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# Promoting the health of refugees and migrants

## Draft global action plan, 2019–2023

### Report by the Director-General

1. At its 140th session in January 2017, the Executive Board in decision EB140(9) requested the Director-General to prepare a draft framework of priorities and guiding principles to promote the health of refugees and migrants in full consultation and cooperation with Member States and, where applicable, regional economic integration organizations, and in cooperation with the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) and other relevant stakeholders. The framework should be a resource for Member States in meeting the health needs of refugees and migrants.
2. In May 2017, the Health Assembly in resolution WHA70.15 on promoting the health of refugees and migrants noted with appreciation the framework and urged Member States, in accordance with their national context, priorities and legal frameworks, inter alia to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants.<sup>1</sup> In addition, the Health Assembly requested the Director-General to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region in order to contribute to the development of a draft global action plan for consideration by the Seventy-second World Health Assembly in 2019.
3. Accordingly, from August 2017 to January 2018, the Secretariat conducted an online call for contributions on evidence-based information, country practices, experiences and lessons learned in meeting the health needs of refugees and migrants. In response, 199 inputs covering practices in 90 Member States from all WHO regions were received from Member States and partners, including the International Labour Organization (ILO), IOM and UNHCR. Reports on regional situation analyses and practices in addressing the health needs of refugees and migrants were subsequently published.<sup>2</sup>
4. Several WHO regional offices have gained remarkable experience in addressing the challenges of refugee and migrant health. In 2016, the Regional Committee for Europe adopted a regional strategy and action plan for refugee and migrant health in the WHO European Region at its sixty-sixth

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<sup>1</sup> United Nations General Assembly resolution 71/1 (2016). New York Declaration for Refugees and Migrants (<http://undocs.org/a/res/71/1>, accessed 21 November 2018).

<sup>2</sup> Reports on situation analysis and practices in addressing the health needs of refugees and migrants. See links on the following page: <http://www.who.int/migrants/publications/situation-analysis-reports/en/> (accessed 21 November 2018).

session<sup>1</sup> and the WHO Regional Committee for the Americas/Directing Council in September 2016 adopted a resolution on the health of migrants.<sup>2</sup> Regional migration and health plans are being developed in other regions, such as the Eastern Mediterranean Region.

5. To contribute to the achievement of the vision of the 2030 Agenda for Sustainable Development, the framework of priorities and guiding principles to promote the health of refugees and migrants is aligned with the New York Declaration for Refugees and Migrants, with Section 2.3 on Health in the Global Compact on Refugees<sup>3,4</sup> and with action (e) of Objective 15 of the Global Compact for Safe, Orderly and Regular Migration,<sup>5</sup> in accordance with national context, priorities and legal frameworks.<sup>6</sup> The framework also takes into account the report of the United Nations Secretary-General on making migration work for all.

## THE DRAFT GLOBAL ACTION PLAN

6. In line with resolution WHA70.15, the objective of the draft global action plan is to promote the health of refugees and migrants in collaboration with IOM, UNHCR, other international organizations and relevant stakeholders.

7. Though their treatment is governed by separate legal frameworks, refugees and migrants are entitled to the same universal human rights and fundamental freedoms. They also face many common challenges and share similar vulnerabilities.<sup>7</sup> Under the strategic options for action the Secretariat will focus on achieving universal health coverage for refugees, migrants and host populations within the context of WHO's Thirteenth General Programme of Work, 2019–2023.

8. The draft plan will use the definition of “refugee”<sup>8</sup> as contained in the 1951 Convention relating to the Status of Refugees and the 1967 Protocol thereto. There is no universally accepted definition of the term “migrant”. Migrants may remain in the home country or host country, move on to another country, or move back and forth between countries. Both terms may have important implications for

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<sup>1</sup> Resolution EUR/RC66/R6.

<sup>2</sup> Resolution CD55.R13.

<sup>3</sup> <https://www.unhcr.org/events/conferences/5b3295167/official-version-final-draft-global-compact-refugees.html>.

