migrants and other groups in vulnerable situations. This approach recognizes that humanitarian crises and emergency needs are often connected with poor development policies and with broader inequalities and injustices. Looking at situations from the perspective of the HDPNx can help to ensure that emergency responses meet lifesaving needs at the same time as ensuring longer-term investment to address the systemic causes of conflict and vulnerability, reduce the impact of cyclical or recurrent shocks and increase resilience *(38)*. This means that humanitarian interventions need to focus on integration and transition to the control of local authorities as early as possible so that there is joint planning between health system strengthening and humanitarian interventions.

Despite the nature of humanitarian emergencies in the Region and their impact on patterns of migration and displacement, there are many examples of solidarity and generous hospitality shown towards refugees and migrants. Some countries have stretched their national policies for timely response to meet the needs of refugees and migrants across different contexts, including during the COVID-19 pandemic. In response to the pandemic, most Eastern Mediterranean Region Member States adopted inclusive and universal testing, treatment and vaccination strategies. The six GCC countries, for example, adopted inclusive strategies to include migrants in their vaccine rollouts, with some using culturally sensitive risk communication and community engagement (RCCE) measures to minimize language and cultural barriers. At the peak of the pandemic, Bahrain, Kuwait, Morocco, Saudi Arabia and the United Arab Emirates also passed laws allowing irregular migrants to

regularize their status without having to pay a fine and including them in their national vaccine rollouts as well *(15)*.

Similar approaches have been implemented in other regions. In Portugal, for example, the government temporarily lifted all restrictions, effectively granting citizenship rights and providing free access to its national health services, including for irregular migrants *(3)*. RCCE activities have also been implemented across the regions to make health care and health outcomes more accessible for these populations *(39)*. This has included raising awareness about COVID-19 and preventive measures, and combating misinformation *(39)*. In Botswana, for example, refugees have been engaged through community outreach activities, while in the Tongogara refugee camp in Zimbabwe COVID-19 awareness activities have also been targeted towards youth and persons with disabilities *(40).* Key learnings from the African Region suggest that previous experience of disease outbreaks has been beneficial to the COVID-19 response in terms of understanding the impacts on refugees and migrants, including problems caused by xenophobia and discrimination *(3)*.

Regarding health services, for Palestinian refugees the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)has been cooperating with host countries to deliver comprehensive primary health care services through its network of 140 health centres in Jordan, Lebanon, Syria and the West Bank and Gaza. With the introduction of COVID-19 vaccines in 2021, the agency's provision of health services began returning to pre-COVID-19 levels, supporting the national vaccination plans of host countries, using its health centres as vaccination sites and harnessing telemedicine for medical consultations during lockdowns (*41)*. In 2021, UNRWA provided more than 844 518 telemedicine consultations, reporting a 160% increase from 2020 *(41)*.

Refugees and migrants have also been considered in the context of armed conflict and violence. Under the Humanitarian Response Plan (HRP) in Sudan, at-risk populations including refugees and migrants will benefit from explosive ordnance risk education (EORE) and awareness-raising activities aimed at recognizing, avoiding and reporting hazards to minimize the threat of explosive ordnance accidents, which continue to affect the most vulnerable and impede development activities. Sudan also maintains an open border policy, allowing safe and unrestricted access to its territory for those fleeing conflict, conflict-induced food insecurity and environmental disasters *(42)*.

The war in Ukraine has also led to countries across the European region working to further prioritize refugee and migrant health in this context. In addition to providing mental health services (as described above), efforts have included the passing of legislation to ensure the continuity of HIV treatment regimens for Ukrainian refugees in Poland *(43)*, as well as mainstreaming disability-inclusive humanitarian responses for refugees in Georgia, while noting that the war in Ukraine has disproportionately affected persons with disabilities *(44)*. Preparing for all eventualities is a key part of emergency response more broadly. In response not only to the deteriorating security situation in neighbouring Afghanistan but also to vulnerability to environmental disasters, a new health point has opened in a temporary refugee settlement in Tajikistan. The health point will provide the first point of care for displaced people and is resourced to provide basic health screening and check-ups, as well as other essential services such as immunization *(45)*.

