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Report of the Subgroup on Migration and Health

7 July 2016

Introduction

Establishing the Subgroup on Migration and Health

1. The topic of migration and health was extensively discussed by Member States at the 65th session of the Regional Committee for Europe (RC65), held in Vilnius, Lithuania, in September 2015. The Regional Office had organized a ministerial lunch on 14 September and a technical briefing on 17 September during RC65, which provided the opportunity for Member States to debate about the role of the health sector in the response to the short- and longer-term needs of an increasingly diverse European population. These discussions were welcomed and considered timely and relevant by the Twenty-third Standing Committee of the Regional Committee for Europe (SCRC) at its first session held in Vilnius, Lithuania, on 17 September 2015. The Twenty-third SCRC recommended that the topic be discussed further at the 66th session of the Regional Committee (RC66) in September 2016 on a day when ministers were expected to be present.

2. Given the growing relevance of migration and health in the European Region – due partly to the sharp increase in arrivals of refugees and migrants to European countries in 2015, which accounted for over 1 million by the end of the year – the WHO Regional Office for Europe and the Ministry of Health of Italy organized a High-level meeting on Refugee and Migrant Health in Rome on 23–24 November 2015. The aim of the meeting was to discuss the numerous public health challenges posed by large-scale movements of refugees and migrants to transit and destination countries, and to move towards a shared understanding of refugee and migrant health.

3. Influenced by these discussions, the creation of the SCRC Subgroup on Migration and Health was agreed at the second session of the Twenty-third SCRC held in Paris, France, on 25–26 November 2015. The Subgroup was to be chaired by Dr Ranieri Guerra (Italy) and initially included members from Estonia, Portugal and Romania. The Subgroup was joined by Belarus, Finland and Sweden later on in the process.

Development of the Strategy and action plan for refugee and migrant health in the WHO European Region

Second session of the Twenty-third SCRC Paris, France, November 2015

4. At the second session of the Twenty-third SCRC, the Regional Director for Europe, Dr Zsuzsanna Jakab, presented the provisional agenda and programme for RC66. It was proposed that a European strategy and action plan for refugee and migrant health should be presented on the second day of RC66, accompanied by a draft resolution for its adoption. Dr Pirooska Ostlin, Director of the Division of Policy and Governance for Health and Well-being, and Dr Santino Severoni, Coordinator for Public Health and Migration, introduced the guiding principles for the development of this newly envisioned regional strategy and action plan on refugee and migrant health.

5. The strategy and action plan would build on the outcome document of the High-level Meeting held in Rome, Stepping up action on refugee and migrant health, and on the experiences of the WHO Public Health Aspects of Migration in Europe (PHAME) project, established in 2012 and financed by the Ministry of Health of Italy. The objective of the strategy and action plan would be to address the short-, medium- and long-term health needs of migrants and refugees in the European Region. Particular attention would be paid to a thorough consideration of the issues and requirements related to communicable and noncommunicable diseases in the context of health system capacity and preparedness, the collection and sharing of health data and information, and the cultural, economic and environmental determinants of health specific to the migration context.

6. The Twenty-third SCRC stressed the need for strengthening evidence and data availability on migration and health and the importance of addressing the differing health needs pertaining to refugee and migrant populations, such as trauma care, mental health, and communicable and noncommunicable diseases. Additionally, the development of minimum standards for the individual health assessment of refugees and migrants was emphasized as a key area for action.

7. The SCRC also raised the issues involved in addressing societal attitudes towards migrants and refugees, which were often manipulated by the media or by political agendas. Therefore, the envisioned strategy and action plan was considered to be a means of providing a grounded, objective evidence base that could not be readily manipulated.

8. Other key areas identified for the strategy and action plan included training in non-discriminatory methods for health staff addressing the health needs of migrants and refugees; effective communication strategies; and intersectoral coordination mechanisms that would enable the participation of ministries of health who would ensure that health considerations were taken fully into account when formulating national plans and policies on migration.

***First teleconference of the Subgroup on Migration and Health
10 February 2016***

9. Provided with a first draft of the Strategy and action plan for refugee and migrant health in the WHO European Region, members of the Subgroup emphasized the need to explicitly mention solidarity with both migrant populations and with the European countries on the frontline of receiving them as a basic underlying principle. The Subgroup stressed the need to recognize refugees and migrants as a heterogeneous group with a variety of health needs.

10. The Subgroup recognized the need for a clear division between the strategy and the action plan in the structure of the document. With regard to information sharing, it was emphasized that Member States would be expected to communicate experiences and practices, both effective and ineffective, to inform the decisions and improve the actions of other policy- and decision-makers across the European Region.