<sup>4</sup> For further information, see <http://www.unhcr.org/uk/towards-a-global-compact-on-refugees.html> (accessed 21 November 2018).

<sup>5</sup> Namely: provide access to basic services for migrants [https://refugeesmigrants.un.org/sites/default/files/180713\\_agreed\\_outcome\\_global\\_compact\\_for\\_migration.pdf](https://refugeesmigrants.un.org/sites/default/files/180713_agreed_outcome_global_compact_for_migration.pdf) (accessed 19 December 2018).

<sup>6</sup> See final draft (11 July 2018) accessible at <https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/07/migration.pdf> (accessed 22 November 2018).

<sup>7</sup> Paragraph 6 [http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A\\_RES\\_71\\_1.pdf](http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf).

<sup>8</sup> A person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. Source: United Nations General Assembly. Convention relating to the Status of Refugees. A/CONF.2/108/Rev.1; <http://www.refworld.org/docid/3be01b964.html> (accessed 3 May 2017).

entitlement of, and access to, comprehensive health care services, and are determined by national legislation, in accordance with international law.

## **BRIEF OVERVIEW OF THE GLOBAL SITUATION**

9. The number of international migrants<sup>1</sup> as a proportion of the global population has grown over time. Currently, international migrants constitute 3.4% of the global population, compared with 2.8% in 2000. During the period from 2000 to 2017, the total number of international migrants rose from 173 million to 258 million – an increase of 49%.<sup>2</sup>

10. UNHCR<sup>3</sup> reports that globally the number of forcibly displaced people, 68.5 million, is at a record high – the highest level of human displacement ever – including 25.4 million refugees. There are also 10 million stateless people who lack a nationality and access to basic rights such as education, health care, employment and freedom of movement.

## **HEALTH CONSEQUENCES AND CHALLENGES**

11. Despite international conventions and resolutions, many refugees and migrants lack access to health care services, including health promotion, disease prevention, treatment and care, as well as financial protection. Sometimes nationality or legal status may be used as a basis for deciding who is entitled to access health care services. Refugees and migrants may in some circumstances fear detection, detention and deportation and may be subject to trafficking or slavery.

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

13. Refugees and migrants may come from areas where communicable diseases are endemic. However, this does not necessarily imply that they are an infectious risk to the host population. They may be at risk of developing communicable diseases as well as food- and water-borne diseases as a result of the perils of the journey and factors in the host country associated with poor living and working conditions, together with lack of access to basic services. Access to immunization and continuity of care is more difficult when people are on the move. Poor access to and management of medication may facilitate the development of antimicrobial resistance. Specific vulnerabilities to HIV and tuberculosis require specific health-care services for refugees and migrants.

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<sup>1</sup> International migration report 2017. New York: The Department of Economic and Social Affairs of the United Nations Secretariat; 2017 (document ST/ESA/SER.A/404); see definition of “international migrant” on page 3: “...an international migrant is a person who is living in a country other than his or her country of birth.” See [http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017\\_Highlights.pdf](http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf) (accessed 19 December 2018).

<sup>2</sup> See [http://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts\\_2017-5.pdf](http://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2017-5.pdf) (accessed 19 December 2018).

<sup>3</sup> UNHCR. Figures at a glance. <http://www.unhcr.org/uk/figures-at-a-glance.html> (accessed 23 November 2018).

14. The public health circumstances and challenges affecting refugees and migrants may be specific to these populations and to 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 may experience interruption in their care, or episodic care, and they may move without medicines or health records.

15. 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 disruption of infant and young child feeding practices and care, and 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 to experience poor nutrition. Pregnant and lactating women are particularly at risk of undernutrition owing to their physiological requirements.