Refugees and migrants are also severely affected by environmental and climate-induced disasters. In Somalia the government, in coordination with UNHCR and key partners, has worked to support refugees and migrants affected by prolonged drought. UNHCR has supported nearly 26 000 refugees, asylum seekers and returnees with cash assistance, in addition to the distribution of emergency protection and multipurpose cash grants to more than 30,000 IDPs and members of host communities, enabling drought-affected families to meet their needs with dignity *(46)*. Elsewhere, floods have restricted access to essential goods and services. The 2022 Pakistan floods affected an estimated 33 million people, including more than 421 000 refugees living in calamity-declared districts. The response strategically covered refugees and IDPs to meet emergency needs, including for housing and accommodation *(47).* Floods have also affected the Islamic Republic of Iran, where shortages of food and water have created the most pressing needs for locals as well as for an estimated 110 000 Afghan refugees who reside in the affected area. UNHCR has worked with the country's government and with humanitarian partners to provide assistance to survivors with core relief items *(48)*. The February 2023 earthquakes in Syria and Türkiye have further highlighted the critical importance of including refugees and migrants in national emergency, response and recovery plans.

2.3. Social determinants of health, and promoting inclusion and well-being

Addressing the social determinants of health and promoting equity and inclusion is central to the health and well-being of refugees and migrants. This relates not only to health care but also to labour market mobility, education, political participation and anti-discrimination, among other areas. Exclusion from the labour market, for example, has adverse impacts on the livelihoods of migrants and refugees, whereas minimizing barriers to social and economic participation fosters self-reliance, autonomy and integration *(49)*. Ensuring that refugee and migrant health professionals are able to practise their professions and serve their communities is an example of such inclusive approaches. The Migration Integration Policy Index (MIPEX) reports that, for the health of refugees and migrants, a country's overall approach to integration and inclusivity is a more significant determinant of health than any single area of policy *(3)*.

Recognizing the skills and agency of refugees and migrants is important for promoting inclusion and well-being. In the European region, countries have demonstrated flexibility in bypassing restrictive national regulations to allow refugees with lived experiences and appropriate skills to deliver much-needed MHPSS services to their communities. Poland, for example, has allowed Ukrainian psychologists to work and provide services without having to undergo extensive licence certification processes *(37)*. In this context, value is placed on the shared experience, language skills and cultural competence of refugees (*37*). Task shifting has also been used in some contexts to teach evidence-based and scalable practices, such as WHO's Mental Health Gap Action Programme (mhGAP), and to allow critical and lifesaving services to continue *(37)*.

The Iraq Crisis Response and Resilience Programme (ICCRP), with support from UNDP, has been providing emergency livelihood opportunities for IDPs, especially to those who are facing protracted or secondary displacement. The programme includes cash-for-work and start-up grants to establish small businesses, job placement and/or on-the-job-training and provision of sustainable income-generating opportunities for returnees at their place of origin as well as for Syrian refugees, among

other things. The programme further supports vulnerable people in host communities, particularly those not covered by social security, as well as women, youth and older persons *(50)*.

In the case of African migrants experiences are varied, but in the majority of cases migrants with low levels of skills or semi-skilled migrants tend to work in some of the riskiest industries (agriculture, construction, mining) in their destination locations, where they are frequently exposed to the danger of injury, infectious diseases and chemicals and environmental pollutants, with the associated risks that these bring *(51, 52)*.

2.4. Governance of health and migration

Safeguarding the health and well-being of refugees and migrants through a whole-of-route approach requires good governance frameworks and cooperation to promote safe and dignified migration.

Arab states are among the main destinations for migrant workers globally, and foreign nationals make up the majority of the population in GCC member countries. While there are no specific laws or administrative regulations governing the status of asylum-seekers or refugees in these countries, some of them have nevertheless adopted some more inclusive measures. Qatar, for example, was the first GCC country, in 2018, to adopt a legal framework setting out processes for people to seek asylum, while in Oman the Constitution forbids refoulement and the deportation of people in need of international protection to territories where their health and safety would be at risk *(53, 54)*. The United Arab Emirates has passed a law ensuring the right of migrant domestic workers to, among other things, terminate their work contracts unilaterally *(7)*.

