Third session
Agenda Item 3

Promoting the Health of Refugees and Migrants and the 2030 Agenda for Sustainable Development

Report by the Director-General

Summary

Flight and migration have existed since the beginning of humankind and have been firmly linked to human history and identity ever since. Due to global challenges such as climate change and humanitarian crises caused by geopolitical conflicts and wars, the number of people fleeing around the world is constantly increasing. Refugees and migrants often come from communities affected by war, conflict, or economic crisis and are vulnerable to the conditions of their journey, such as inadequate access to food and water, sanitation, and other basic services. They are at risk of communicable diseases, accidental injuries, hypothermia, burns, unintended pregnancies and birth-related complications, and various noncommunicable diseases. In addition, refugees and migrants are at risk of poor mental health. In this regard, refugee and migrant health is closely related to the social determinants of health in host communities (e.g., employment, income, education and housing).

It is therefore important to recognize the needs and requirements of refugees, migrants, displaced, stateless and people who are losing their homes due to human-made climate change, to address them internationally and to solve them multilaterally at the level of the United Nations.
I. Introduction and General Background

1. “Every human being has the right to the enjoyment of the highest attainable standard of physical and mental health.” This is stated in Article 12 of the International Covenant on Economic, Social and Cultural Rights. The United Nations General Assembly adopted it in 1966. 164 states have ratified it to date.

2. According to Article 25 of the United Nations Universal Declaration of Human Rights, “everyone is entitled to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services.”

3. Consequently, the right to health belongs to every human being, regardless of his or her origin, nationality, residence status, religion, sexuality, political beliefs, economic or social situation.

4. The United Nations 2030 Agenda for Sustainable Development includes key goals to ensure and improve health care for all people. The obvious focus is on ending hunger, ensuring good health and well-being, and the availability of clean water and sanitation for all.

5. In addition, the agenda also describes 14 other Sustainable Development Goals (SDGs) that correspond or correlate directly with the social determinants of health. These include no poverty; quality education; gender equality; affordable and clean energy; decent work and economic growth; industry, innovation and infrastructure; reduced inequalities; sustainable cities and communities; responsible consumption and production; climate action; life below water; life on land; peace, justice and strong institutions; and, finally partnership for achieving the goals.

6. Currently, at least half the world's population does not receive adequate access to the health services they need. People who are refugees and migrants suffer from this condition to a particularly high degree. About 100 million people are pushed into extreme poverty each year because of out-of-pocket spending on health.¹

7. Today there are some one billion migrants globally, about one in seven of the global population. These include 281 million international migrants and 82.4 million forcibly displaced (48 million internally displaced, 35 million children, 26.4 million refugees, 4.1 million asylum seekers). UNHCR estimates there are 4.2 million of stateless people globally.²

8. The number of international migrants has grown as a proportion of the global population. In 2017, international migrants constituted 3.4% of the global population.

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¹ WHO Universal Health Coverage (https://www.who.int/health-topics/universal-health-coverage#tab=tab_1) accessed October 2021
as compared with 2.8% in 2000. During the period 2000–2017, the total number of international migrants rose from 173 million to 258 million, an increase of 49%.

9. The experience of migration is a key determinant of health and well-being. Refugees and migrants remain among the most vulnerable members of society faced often with xenophobia; discrimination; poor living, housing, and working conditions; and inadequate access to health services, despite frequently occurring physical and mental health problems.

10. WHO’s work is aligned with SDG target 3.8, which focuses on achieving universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. To achieve SDG target 3.8 of Universal Health Coverage for all by 2030, at least 1 billion more people will need to have access to essential health services in each five-year period between 2015 and 2030.³

II. Challenges

11. Although the legal framework is clearly articulated by the human right to health, many refugees and migrants still lack access to health services, including health promotion, psychological services (especially for post-traumatic disorders, which affect many refugees and migrants), disease prevention, treatment and care, and financial protection. In reality, the human right to health is currently either not implemented or inadequately implemented throughout the world.

12. Nationality should never be a basis for determining access to health care; legal status (often) determines the level of access, as appropriate within national insurance schemes and health systems, without revoking the principle of universal health coverage as set in international agreements. Refugees and migrants may, in some circumstances, fear detection, detention or deportation and may be subject to trafficking or slavery. Unaccompanied children are particularly vulnerable and need specific provisions to protect them.

13. Barriers to accessing health care services differ from country to country; they may include language and cultural differences, high costs, discrimination, administrative hurdles, inability to affiliate with local health-financing schemes, adverse living conditions, occupation or blockade of territories and lack of information about health entitlements. All these conditions make seeking care difficult. Additionally, these experiences can precipitate negative mental health outcomes.⁴

14. Stateless refugees have for the most part no access to health care, because if they receive health care in their countries of residence, they run the risk of being registered

³ WHO Universal Health Coverage (https://www.who.int/health-topics/universal-health-coverage#tab=tab_3) accessed October 2021
by the health insurance registration systems and deported by the security authorities. Although there are rules in place to prevent refugees from being reported during in medical emergencies, the reality is different. Stateless refugees are often faced with the choice of whether to seek health care and be deported, or to forego it and expose themselves to a health risk that could threaten their lives.