16. Migrants and displaced persons may have limited access to reproductive health care and may face specific threats to their reproductive health and rights. Many migrant women do not take up antenatal care or face delays in receiving it because of payment barriers at hospital and lack of referrals to gynaecologists, as well as fears including that of being brought to the attention of the authorities and a sense of shame.<sup>1</sup> International migration may result in differences in perinatal outcomes between migrant women and women born in receiving countries and between groups of migrants.<sup>2</sup> Women are particularly at risk of being exposed to sexual and gender-based violence, abuse and trafficking. Unaccompanied children are particularly vulnerable and need specific provision.

17. Many migrants, particularly the low-skilled or 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 may have worse work-related health outcomes. This is especially the case for migrants in precarious employment in the informal economy.

18. 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, displaced, or may have fled. In crisis-affected environments health facilities may be subject to direct attacks or indirect damage, and health workers may be exposed to physical assault, threats and sexual and gender-based violence.

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<sup>1</sup> See, for example : WHO. Women on the Move: migration, care work and health. Geneva: World Health Organization; 2017. (<http://apps.who.int/iris/bitstream/handle/10665/259463/9789241513142-eng.pdf;jsessionid=74E54C79BA2766B73CF7DEE615602CF7?sequence=1>, accessed 22 November 2018).

<sup>2</sup> European perinatal health report: health and care of pregnant women and babies in Europe in 2010. Paris: EURO-PERISTAT; 2013 ([http://europeristat.com/images/doc/EPHR2010\\_w\\_disclaimer.pdf](http://europeristat.com/images/doc/EPHR2010_w_disclaimer.pdf), accessed 22 November 2018).

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## ROLES AND RESPONSIBILITIES OF INTERNATIONAL ORGANIZATIONS AND OTHER ACTORS

19. Within the United Nations, WHO has a constitutional function to act as the “directing and coordinating authority on international health work”.<sup>1</sup> WHO has a primary responsibility for promoting and achieving Health for All and universal health coverage within the context of the 2030 Agenda for Sustainable Development and its associated Goals, while leaving no one behind.

20. Implementing the global action plan will require refugee and migrant health to be addressed and managed through strongly coordinated work at all levels of WHO and close collaboration with Member States, IOM, UNHCR, other international organizations and relevant stakeholders.

21. WHO has collaborated with IOM and UNHCR on several processes to promote the health of refugees and migrants. These include: (i) the first and second global consultations on the health of migrants in 2010<sup>2</sup> and 2017,<sup>3</sup> respectively, at the second of which the Colombo Statement was endorsed by participating countries; and (ii) several joint high-level advocacy events that supported development of the health dimensions of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees (see paragraph 5 above). In support of collaboration between United Nations agencies, WHO is also a member of the recently established United Nations Migration Network, whose mandate is to ensure effective United Nations system-wide support to implementation, including the capacity-building mechanism, as well as follow-up and review of the Global Compact for Safe, Orderly and Regular Migration, in response to the needs of Member States.

22. IOM is mandated to further the humane and orderly management of migration, while ensuring effective respect for the human rights of migrants in accordance with international law. It is also mandated to assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and uphold the human dignity and well-being of migrants. It considers health as a core component of all migration or population mobility issues, topics or undertakings.

23. UNHCR has been entrusted by the United Nations General Assembly with the mandate to provide international protection to refugees and find durable solutions for their problems, including through voluntary repatriation, local integration and voluntary resettlement in third countries. During periods of displacement, UNHCR also provides emergency assistance, including health care, as well as clean water, sanitation, shelter, non-food items and sometimes food. General Assembly resolutions have developed its mandate further, giving it responsibilities for stateless persons and returnees. In specific situations, and further to a request from the Secretary-General or a competent principal

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<sup>1</sup> Constitution of the World Health Organization, Article 2(a). Also, the International Covenant on Economic, Social and Cultural Rights, Article 2.2 and Article 12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

<sup>2</sup> WHO. Health of migrants: the way forward – report of a global consultation, Madrid, Spain, 3–5 March 2010. Geneva: World Health Organization; 2010 ([http://www.who.int/migrants/publications/mh-way-forward\\_consultation-report.pdf](http://www.who.int/migrants/publications/mh-way-forward_consultation-report.pdf), accessed 22 November 2018).