With respect to addressing human trafficking, Bahrain has established a National Committee for Combatting Trafficking in Persons (NCCTIPs), has implemented laws and conventions in line with its National Plan of Anti-Trafficking in Persons and has opened a shelter for vulnerable workers and victims of trafficking. Since 2018, Bahrain has received a Tier 1 ranking in the US State Department's Trafficking in Persons Report, the first country in the Region to achieve such a ranking *(55)*. Tier 1 is the highest ranking, indicating that a country has made sustained and appreciable efforts towards eliminating human trafficking, consistent with the Palermo Protocol *(56)*.

Leadership and governance should also ensure the inclusion of refugees' needs in national policies, in line with the ideals of UNHCR's Comprehensive Refugee Response Framework *(3, 57)*. In 2019, Ethiopia approved a new Refugees Proclamation (No. 1110/2019), providing access to health services for refugees and asylum seekers *(3, 58)*. The Ethiopian Ministry of Health further signed a memorandum of understanding with UNHCR, UNICEF and the government agency Administration for Refugee and Returnee Affairs (ARRA) to ensure that all refugees and migrants are treated in the same way as members of the host community, including enjoying the right to basic health services *(3, 58)*.

In South Africa, the Constitution and the National Health Act set out the government's commitment to UHC, while the 2019 National Health Insurance Bill and the Immigration Act make the legal status of migrants the most significant determinant of access to health care. While the first three of these legal instruments are aligned on the right of all to access health services, the Immigration Act makes

provision to make a distinction between citizens and "foreigners" and to request documents before providing services, except in an emergency. Implementation of these legal instruments at provincial level involves varying interpretations, which can affect access to health services for refugees and migrants *(59)*. An intersection of poorly implemented labour legislation and a tendency towards anti-foreigner/xenophobic attitudes with minimal regard to the health and well-being of migrant workers has been reported in South Africa *(59)*. Some countries (e.g. Tanzania, Kenya) note the challenges involved in practice in adhering to standards enshrined in human rights declarations and highlight the need for tailored approaches rooted in local, cultural, political and economic realities *(60)*.

Search and rescue (SAR) is another relevant aspect of migrant health. Since 2014, the IOM's Missing Migrants Project has recorded the deaths and disappearances of over 20 000 people in the Mediterranean Sea *(61)*. The large number of casualties at sea has compelled states and non-state actors to launch a number of ad hoc maritime SAR missions. These efforts, however, vary significantly in scope and intensity and in their implications *(62)*. It should be noted that assisting people in distress at sea is a duty of all states and shipmasters under international law. Core provisions on SAR at sea are set out in the 1974 International Convention for the Safety of Life at Sea (SOLAS), the 1979 International Convention on Maritime Search and Rescue (SAR Convention) and the 1982 UN Convention on the Law of the Sea (UNCLOS). The 2022 Joint Statement on Place of Safety by United Nations entities and the 2018 UN Global Compact for Safe, Orderly and Regular Migration (Objective 8) reaffirm these basic rules and principles *(63)*.

Good governance must also consider data integration and the generation of evidence and the need for strong health information systems (HIS) to increase visibility and understanding of the health risks and needs of refugee and migrant populations. Finland, for example, has worked to increase the participation of international migrants in population-based surveys, while Belgium has included questions in its national health surveys to capture migratory status, enabling analysis and evidence-informed policy-making *(64)*. In Germany, a decentralized, harmonized surveillance system has been used routinely for health monitoring in reception centres, overcoming some of the challenges relating to asylum seekers being underrepresented in national HIS *(64)*.

2.5. Strengthening partnerships and mobilizing resources

A critical component in building resilient health systems across routes of migration is investment in strengthened partnerships, including for resource mobilization. In countries that rely on external funding to support basic services, the situation can quickly become dire if there is funding is at risk of being discontinued. It is essential to promote innovative and sustainable financing through national funding mechanisms to ensure the equitable provision of basic services to refugees, migrants and host populations alike *(18)*.

The importance of strong partnerships for implementing and delivering core services along routes of migration, as well as for public health capacity-building at ground crossings, must also be emphasized. Vaccination is a key opportunity in this context, with the WHO Eastern Mediterranean and African regions together with partner agencies demonstrating the success of timely interregional and interagency coordination in responding to polio outbreaks in the Horn of Africa

(65). The establishment of permanent vaccination centres at transit points has been noted as a particularly successful strategy in this context *(3)*.

