

Health and Migration

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on advancing equitable, inclusive and sustainable health systems promoting health of refugees, migrants, asylum seekers and host communities alike, which highlight that migrants face poorer health outcomes due to legal, social and service barriers;

Acknowledging that today there are some 1 billion migrants globally — about 1 in 8 of the world's population — including approximately 281 million international migrants of whom 36 million are children and more than 84 million forcibly displaced persons such as refugees, internally displaced persons and asylum seekers;

Recalling resolutions WHA70.15 (2017) on promoting the health of refugees and migrants, WHA61.17 (2008) on the health of migrants, United Nations General Assembly resolution 73/195 of 19 December 2018 on safe and orderly migration, WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, WHA75.7 (2022) on strengthening health emergency preparedness and response in cities and urban settings, and Decision WHA73(9) (2020) that endorsed the Immunization Agenda 2030 (IA2030);

Recognizing that migration is a global reality driven by social, economic, humanitarian, cultural, environmental, and political factors, and that migrants and refugees often face various and unique barriers to accessing health care particularly when crossing borders irregularly or without proper documentation, highlighting the need for services to align with national migration laws;

Recognizing also the role of technology and digital health systems in improving healthcare access for migrant populations, in line with data protection frameworks;

Concerned that displaced populations are at increased risk of communicable and noncommunicable diseases due to a variety of causes including but not limited to poor living and working conditions, poor nutrition and hygiene, lack of finance to pay for required medication and treatment, climate and environmental factors, stigma preventing them from getting treatment, discrimination against migrant populations in the medical field, insufficient integration into national health systems, interrupted care, and lack of overall access to quality essential health services;

Deeply concerned that limited access to clean water, sanitation, and hygiene in migrant and displacement settings continues to drive outbreaks of preventable diseases, placing additional strain on already fragile health systems;

Aware that migrants who experience interrupted vaccination or treatment during displacement may spread infections across borders, particularly where health systems lack adequate surveillance, early detection, sufficient healthcare and regional coordination capacities and underscoring the role of International Health Regulations (IHR) (2005) core capacities at points of entry in early warning and response;

Emphasizing that ensuring migrants have access to essential care including but not limited to vaccines, screenings, treatment, mental healthcare, maternal and reproductive care, and primary healthcare — helps prevent outbreaks of infectious diseases and non-communicable diseases and that integrating migrant health into policies, legislation, frameworks, and programmes improves disease surveillance, preparedness, and outbreak response capacity for entire populations, while respecting countries' national sovereignty and recognizing that implementation remains at the discretion of host countries in alignment with SDG 17;

Recognizing that migrants make important contributions to the economies of the countries they live in, and that keeping them healthy helps maintain a strong and stable workforce and supports overall economic growth, taking into consideration member states migration frameworks;

Recognizing also that expanding health services for migrants requires sustainable financing and international burden-sharing, particularly to support host and transit countries with large migrant populations;

Noting the importance of equitable access to quality essential health services consistent with the principle of universal health coverage and the right to health for all persons, regardless of migration status as well as the right to receive the highest quality of attainable healthcare that is reaffirmed in Human Rights Council resolution 26/21 of 27 June 2014 and the principle of leaving no one behind;

Welcoming the WHO Global Action Plan 2019–2023 on Promoting the Health of Refugees and Migrants and its extension beyond 2023 to support country-level implementation, explicitly linking migrant health goals to SDGs (3,10,17);

Recognizing that addressing the health needs of migrants requires whole-of-government and whole-of-society approach as well as cooperation across borders particularly in host countries facing recent large-scale migration movements required healthcare in accordance with national migration laws and policies, while protecting public health and humanitarian principles, without discrimination;

Emphasizing the need to collect reliable, consistent and standardized, disaggregated, and gender, age and status-sensitive data to ensure the inclusion of evidence-based, equity driven, and contexts specific policies on migrant health, and further calling for transparent data-sharing

mechanisms to ensure privacy, ethical standards, and in compliance with international data protection frameworks such as the EU's General Data Protection Regulation (GDPR),