<sup>3</sup> The conference website (<https://www.iom.int/migration-health/second-global-consultation>, accessed 22 November 2018) includes a link to the Colombo statement (separately accessible at [https://www.iom.int/sites/default/files/our\\_work/DMM/Migration-Health/colombo\\_statement.pdf](https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/colombo_statement.pdf)).

organ of the United Nations, UNHCR provides protection and assistance to internally displaced persons. It considers health as a core component of refugee protection.

## SCOPE

24. The goal of the draft global action plan is to assert health as an essential component of refugee protection and assistance, and good migration governance. The draft plan aims at achieving improvements in global health by addressing the health and well-being of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting. It recognizes that, in order to prevent inequities and inefficiencies, public health considerations of refugees and migrants cannot be separated from those of the host population. The draft plan also reflects the urgent need for the health sector to deal more effectively with the impact of migration and displacement on health. The draft plan is fully aligned with the principles set forth and specific references made in the WHO Thirteenth General Programme of Work, 2019–2023, as approved by all Member States.

## GUIDING PRINCIPLES

25. The guiding principles for implementation of the draft 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.<sup>1</sup>

## STRATEGIC OPTIONS FOR ACTION

26. In order to promote the health of refugees and migrants, the draft global action plan proposes the following priorities and options for action. These will be implemented on and aligned with the cycle of the Thirteenth General Programme of Work, 2019–2023, in line with national context, priorities and legal frameworks, and financial situation.

### **Priority 1. Reduce mortality and morbidity among refugees and migrants through short- and long-term public health interventions**

#### **Objectives**

27. Save lives and promote the physical and mental health of refugees and migrants by providing essential health care service packages, as appropriate to countries' contexts, financial situations, and in line with their national context, priorities and legal frameworks that should include access to vaccinations for children and adults, and the provision of health promotion, disease prevention, treatment, rehabilitation and palliation services for acute, chronic and infectious diseases, injuries, mental and behavioural disorders, and sexual and reproductive health needs.

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<sup>1</sup> For ease of reference, the principles are as follows: 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- and 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; and partnership and cooperation.

Key options for Secretariat action include:

- (a) supporting coordination and collaboration to provide emergency and humanitarian health responses based on humanitarian principles, the Sendai Framework for Disaster Risk Reduction 2015–2030 and on WHO's role as the lead agency for the Inter-Agency Standing Committee Global Health Cluster;
- (b) supporting preparations for meeting health-related needs of new influxes of refugees and migrants, while continuing to meet the needs of host populations and ensuring that services for refugees and migrants are delivered through existing systems to the largest possible extent;
- (c) providing support to Member States to strengthen capacities for investigation of and response to communicable disease outbreaks, surveillance and health protection, preparedness, and administration of essential vaccinations, within comprehensive national health policies and strategies aligned with international legal responsibilities and commitments related to the International Health Regulations (2005), with attention to appropriate antibiotic use and prevention of antimicrobial resistance; and
- (d) developing guidance, models and standards to support countries in the prevention and management of communicable and noncommunicable diseases and mental health conditions including screening and medical examinations, with particular attention to specific groups such as women and girls; children, adolescents and youth; older persons; persons with disabilities; those with chronic illnesses, including tuberculosis and HIV; survivors of human trafficking, torture, trauma or violence, including sexual and gender-based violence; persons with disabilities; as well as in addressing risk factors such as tobacco, alcohol, and poor nutrition.

## **Priority 2. Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures**

### **Objectives**

28. Improve the quality, acceptability, availability and accessibility of essential health care services delivered, with attention to services for chronic conditions that are often inadequately addressed or followed up during the entire migration process; in addition, work to prevent occupational and work-related diseases and injuries among refugee and migrant workers and their families by improving the coverage, accessibility and quality of occupational and primary health-care services and social protection systems, in accordance with Member States' their national context, priorities and legal frameworks.