In Lebanon, cooperation and coordination with partners has been critical in supporting host countries amid the influx of Syrian refugees. The Lebanon Crisis Response Plan (LCRP) is a nationwide plan that brings together the Government of Lebanon and 126 partner organizations to deliver integrated and mutually reinforcing humanitarian and stabilization interventions to address the impact of the Syria crisis and provide support to the most vulnerable people, including those displaced by the crisis. In 2022, the LCRP sought to provide relief assistance and meet the needs of 1.5 million displaced Syrians and more than 200 000 Palestinian refugees, in addition to 1.5 million Lebanese in vulnerable situations *(66)*. However, equitable access to quality and affordable primary health care and hospital care services continues to be challenging for all population cohorts, in light of the multifaceted crises in Lebanon *(67)*.

Partnerships have also been a core element of the Regional Refugee and Resilience Plan (3RP) for the support of Syrian refugees and the governments hosting them. Under the plan, more than 2 million refugees have received cash assistance, 140 000 children in Iraq, Jordan, Lebanon and Türkiye have received specialized child protection and nearly 132 000 children have participated in structured child protection and psychosocial support programmes, including 45 000 benefiting from parenting support. Some countries have also included refugees in their labour markets, for example Jordan, where 62 000 work permits were issued to Syrian refugees by the government with support from key partners *(68)*.

In response to the humanitarian situation in Afghanistan and the plight of Afghan refugees in neighbouring countries, between January and May 2022 humanitarian partners reached 21.5 million people with at least one form of humanitarian assistance. These included 78 000 refugees, 140 000 new IDPs and 271 000 cross-border returnees *(69)*.

During seven decades of displacement, the number of Palestinian refugees has increased from 0.75 million in 1950 to 5.8 million in 2021. In partnership with host countries and other stakeholders, UNRWA has been providing health services to meet the needs of Palestinian refugees, delivering services to 1.9 million refugees in 2021. Approximately one third of registered Palestinian refugees live in and around official camps, with the majority of the population living with host country communities *(41)*. Notably, access to health care is generally better inside camps, compared with limited access in Gaza, Syria and Lebanon, for example *(21, 41)*.

Although Pakistan has not enacted any national legislation on the determination of refugee status or the protection of refugees, the country has hosted Afghan refugees for nearly 40 years. UNHCR determines refugee status under its mandate on behalf of the Government of Pakistan in accordance with its 1993 cooperation agreement *(70)*. In 1980, the Commissionerate for Afghan Refugees was established in Islamabad under the Ministry of States and Frontier Regions (SAFRON) in Pakistan; this is focused primarily on supporting the provision of basic facilities and coordinating activities between federal and provincial governments, NGOs and international agencies.

In South Africa, the NGO Africa Health Placements partners with the National Department of Health and the Health Professions Council of South Africa to support refugee doctors in their applications for professional registration and employment.

In conclusion, based on the findings of this paper, we must consolidate experiences, actions and lessons learned to prioritize refugee and migrant health on international and regional agendas, underpinned by the principles of solidarity, humanity, human rights and sustainable development. The WHO African, European and Eastern Mediterranean regions must be committed to undertake concerted action to strengthen progress toward achieving UHC and to promote the inclusion of refugees and migrants in national health policies and plans across routes of migration and in humanitarian settings. The regions must also be committed to working together on forging partnerships and identifying opportunities for collaboration across migration routes to address some of the most pressing issues that we are collectively facing, including climate change, the root causes of forced displacement and access to health care for refugees and irregular migrants.