15. The COVID-19 pandemic has posed additional challenges to refugees and migrants, both in terms of increased risk of infection and death and existing inequities in access to and utilization of health services. The unequal distribution of vaccines has further exacerbated this condition, leading to a global two-class-society of people who receive the privilege of vaccination and the unvaccinated who have not yet been able to obtain vaccinations. In addition, refugees and migrants have suffered more from the negative economic effects of travel restrictions.5

16. Refugees and migrants may come from areas where communicable diseases are endemic. This does not, however, necessarily imply that they are an health risk to either their host countries or the transit countries they traveled through from their countries of origin. However, they may rather be at risk of contracting communicable diseases, including foodborne and waterborne diseases, as a result of the perils of travelling or the poor living and working conditions in their host countries, together with lack of access to essential health care services. Access to vaccination and continuity of care is more difficult for people on the move. Poor access to medicines and poor management of treatment may facilitate the development of antimicrobial resistance. Specific vulnerabilities to HIV infection and tuberculosis require specific integrated health care services for refugees and migrants that they are less likely to have access to.

17. Public health circumstances and obstacles that affect refugees and migrants are specific to both of these populations and each phase of the migration and displacement cycle (namely, before and during departure, travel, arrival at destination and possible return). Refugees and migrants with existing chronic conditions and hereditary diseases may experience interruption in their care or episodic care, and they may move without medicines or health records.

18. The migration and displacement process may lead to food insecurity and nutritional problems, including malnutrition (both undernutrition and micronutrient deficiencies). The process may also lead to disruptions in the care and feeding practices of infant and young children. In addition, women and children may face constraints in accessing essential health care services because of insecurity, gender inequality, cultural discrimination and limited mobility. When food is in short supply, refugee and migrant women and girls in vulnerable situations are more likely than the host

5 WHO Refugee and Migrant Health (https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_2) accessed October 2021
population to experience poor nutrition. Pregnant and lactating women are at particular risk of undernutrition owing to their increased physiological requirements.

19. Migrant women and displaced women may have limited access to sexual and reproductive health care services and may face specific threats to their corresponding rights. Many migrant and refugee women do not seek prenatal care or face delays in receiving it because of payment barriers at hospitals, lack of referrals to gynecologists or fears, including that of being brought to the attention of the authorities and a sense of shame. International migration results in differences in perinatal outcomes between migrant women and women born in host countries as well as differences between groups of migrants. Women are at particular risk of sexual and other forms of gender-based violence, abuse and trafficking. Unaccompanied children are particularly vulnerable and need specific services and care to meet their needs.6

20. Many migrants (and in some cases, refugees), particularly those who are low-skilled and semi-skilled, work in low-paid jobs that are dirty, dangerous and demanding. They often work for longer hours than host-country workers and in unsafe conditions but are less inclined to complain and consequently have worse work-related health outcomes. This is especially the case for migrants and refugees in precarious employment in the informal economy.

21. Several elements link humanitarian crises with disruption of health care services. The health infrastructure may be damaged or destroyed. Health workers may be killed, injured, too distressed to work or displaced, or they may have fled. In crisis-affected environments, health facilities are subject to direct attacks, and health workers may be exposed to physical assault, threats and sexual and gender-based violence.

Consider Social Determinant of Health

22. The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

23. The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

24. The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection

6 https://www.ncbi.nlm.nih.gov/books/NBK390813/
• Education
• Unemployment and job insecurity
• Working life conditions
• Food insecurity
• Housing, basic amenities and the environment
• Early childhood development
• Social inclusion and non-discrimination
• Structural conflict
• Access to affordable health services of decent quality.

25. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to a population’s health outcomes exceeds the contribution from the health sector.

26. Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society.⁷

Figure 1: Social Determinants of Health

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⁷ WHO Social Determinants of Health (https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) accessed October 2021
III. International Actions

Best Practices of Infodemic Management

27. Since the 2008 WHA Resolution on Health of Migrants and the 1st Global Consultation on Migrant Health (GCMH) in 2010, WHO, IOM and some supportive countries have worked together to promote the health of migrants in a variety of health and development agendas. These include the WHO post-2015 TB Global Strategy; the WHO Global Technical Strategy and Budget for Malaria 2016-2030, where explicit reference to migrants and Resolution WHA.61.17 (2008) is made; and the post-Ebola revision and implementation of the International Health Regulations (2005), which recognizes that attention must be given to human mobility in cross-country border areas and along mobility pathways. These actions, however, confirm a general tendency to maintain a ‘disease-control approach’ to migration health issues.