Key options for Secretariat action include:

- (a) providing support to Member States in developing comprehensive and good-quality primary care services on a continuing and long-term basis, supported by functioning referral processes to appropriate secondary and tertiary care services and service delivery networks for refugees and migrants needing health care services, including access to continuing social and psychological care provision, where needed;
- (b) promoting cross-border dialogue and collaboration mechanisms to create uniform protocols to assure continuity of care and patient tracing, thereby reducing loss of follow-up due to the movement of people;

- (c) contributing (while respecting national privacy legislation) to international efforts to develop health information systems that can monitor and help to improve continuity and quality of care of individual refugees and migrants, collaborating with ILO, IOM, UNHCR and relevant stakeholders in order to strengthen international assistance to countries and ensure that the health of refugee and migrant workers and their families is promoted at international forums and in instruments for collaboration and mechanisms of social protection, including the development of tools, policy options, indicators and information materials;
- (d) providing support to Member States for developing national plans of action and policies and building institutional capacities for protecting and promoting the health of all workers in line with resolution WHA60.26 (2007) on workers' health: global plan of action; and
- (e) reviewing and disseminating evidence about the effectiveness and cost-effectiveness of interventions to protect refugee and migrant workers' health and safety for the prevention and control of occupational and work-related diseases and injuries.

**Priority 3. Advocate mainstreaming refugee and migrant health in the global, regional and country agendas, and promote the following: refugee and migrant-sensitive health policies, and legal and social protection; the health and well-being of women, children and adolescents living in refugee and migrant settings; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms**

**Objectives**

29. Meet the health needs of refugees and migrants and reduce the impact of gender-based inequalities in health status and access to services throughout the migration process by advocating for refugees' and migrants' right to the highest attainable standard of physical and mental health, in accordance with international human rights obligations, relevant international and regional instruments, and by working to lower or remove physical, financial, information and discrimination barriers in accessing health care services in synergy with WHO's partners, including non-State actors.

Key options for Secretariat action include:

- (a) providing support to Member States for developing strategies, plans and actions to strengthen capacities to address refugee and migrant health needs and rights, including multisectoral approaches with key stakeholders and facilitating technical assistance, strategic partnerships and communication;
- (b) promoting the development and implementation of evidence-based public health approaches and health care capacities for service provision, affordable and non-discriminatory access and reduced communication barriers, and training health care providers on culturally-sensitive service delivery and provisions for persons with disabilities;
- (c) ensuring provision of health care services, aligned with national legislation, in the areas of sexual and reproductive health, maternal and child health care (including emergency obstetric services and the Minimum Initial Service Package for reproductive health in crisis situations), pre- and post-natal care, family planning, and provision of access for children in any situation to specific and specialized care and psychological support;

- (d) developing recommendations and tools for the governance, management and delivery of health care services that address epidemiological factors, cultural and linguistic competences, and legal, administrative and financial impediments to access, with involvement of refugee and migrant health workers;
- (e) contributing to the global refugee and migration coordination arrangement with IOM and UNHCR, the United Nations University Migration Network, Member States, entities within the United Nations system, and organizations outside the United Nations system, including the International Red Cross and Red Crescent Movement, other humanitarian and development actors, and civil society;
- (f) strengthening resource mobilization for flexible and multi-year funding to enable countries and communities to respond to the immediate, medium- and long-term health needs of refugees and migrants – this action would include promoting the health needs of refugees and migrants in existing regional and global funding mechanisms;
- (g) building on or establishing coordination mechanisms among countries that allow exchange of information and implementation of joint actions and ensure continuity of care;
- (h) collecting and analysing data disaggregated by sex to inform gender-responsive programmes and services;
- (i) working with refugees and migrants to increase awareness of what to expect from health care services, increase understanding of health care services;
- (j) providing support to Member States for delivering women- and adolescent-friendly health activities and services, particularly in relation to sexual and reproductive health;
- (k) supporting the role of health providers in gender-appropriate identification, management and referral of gender-based discrimination and of victims of trafficking, torture and sexual abuse, as well as in enhanced protection mechanisms, prevention of sexual violence and female genital mutilation, care and support for sexually transmitted infections, prevention and treatment of acute malnutrition; and
- (l) implementing the recommendations of the United Nations' High-Level Commission on Health Employment and Economic Growth (2016), which call for tackling gender concerns in the health reform process and the health labour market while assuring gender parity in distribution of health workforces and the elimination of gender-based discrimination within the health workforce.