References

1. United Nations Population Division. International Migrant Stock. New York: United Nations Department of Economic and Social Affairs; 2020. https://www.un.org/development/desa/pd/content/international-migrant-stock.
2. Al-Mandhari A, Ardalan A, Mataria A, Rifaey T, Hajjeh R. Refugee and migrant health strategy for the Eastern Mediterranean Region. Eastern Mediterranean Health Journal. 2021; 27 (12): 1129-1131. https://www.emro.who.int/emhj-volume-27-2021/volume-27-issue-12/refugee-and-migrant-health-strategy-for-the-eastern-mediterranean-region.html
3. World Health Organization. World report on the health of refugees and migrants. Geneva: WHO; 2022. https://apps.who.int/iris/rest/bitstreams/1451966/retrieve
4. Internal Displacement Monitoring Centre. Global Report on Internal Displacement 2022. Geneva: IDMC; 2022. https://www.internal-displacement.org/global-report/grid2022/
5. International Organization for Migration. Region on the Move: Regional Mobility Report for the Middle East and North Africa, January –June 2021. Cairo: IOM; 2021. https://mena.iom.int/sites/g/files/tmzbdl686/files/documents/region-on-the-move-8_1.pdf
6. International Organization for Migration. World Migration Report 2022. Geneva: IOM; 2021. https://publications.iom.int/system/files/pdf/WMR-2022_0.pdf
7. International Labour Organization, Walk Free Foundation and International Organization for Migration. Global Estimates of Modern Slavery: Forced Labour and Forced Marriage. Geneva: ILO, Walk Free and IOM; 2022. https://publications.iom.int/system/files/pdf/ILO-GEMS-2022_0.pdf
8. UNHCR. No end in sight: Refugees and migrants moving irregularly to North Africa and Europe face unspeakable horrors along Mediterranean routes. Geneva: UNHCR; 2022. https://storymaps.arcgis.com/stories/07502a24ce0646bb9703ce96630b15fa
9. African Union. The Revised Migration Policy Framework for Africa and Plan of Action (2018–2027) (Draft). Addis Ababa: African Union. https://au.int/sites/default/files/newsevents/workingdocuments/32718-wd-english_revised_au_migration_policy_framework_for_africa.pdf
10. WHO African Region. Health of refugees and migrants: Regional situation analysis, practices, experiences, lessons learned and ways forward. WHO African Region; 2018. https://www.who.int/publications/i/item/health-of-refugees-and-migrants---who-african-region-(2018)
11. UNHCR. Operational Data Portal: Ukraine refugee situation. Geneva: UNHCR; 2023. https://data.unhcr.org/en/situations/ukraine
12. UNHCR. Türkiye-Syria earthquake. Geneva: UNHCR; 2023. https://www.unhcr.org/en-au/turkiye-syria-earthquake.html
13. United Nations Population Fund. Minimum package for GBV response: Somalia. New York: UNFPA; 2022. https://somalia.unfpa.org/sites/default/files/pub-pdf/minimum_package_for_gbv_response.pdf
14. World Health Organization Regional Office for Europe. Strategies and interventions on preventing and responding to violence and injuries among refugees and migrants: Technical guidance. Copenhagen: WHO Regional Office for Europe; 2020. https://www.inmp.it/pubblicazioni/WHO-INMP_TC_prevention_violence_injuries.pdf
15. Habersky E, Damir A. COVID-19 financing strategies for refugees and migrants in the Eastern Mediterranean Region. Eastern Mediterranean Health Journal. 2021; 27 (12): 1229-1238. https://www.emro.who.int/in-press/reports/covid-19-financing-strategies-for-refugees-and-migrants-in-the-eastern-mediterranean-region.html
16. Faturiyele I, Karletsos D, Ntene-Sealiete K, Musekiwa A, Khabo M, Mariti M et al. Access to HIV care and treatment for migrants between Lesotho and South Africa: a mixed methods study. BMC Public Health; 2018 Dec;18(1):668