28. Migration has largely been unrecognized in other important frameworks for health equity and inclusiveness, such as the SDH agenda (2008-2011), the framework on integrated people-centred health services (2015), and the agenda to promote Universal Health Coverage (UHC) within the SDGs (2016), all of which address issues of equity on the basis of nationality and citizenship. These critical omissions reveal that migrants’ access to health services is often determined by their legal status and the regulations, norms and practices of sectors other than health. This policy needs to be reversed. While the contributions of several countries that have systematically engaged in promoting migration health in multisectoral, cross-regional and international debates on diplomacy and partnership, like the Colombo Process, the Puebla Process, the Foreign Policy and Global Health framework, and the Global Forum on Migration and Development, has been recognized, efforts need to be intensified to achieve policy changes that will improve migrants’ health, and academia, policy institutions, and civil society have an important role to play.

29. A list of key international actions and decisions taken to date as part of the report "Health of Migrants - Resetting the Agenda” of the Second International Conference of the International Organization for Migration (IOM), held in Colombo, the capital of Sri Lanka, from 21-23 February 2017 is provided below (see Table 1). 

The Agenda 2030 and the Sustainable Development Goals (SDGs)

30. One of the central and most important approaches to integrating migrant health into a prominent global multi-actor agenda is offered by the 2030 Development Agenda and its 17 SDGs. The Agenda 2030 and the SDGs were expanded beyond the eight Millennium Development Goals (MDGs) development process and spread the responsibilities for achieving the targets for each goal to both developed and developing countries.

31. Based on the principle of "leaving no one behind," many SDG Goals and targets offer opportunities to promote migrant health both directly and indirectly, across sectors and involving a wider range of actors and stakeholders. Beginning with the critical goal of UHC, the health targets outlined in SDG 3 address a wide range of issues, from communicable diseases to mental health. Other SDG targets address resilience to economic, social and environmental disasters, orderly and safe migration, global multi-stakeholder partnerships, child and gender-based violence, forced labor and human trafficking, peace and community building, education, and social protection systems, which can be through the broader lens of social determinants affecting migrant health and well-being (Figure 2).
Figure 2: Migration Health in the Sustainable Development Goals

**The Global Action Plan for Healthy Lives and Well-being for all**

32. The Global Action Plan (GAP) for Healthy Lives and Well-being for All was unveiled in September 2019 on the sidelines of the 74th UN General Assembly in New York. The goal behind the plan is to focus on the SDGs associated with health. A special focus is on the improved coordination and cooperation among the 12 GAP signatories GAVI, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UNWomen, World Bank Group, WFP and WHO at the global and national level. In doing so, the Action Plan has a simple premise: “stronger collaboration contributes to better health. Stronger collaboration is the way, but better health is the goal.”

**Guiding Principles**

33. The guiding principles for implementation of the proposed global action plan are set out in the framework of priorities and guiding principles to promote the health of refugees and migrants and build on existing instruments and resolutions, for example, the New York Declaration for Refugees and Migrants and resolution WHA70.15 (2017) on Promoting the health of refugees and migrants, in which in particular the Health Assembly recalled the need for international cooperation to support countries hosting refugees, and recognizing the efforts of the countries hosting and receiving large populations of refugees and migrants.

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9 [https://www.who.int/initiatives/sdg3-global-action-plan/what-will-we-do](https://www.who.int/initiatives/sdg3-global-action-plan/what-will-we-do)
34. The Principles in Detail:
- the right to the enjoyment of the highest attainable standard of physical and mental health
- equality and non-discrimination
- equitable access to health services
- people-centred, refugee-, migrant- and gender-sensitive health systems
- non-restrictive health practices based on health conditions
- whole-of-government and whole-of-society approaches
- participation and social inclusion of refugees and migrants
- partnership and cooperation

Framework and Implementation

35. The plan's framework is based on making cooperation and assistance to countries more focused, systematic, transparent, and accountable, and on more effectively leveraging the collective strengths of international agencies.

36. The Implementation of the Global Action Plan is based on four commitments by the agencies to:
- Engage with countries better to identify priorities and plan/ implement together;
- Accelerate progress in countries through joint actions under seven programmatic themes, as well as on gender equality and the delivery of global public goods;
- Align in support of countries by harmonizing operational and financial strategies, policies and approaches; and.
- Review progress and learn together to enhance shared accountability

The 7 Accelerator Themes

37. ASA The Global Action Plan identifies specific actions that will be taken by the agencies at country and global/regional levels under seven accelerator themes. The seven accelerators are:
- Primary health care
  - Effective and sustainable primary health care is a cornerstone for achieving the health-related SDG targets and progress on the other accelerator themes. It provides a platform for accessible, affordable, equitable, integrated, quality primary care and public health services for all, near where people live and work, linked to higher levels of care. It supports multisectoral action on health and engages people and communities in their own health and well-being.
• Sustainable financing for health
  o Sustainable financing enables countries to reduce unmet need for services and financial hardship arising from out-of-pocket payments by establishing and progressively strengthening systems to mobilize adequate resources for health and to spend them better to deliver more health for the money. For low-income countries where development assistance is significant, it also involves improving the effectiveness of external funding support.