**Priority 4. Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage**

**Objectives**

30. Ensure that the social determinants affecting refugees' and migrants' health are addressed through joint action and coherent multisectoral public health policy responses. Reach agreement on the core health system capacities required to achieve universal health coverage, based on Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Target 10.7

(Facilitate orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies) of Goal 10 (Reduce inequality within and among countries).

Key options for Secretariat action include:

- (a) providing support to Member States for implementing guidance, applying assessment tools and elaborating country-specific fact sheets and standards in order to respond to the social and economic factors relevant to refugees' and migrants' health, in the context of universal health coverage and the Sustainable Development Goals and based on partnerships and best practices;
- (b) providing support to Member States for identifying the relevant sectors and stakeholders that have policy responsibility for the main social determinants of refugees' and migrants' health and identifying specific areas for dialogue and joint action towards universal health coverage;
- (c) providing support to Member States through training all those working with migrants in the health implications of the social determinants of health and necessary policy responses and ensuring that health planners and health workers are offered support and knowledge sharing in order to implement appropriate refugee and migrant-sensitive health interventions that provide financially sustainable equitable access to all;
- (d) strengthening implementation of, and reporting on, the WHO Global Code of Practice on the International Recruitment of Health Personnel; and
- (e) providing support to Member States for developing training curricula on culturally-sensitive approaches to meet the needs of refugees and migrants in the undergraduate, postgraduate and continuous professional training of all health workers (including cultural mediators, community health workers and volunteers) as well as support and managerial staff.

## **Priority 5. Support measures to improve communication and counter xenophobia**

### **Objectives**

31. Provide accurate information and dispel fears and misperceptions among refugee, migrant and host populations about the health impacts of migration and displacement on mobile populations and on the health of local communities and health systems.

Key options for Secretariat action include:

- (a) supporting Member States in providing appropriate, accurate, timely, culturally-sensitive and user-friendly information on the human rights and health needs of refugees and migrants to counter exclusionary processes, stigmatization and xenophobia;
- (b) conducting advocacy, mass media and public education efforts within the health sector to build support and promote wide participation among the public, government and other stakeholders;

- (c) preparing a global report on the status of refugee and migrant health, including country progress reports, in collaboration with IOM and UNHCR; and
- (d) organizing, together with IOM and UNHCR, a global conference on refugees' and migrants' health in the context of the implementation of the global action plan.

## **Priority 6. Strengthen health monitoring and health information systems**

### **Objectives**

32. Ensure that information and disaggregated data at global, regional and country levels are generated and that adequate, standardized and comparable records on the health of refugees and migrants are available to support policy- and decision-makers to develop more evidence-based policies, plans and interventions.

Key options for Secretariat action include:

- (a) working with Member States to develop periodic progress reports and country profiles, to monitor health-related aspects of the movement of people, disease-risk distribution and risk reduction, in the context of the Sustainable Development Goals, in collaboration and coordination with IOM and UNHCR;
- (b) working with Member States to develop, at country and local levels, disaggregated data on the health of refugees and migrants, including health-seeking behaviours and access to, and utilization of, health care services; and
- (c) developing, subject to national contexts and legal frameworks, cross-border approaches and databases to share information about health risks in countries of origin, transit and destination, as well as portable health records and health cards, including the possibility of a health card for population groups in movement, thereby promoting continuity of care.

### **ACTION BY THE EXECUTIVE BOARD**

33. The Board is invited to note this report and to provide further guidance on the development of the draft global action plan.

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