17. Logie CH, Okumu M, Kibuuka Musoke D, Hakiza R, Mwima S, Kacholia V et al. The role of context in shaping HIV testing and prevention engagement among urban refugee and displaced adolescents and youth in Kampala, Uganda: findings from a qualitative study. Tropical Medicine & International Health. 2021 May;26(5):572–81.
18. Legido-Quigley H, Pocock N, Teng Tan S, Pajin L, Suphanchaimat R, Wickramage K et al. Healthcare is not universal if undocumented migrants are excluded. BMJ. 2019; 366: l4160. https://www.bmj.com/content/366/bmj.l4160
19. WHO Regional Office for the Eastern Mediterranean. Universal Health Coverage Day: Ensuring the right to health, leaving no one behind. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017. https://www.emro.who.int/media/news/universal-health-coverage-day-ensuring-the-right-to-health-leaving-no-one-behind.html#:~:text=In%20the%20Eastern%20Mediterranean%20Region,protection%20are%20the%20hardest%20hit
20. UNHCR. Lebanon Crisis Response Plan 2017–2021 (2021 update). Geneva: UNHCR; 2021. https://data.unhcr.org/en/documents/details/85374
21. UNHCR. VASyR 2021: Vulnerability assessment of Syrian refugees in Lebanon. Geneva: UNHCR; 2022. https://data.unhcr.org/en/documents/details/90589
22. World Health Organization. Global Health Workforce statistics database. Geneva: WHO; 2023. https://www.who.int/data/gho/data/themes/topics/health-workforce
23. WHO Regional Office for the Eastern Mediterranean. WHO and IOM discuss diaspora engagement in health and health workforce shortages. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022. https://www.emro.who.int/media/news/who-and-iom-discuss-diaspora-engagement-in-health-and-health-workforce-shortages.html
24. International Organization for Migration. Assessing the socio-economic impact of COVID-19 on migrants and displaced populations in the MENA region. Geneva: IOM; 2021. https://mena.iom.int/sites/g/files/tmzbdl686/files/documents/IOM%20Socio-economic%20impact%20of%20COVID-19.pdf
25. OCHA. Humanitarian Needs Overview: Syrian Arab Republic. New York: OCHA; 2022. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno_2022_rev-1.15.pdf
26. OCHA. Humanitarian Needs Overview: Sudan. New York: OCHA; 2021. https://reliefweb.int/report/sudan/sudan-humanitarian-needs-overview-2022-december-2021
27. OCHA. Humanitarian Needs Overview: Afghanistan. New York: OCHA; 2022. https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022
28. Gholizadeh P, Sanogo M, Oumarou A, Mohamed MN, Cissoko Y, Sow MS et al. Fighting COVID-19 in the West Africa after experiencing the Ebola epidemic. Health Promotion Perspectives. 2021 Feb 7;11(1):5–11.
29. Maple N, Walker R, Vearey J. Covid-19 and Migration Governance in Africa. Johannebsurg: African Centre for Migration & Society, University of the Witwatersrand; 2021. Researching Migration & Coronavirus in Southern Africa (MiCoSA): Occasional Paper No. 2. https://www.mahpsa.org/wp-content/uploads/2021/06/MiCoSA-Covid19-and-migration-governance-in-Africa-OccasionalPaper-2-June2021.pdf
30. Arends R, de Gruchy T, Vearey J. Migration and Covid-19: A Review of South Africa's Policy Response to the Pandemic (July 2020). Johannesburg: African Centre for Migration & Society, University of the Witwatersrand; 2020. Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA): Issue Brief. Report No. 2.
31. WHO Regional Office for the Eastern Mediterranean. Draft Strategy to promote the health and well-being of refugees, migrants and other displaced populations in the Eastern Mediterranean Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2022.