1. URGES Member States:

(1) to ensure equitable access to essential and affordable comprehensive health services for all migrants and refugees regardless of legal status while respecting member states national sovereignty;

(2) to embed migration health as a priority in national health plans, by improving coordination among ministries responsible for health, migration, and labor aligning with Universal Health Coverage (UHC) goals and Sustainable Development Goals (SDGs);

(3) to promote intergovernmental coordination by expanding the adoption of the National Platform for Migration across all member states to improve migrant health, well-being and overall quality of life;

(4) to strengthen health systems in border and transit areas to respond to the needs of mobile populations and to better control the spread of CDs and NCDs across borders by developing blockchain based health record documentation for migrants to make it simpler for patient registration as well as Cross-Border Disease Control (CBDC) which would include vaccination and chronic disease records;

(5) to collect and share data on migrant health to ensure continuous treatment while ensuring privacy and human rights protections by establishing an ad-hoc organization under the Health Ministry of respective nations with special emphasis on forming NMHDO (National Migration Health Data Observatories) while emphasizing national oversight and strong privacy safeguards before any international sharing with recommendation with the WHO and IOM;

(6) to expand inclusive health education in languages understood by migrants through Community Health integration teams (HOME) of trained bilingual mediators, bridging cultural and linguistic barriers, especially in underserved areas;

(7) to train health workers and volunteers in cultural competence and inclusive care practices to ensure that healthcare facilities are migrant sensitive, gender sensitive disability-friendly and overall inclusive for this purpose training and regular programmes, on treatment of migrants and refugees, common illnesses migrants suffer from as well as treatment for such illnesses, must be conducted regularly;

(8) to promote gender-sensitive health interventions, addressing the specific reproductive and maternal needs of women as well as the needs of children in transit and to ensure alignment with national values;

(9) to strengthen emergency preparedness to protect migrants during crises and disasters and to improve and promote access to attainable migration frameworks globally through both online and physical campaigns;

2. CALLS UPON international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, labor and migration agencies, and the health sector:

(1) to support Member States in implementing the WHO Global Action Plan on Refugee and Migrant Health while accommodating national policies;

(2) to promote policy coherence between intergovernmental ministries policies at the global and regional levels;

(3) to facilitate cooperation among countries to ensure continuity of care and health assistance for migrants and refugees including portable health records and cross-border recognition of prescriptions and treatment plans;

(4) to provide technical assistance, funding, and training for national migration health programmes;

(5) to promote public awareness campaigns that reduce stigma and discrimination against migrants;

(6) to involve migrant and refugee and other mobile population communities in the design and delivery of health programmes;

(7) to support research and data collection on the determinants of migrant health in order to better understand the underlying causes and conditions that shape migrant health outcomes with respect to member states national data governance;

(8) to strengthen cross-border surveillance and disease control and response systems for communicable diseases and noncommunicable diseases without discrimination, ensuring all individuals are treated and protected equally, regardless of nationality;

(9) to confidentially digitalize migrant health data through secure systems ensuring privacy and national oversight to each migrant while ensuring data privacy and coordination with national authorities;

3. REQUESTS the Director-General:

(1) to continue supporting Member States in implementing and monitoring the Global Action Plan on Refugee and Migrant Health and to mobilize resources for capacity building for all countries;

(2) to collaborate with relevant UN and other governmental organizations to promote policy coherence;

(3) to strengthen WHO's capacity to provide technical and operational support to governmental sectors which provide care to migrants during health emergencies, including but not limited to guidance on vaccine affordability, digital credentialing, and ethical workforce mobility;

(4) to support Member States in developing integrated policies that connect health services with social protection measures, ensuring that migrants and refugees can access both medical care and essential social safety nets while ensuring alignment with national policy and legal status frameworks.