***First meeting of the Subgroup on Migration and Health
Copenhagen, Denmark, March 2016***

11. At its first meeting, Subgroup members discussed an advanced draft of the strategy and action plan. While several members shared their appreciation for the level of quality of the draft, additional comments were made for improving it, such as the need to better differentiate between short- and long-term actions and to emphasize actions to address the health needs of vulnerable groups. Consistency in the definitions of “refugee” and “migrant” was deemed important and it was suggested to consult with the European Commission on this issue to ensure a uniform approach.

***Third session of the Twenty-third SCRC
Copenhagen, Denmark, March 2016***

12. Dr Ranieri Guerra (Italy), chair of the Subgroup on Migration and Health, provided an overview of the Subgroup’s contribution for the preparation the draft Strategy and action plan on refugee and migrant health in the WHO European Region. He noted that the draft document had a strong focus on human rights, gender responsiveness, Health in All Policies approach, solidarity, universal health coverage and people-centred health systems.

13. The Twenty-third SCRC reiterated the importance of close coordination between global and regional levels of WHO on this specific topic, viewing migration as a global phenomenon. It was requested that the document be aligned with the draft European action plan for human-rights based sexual and reproductive health with special reference to the sexual and reproductive health and rights of migrants.

***Fourth session of the Twenty-third SCRC
Geneva, Switzerland, May 2016***

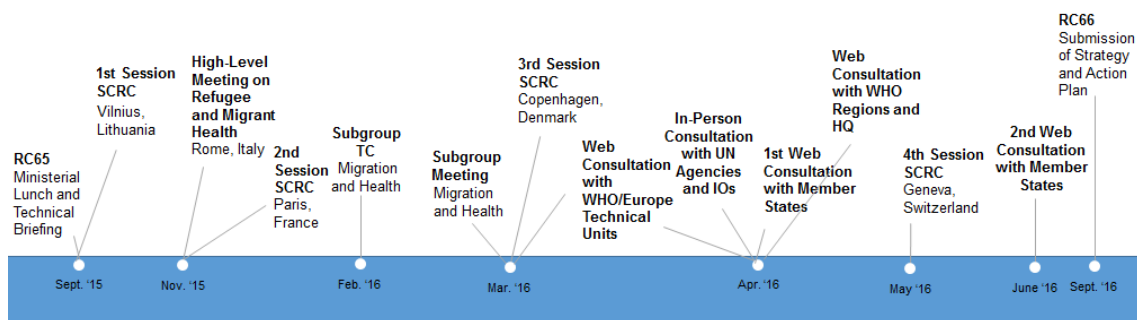
14. Dr Ranieri Guerra provided an overview of the work of the Subgroup since November 2015, and informed the SCRC that the draft Strategy and action plan for

refugee and migrant health in the WHO European Region was at a late stage of development. He reiterated that the document was in line with Health 2020 – the European health policy framework and with the 2030 Agenda on Sustainable Development and the 17 Sustainable Development Goals. There was a strong focus on the need for continuity of care throughout all stages of migration. The huge diversity of institutions and partners in the area of migration and health was acknowledged, at both international and national levels, as well as its broad multisectoral scope. The efforts of the Regional Office to coordinate with WHO headquarters and other WHO regions, as well as other stakeholders, was greatly appreciated. Finally, Subgroup members emphasized the need to harmonize procedures for data compilation and analysis that would ensure respect for privacy and confidentiality.

Meeting and consultations within WHO and with Member States, United Nations agencies and other international organizations

15. As requested by the Twenty-third SCRC and the Subgroup on Migration and Health, coordination with partners was prioritized. In addition to numerous meetings and consultations organized with Member States, a series of online and in-person consultations were held with different technical units of the Regional Office and with other WHO regions and headquarters, as well as with United Nations agencies and other international organizations, as shown in Fig. 1.

Fig. 1. Consultation process for the development of the draft Strategy and action plan for refugee and migrant health in the WHO European Region.



Overview of the structure of the Strategy and action plan for refugee and migrant health in the WHO European Region

16. As per the guidance of the Twenty-third SCRC and the Subgroup on Migration and Health, the draft Strategy and action plan for refugee and migrant health in the WHO European Region was divided into two main parts: a strategy and an action plan.

17. The Strategy includes the following sections:

- Introduction;
- Status of migration and health in Europe;
- Need and opportunity to act now;
- Scope;
- Guiding principles.

18. The Action plan is divided into nine strategic priority areas for implementation. Each priority area includes background information, an objective, and identified actions to be taken by Member States and by the Regional Office for Europe. The nine strategic priority areas are:

- establishing a framework for collaborative action;
- advocating for the right to health of refugees, asylum seekers and migrants;
- addressing the social determinants of health;
- achieving public health preparedness and ensuring an effective response;
- strengthening health systems and their resilience;
- preventing communicable diseases;
- preventing and reducing the risks posed by noncommunicable diseases;
- ensuring ethical and effective health screening and assessment;
- improving health information and communication.

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