https://www.emro.who.int/images/stories/about-who/rc69/DRAFT-Strategy-to-promote-health-and-well-being-of-migrants-in-EMR-WEB.pdf
32. World Health Organization. Promoting the health of refugees and migrants: Draft framework of priorities and guiding principles to promote the health of refugees and migrants. Geneva: WHO; 2017. https://apps.who.int/iris/bitstream/handle/10665/274829/A70_24-en.pdf?sequence=1&isAllowed=y
33. UNHCR. Health access and utilization survey: Access to healthcare services among Syrian refugees living in urban setting in Jordan. Geneva: UNHCR; 2022. https://reliefweb.int/report/jordan/unhcr-health-access-and-utilization-survey-access-healthcare-services-among-syrian
34. WHO. Mapping health systems' responsiveness to refugee and migrant health needs. Geneva: WHO; 2021. https://apps.who.int/iris/rest/bitstreams/1381624/retrieve
35. OCHA. Somalia: WASH Cluster Humanitarian Dashboard. New York: OCHA; 2022. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wash_cluster_dashboard_june_2022.pdf
36. UNHCR. Working Towards Inclusion: Refugees within the national systems in Ethiopia. Geneva: UNHCR; 2017. https://www.unhcr.org/5a55ed8c4.pdf
37. WHO. WHO promotes action on urgent mental health needs of Ukrainian refugees. Copenhagen: WHO Regional Office for Europe; 2022. https://www.who.int/europe/news/item/10-11-2022-who-promotes-action-on-urgent-mental-health-needs-of-ukrainian-refugees
38. Fanning E, Fullwood-Thomas J. The Humanitarian-Development-Peace Nexus: What does it mean for multi-mandated organizations? Oxford: Oxfam; 2019. https://policy-practice.oxfam.org/resources/the-humanitarian-development-peace-nexus-what-does-it-mean-for-multi-mandated-o-620820/
39. WHO. Refugees and migrants in times of COVID-19: Mapping trends of public health and migration policies and practices. Geneva: WHO; 2021. https://www.who.int/publications/i/item/9789240028906
40. UNHCR. UNHCR COVID-19 preparedness and response. Geneva: UNHCR; 2020. https://reporting.unhcr.org/sites/default/files/11082020_updated%20UNHCR%20Global%20COVID-19%20Emergency%20Response.pdf
41. UNRWA. Department of Health: Annual Report 2021. Amman: UNRWA; 2021. https://www.unrwa.org/sites/default/files/content/resources/annual_report_2021_final_version_update_18_august_2022_low_size.pdf
42. OCHA. Sudan: Humanitarian Response Plan 2022. New York: OCHA; 2022. https://reliefweb.int/report/sudan/sudan-humanitarian-response-plan-2022-december-2021#:~:text=In%202022%2C%20humanitarian%20partners%20aim,to%20the%20most%20vulnerable%20people
43. WHO Regional Office for Europe. HIV prevention, diagnosis and care for Ukrainian refugees in Poland. Copenhagen: WHO Regional Office for Europe; 2022. https://www.who.int/europe/news/item/27-12-2022-hiv-prevention--diagnosis-and-care-for-ukrainian-refugees-in-poland
44. WHO Regional Office for Europe. WHO supports an inclusive response to refugees with disabilities in Georgia. Copenhagen: WHO Regional Office for Europe; 2023. https://www.who.int/europe/news/item/15-02-2023-who-supports-an-inclusive-response-to-refugees-with-disabilities-in-georgia
45. WHO Regional Office for Europe. Tajikistan invests in emergency preparedness with opening of new health point for displaced people. Copenhagen: WHO Regional Office for Europe; 2023. https://www.who.int/europe/news/item/01-02-2023-tajikistan-invests-in-emergency-preparedness-with-opening-of-new-health-point-for-displaced-people