• Community and civil society engagement
  o Ensuring that communities and civil society receive the support that they need to be meaningfully engaged enables them to bring their lived experience, perspectives and expertise to knowledge generation, policy-making and health responses that are rights-based, accountable and ensure that no one is left behind.

• Determinants of health
  o Addressing the determinants of health is vital to creating an enabling environment for health and well-being for all and ensuring that no one is left behind, including through rights-based and gender-responsive approaches, leveraging investments and action in sectors beyond health and maximizing gains across the SDGs.

• Innovative programming in fragile and vulnerable settings and for disease outbreak responses
  o Ensuring that health and humanitarian services are available in fragile and vulnerable settings and responding effectively to disease outbreaks require multisector coordination, long-term planning and financing, information sharing and strengthening of health system governance and workforce capacity. Action across the accelerator themes is needed to strengthen health services in these settings.

• Research and Development, Innovation and Access
  o Research and innovation are critical to improving the quality and efficiency of health products and services, while sustainable and equitable access ensures better availability of healthcare interventions to those who need them most.

• Data and digital health
  o Quality and comprehensive data are key to understanding health needs, designing programmes and policies, guiding investment and public health decisions and measuring progress. Digital technologies can transform the way health data are collected and used and contribute to more equitable, rights-based health policies and primary health care services.
IV. Future Priorities in Moving Forward

38. Existing international resolutions and programs at the UN and WHO show that there is a strong will to improve the health care and well-being of refugees and migrants. Unfortunately, there is a big difference between the existing resolutions/action-plans and the actual implementation at the national level which does not adequately protect the right to health, or provide universal and barrier-free health care accessible to all. Refugees and migrants do not have the same access to health care systems that is available to "full" citizens in a majority of Member States. This situation is by no means limited to economically weaker countries in the Global South, but can also be found in many countries with highly developed social systems and strong economies and industries. This situation needs to be urgently addressed as quickly as possible to guarantee that the principle of the 2030 Agenda “leave no one behind” does not remain just a noble goal.

39. Several factors are required for these goals to be achieved by 2030. The most important lies in achieving a political consensus on the practical implementation of the human right to health and the establishment of global universal health coverage based on international standards. Member States should be encouraged to establish an international health fund to finance this project, following the principle of the Global Fund. The money could also be raised by increasing membership fees for WHO. Preventive measures to ensure that quality health care is provided to refugees and migrants has long term benefits that can actually ease the burden on health care and social systems in host countries.

40. It is also vital to consider the current and future challenges posed by the Covid-19 pandemic that has exacerbated the state of global inequality. In particular, people who are financially weak and belong to vulnerable social groups have been and continue to be at greatest health risk from the pandemic. Refugees and migrants are among these groups. They are particularly at risk due to poor sanitation and water, lack of access to personal protective materials such as FFP2 masks, sleeping in the open, and severe physical and psychological stress during forced displacement from their countries origin. Therefore, the focus must be on delivering the first and second vaccinations of marginalized and vulnerable groups. It is therefore obligatory to release patents so that the international distribution of vaccines can be made more widely available. At the same time, refugee camps and initial reception facilities must offer greater hygienic protection.

41. It is also important to name and respond to the negative impact of the COVID-19 pandemic on noncommunicable diseases such as the control and prevention of AIDS, tuberculosis, and malaria. According to the Global Fund, HIV testing has decreased by 22 percent in 2020. The number of people reached by AIDS prevention programs decreased by 11 percent. At the same time, the number of people treated for drug-resistant tuberculosis fell by 19 percent in 2020. The impact on malaria control was less pronounced. But here, too, there was a 4.3 percent drop in testing.

42. In addition, it is crucial to take preventive action against the root causes of forced displacement. This can only succeed if a multilateral approach is adopted. The focus
must be on combating climate change by meeting the 1.5-degree target of the Paris Agreement, on diplomatic intervention in wars and geopolitical conflicts, and on strengthening a cooperative approach to development aid.

43. The overriding principle must be international solidarity. Due to climate change or international conflicts over vital resources such as water, sooner or later we may all find ourselves in the situation of having to flee. This certainty must guide our future actions in order to achieve the goal of improving health care for refugees and migrants and to achieve the 2030 Agenda for sustainable development.