46. UNHCR. Somalia: Drought response update III. Geneva: UNHCR; 2022. https://reliefweb.int/report/somalia/unhcr-somalia-drought-response-flash-update-iii-29-september-2022
47. OCHA. 2022 floods response plan: Pakistan. New York: OCHA; 2022. https://reliefweb.int/report/pakistan/pakistan-2022-floods-response-plan-01-sep-2022-28-feb-2023-issued-30-aug-2022
48. UNHCR. UNHCR rushing relief supplies to assist Afghans and Iranians affected by floods. Geneva: UNHCR; 2020. https://www.unhcr.org/ir/2020/01/26/unhcr-rushing-relief-supplies-to-assist-afghans-and-iranians-affected-by-floods/
49. Carciotto F. Building blocks and challenges for the implementation of the Global Compact on Refugees in Africa. Journal on Migration and Human Security. 2020; 8 (1): 83-95. https://journals.sagepub.com/doi/10.1177/2331502420908247
50. UNDP. Iraq Crisis Response and Resilience Programme. New York: UNDP; 2021. https://www.undp.org/iraq/projects/iraq-crisis-response-and-resilience-programme
51. Mekkodathil A, El-Menyar A, Al-Thani H. Occupational injuries in workers from different ethnicities. International Journal of Critical Illness and Injury Science. 2016; 6(1), 25–32. http://doi.org/10.4103/2229-5151.177365
52. Loewenson R. Globalization and occupational health: a perspective from Southern Africa. Bulletin of the World Health Organization. 2001; 79: 863–868. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566652/pdf/11584735.pdf
53. Human Rights Watch. Qatar: Gulf's first refugee asylum law. New York: Human Rights Watch; 2018. https://www.hrw.org/news/2018/10/30/qatar-gulfs-first-refugee-asylum-law
54. UNHCR. The Sultanate of Oman: Submission by the United Nations High Commissioner for Refugees for the Office of the High Commissioner for Human Rights' Compilation Report – Universal periodic review. Geneva: UNHCR; 2015. https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=2176&file=EnglishTranslation
55. U.S. Department of State. Trafficking in Persons Report: June 2018. Washington DC: United States Department of State; 2018. https://www.state.gov/wp-content/uploads/2019/01/282798.pdf
56. U.S. Department of State. Trafficking in Persons Report: July 2022. Washington DC: United States Department of State; 2022. https://www.state.gov/wp-content/uploads/2022/10/20221020-2022-TIP-Report.pdf
57. UNHCR. Comprehensive Refugee Response Framework: Delivering more comprehensive and predictable responses for refugees. Geneva: UNHCR; 2016. https://www.unhcr.org/en-au/comprehensive-refugee-response-framework-crrf.html
58. IOM. Migration Governance Indicators: Ethiopia, Profile 2019. Geneva: International Organization for Migration; 2019. https://publications.iom.int/system/files/pdf/mgi_ethiopia_2019.pdf
59. White JA, Rispel LC. Policy exclusion or confusion? Perspectives on universal health coverage for migrants and refugees in South Africa. Health Policy and Planning. 2021; Vol. 36, Issue 8, October, pp. 1292–1306. https://doi.org/10.1093/heapol/czab038
60. Wiggins J, Palattiyil DG. Humanitarian HIV interventions in displaced persons' camps in sub-Saharan African: A Critical Interpretive Synthesis. International Journal of Arts, Humanities & Social Science. 2021; 02(05):11. https://www.pure.ed.ac.uk/ws/portalfiles/portal/210195421/WigginsPalattiyilIJAHSS2021HumanitarianHIVInterventionsInDisplacedPersons.pdf
61. IOM Missing Migrants Project. Migration within the Mediterranean. Geneva: IOM; 2023. https://missingmigrants.iom.int/region/mediterranean?region_incident=All&route=3861&year%5B10121%5D=10121&month=All&incident_date%5Bmin%5D=&incident_date%5Bmax%5D=&page=6

62. Cusumano E, Villa M. Over troubled waters: Maritime rescue operations in the Central Mediterranean Route. Geneva: IOM; 2020. https://publications.iom.int/books/migration-west-and-north-africa-and-across-mediterranean-chapter-16
63. European Union Agency for Fundamental Rights. Search and rescue (SAR) operations in the Mediterranean and fundamental rights. Vienna: FRA; 2022. https://fra.europa.eu/en/publication/2022/june-2022-update-ngo-ships-sar-activities
64. WHO Regional Office for Europe. Collection and integration of data on refugee and migrant health in the WHO European Region: Technical guidance. Copenhagen: WHO Regional Office for Europe; 2020. https://apps.who.int/iris/handle/10665/337694
65. Okiror S, Toure B, Davis B, Hydarov R, Ram B, Okeibunor J, Nwogu C. Lessons learnt from interregional and interagency collaboration in polio outbreak response in the Horn of Africa. Journal of Immunological Sciences. 2021; 2: 40-47. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7610732/
66. UNHCR and UNDP. Regional Strategic Overview 2022: 3RP Syria. Geneva: UNHCR and UNDP; 2022. https://www.3rpsyriacrisis.org/wp-content/uploads/2022/05/RSO_8thMay2022.pdf
67. UNHCR. Lebanon Crisis Response Plan 2022–2023. Geneva: UNHCR; 2022. https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-lcrp-2022-2023
68. UNHCR. Global Report 2021: Middle East and North Africa executive summary. Geneva: UNHCR; 2022. https://reporting.unhcr.org/globalreport2021/mena
69. OCHA. Humanitarian Response Plan: Afghanistan. New York: OCHA; 2022. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/afghanistan-humanitarian-response-plan-2022.pdf
70. WHO Eastern Mediterranean Region. Health of Refugees and Migrants: Practices in addressing the health needs of refugees and migrants. Cairo: WHO Eastern Mediterranean Region; 2018. https://cdn.who.int/media/docs/default-source/documents/publications/health-of-refugees-migrants-practices-emro-2018088fe6cb-4aa8-4f6c-8421-44d9371f62e9.pdf?sfvrsn=9617b9b7_1&download=true