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



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

This document contains the draft Strategy and action plan for refugee and migrant health in the WHO European Region. It focuses on strategic areas and priority actions to address the public health and health system challenges related to migration, in the spirit of the recently adopted 2030 Agenda for Sustainable Development, the European policy framework for health and well-being – Health 2020, and World Health Assembly resolution WHA61.17 on health of migrants.

This draft Strategy and action plan has been developed based on the discussions on migration and health that took place at side events during the 64th and 65th sessions of the WHO Regional Committee for Europe in 2014 and 2015, respectively. It has been guided by the discussions at the High-level Meeting on Refugee and Migrant Health, held in Rome, Italy, in November 2015 as presented in the outcome document,¹ and the discussion on promoting the health of migrants held during the 138th session of the WHO Executive Board and at the Sixty-ninth World Health Assembly. This document will be submitted to the 66th session of the WHO Regional Committee for Europe, along with a draft resolution, for the Regional Committee's consideration.

¹ Stepping up action on refugee and migrant health. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/stepping-up-action-on-refugee-and-migrant-health>).

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Strategy for refugee and migrant health in the WHO European Region

Introduction

1. At the High-level Meeting on Refugee and Migrant Health, held in Rome, Italy, on 23–24 November 2015, Member States of the WHO European Region agreed on the need for a common framework for collaborative action on refugee and migrant health, acting in a spirit of solidarity and mutual assistance, to promote a common response, thereby avoiding uncoordinated single-country solutions. This agreed framework has led to the development of the present Strategy and action plan for refugee and migrant health in the WHO European Region. Member States made this commitment keeping in mind that migration is a global phenomenon, which poses key political, social and economic challenges, and – given the recent influx of refugees, asylum seekers and migrants to Europe – requires a coherent, regional response. Discussions at the High-level Meeting were informed by the broader scope of the 2030 Agenda for Sustainable Development (1), in which countries pledged that “no one should be left behind”, and its Sustainable Development Goals, in particular Goal 3 on health, Goal 5 on gender equality, and Goal 10 on reducing inequalities within and among countries.

2. Several WHO resolutions, adopted at the global and regional levels, and international consultations are relevant to the health of refugees, asylum seekers and migrants. These include: World Health Assembly resolution WHA61.17 on health of migrants (2), adopted in 2008, which was followed up by a Global Consultation on Migrant Health, organized by WHO, the International Organization for Migration (IOM) and the Government of Spain, and its resulting operational framework during the Spanish Presidency of the European Union in 2010 (3); World Health Assembly resolution WHA62.14 on reducing health inequities through action on the social determinants of health (4); and WHO Regional Committee for Europe resolution EUR/RC52/R7 on poverty and health (5), and related follow-up, such as efforts to address health inequity linked to migration and ethnicity (6).¹

Status of migration and health in Europe

3. According to the Office of the United Nations High Commissioner for Refugees (UNHCR), there were approximately 59.5 million people forcibly displaced worldwide by the end of 2014 (7), the highest number ever recorded since the Second World War. Overall, the number of international migrants worldwide reached 244 million in 2015,

¹ Also relevant are the Bratislava Declaration on Health, Human Rights and Migration, signed by the member countries of the Council of Europe in 2007, and the recommendations on mobility, migration and access to health care, adopted by the Council of Europe Committee of Ministers in 2011. The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families provides a broader framework for the universal human right to health without discrimination. Also important is the Dublin Regulation (Regulation No 604/2013; sometimes the Dublin III Regulation; previously the Dublin II Regulation) and the new Communication from the European Commission to the European Parliament, the Council, European Economic and Social Committee, and the Committee of the Regions: Towards a European agenda on Migration.

partly due to the growth in global population, a 41% increase compared to the figures for 2000 (8). It is estimated that 75 million international migrants live in the European Region, amounting to 8.4% of the total European population and one third of all international migrants worldwide (9). Furthermore, over 1 million refugees and migrants entered the European Region in 2015 (10). Throughout 2015, more than 3700 refugees and migrants are known to have died or gone missing at sea (11). The influx of refugees, asylum seekers and migrants into the Region is not an isolated crisis but an ongoing reality that will affect European countries for some time to come, with medium- and longer-term security, economic and health implications.

4. Refugees, asylum seekers and migrants are heterogeneous groups, and no universally accepted definitions of these groups exist. There is also a lack of consistency in the use of the terms “migration” and “migrant”. The working definitions of these terms as applied in this document are contained in Annex 1. While in some contexts the definitions in Annex 1 may have important implications for entitlement of and access to health services, the definitions as applied in this Strategy and action plan do not denote any particular legal status or entitlement. The entitlement of and access to health services for the various groups is determined by national regulations and legislation. In this document, the term “migrant” is used as an overarching category in line with resolution WHA61.17, the terms “refugee” and “asylum seeker” are included and applied in accordance with the 1951 Refugee Convention and as recommended by UNHCR and IOM. When considering global and regional migration trends, it may also be useful to distinguish between two types of migration phenomena: structural long-term migration patterns owing to global inequalities; and large-scale arrivals resulting from war and conflict, and natural disasters.

5. Migration has a number of positive societal effects, including economic, employment and development benefits (12). While this positive perspective remains important, the recent large-scale population movement from countries of the Eastern Mediterranean and African regions to the European Region has given rise to a number of epidemiological and health system challenges, to which public health and health systems must adjust. With regard to demographic composition, while most refugees, asylum seekers and migrants are usually young adults, migrant populations currently arriving in the European Region include many elderly and disabled persons, as well as an increasing number of minors, many of whom are unaccompanied children (11). Women, including pregnant women, comprise half of all refugees, asylum seekers and migrants and are often disproportionately represented in vulnerable groups, such as victims of gender-based violence, human trafficking and sexual exploitation (13).

6. Statistics, where available, generally indicate that refugees, asylum seekers and migrants may be at risk for worse health outcomes including, in some cases, increased rates of infant mortality (14). Their susceptibility to illness is largely similar to that of the rest of the population, although there are substantial variations between groups, countries of origin and health status. Many refugees, asylum seekers and migrants will have experienced burdensome travels and temporary stays in transit centres, during which they may have been exposed to hazards and stress, including heat, cold, wet weather, poor sanitation and lack of access to healthy food and/or a safe water supply.

7. Gender differences in health status are also manifest: women are more exposed to sexual violence, abuse and trafficking. In addition, women experience risks related to pregnancy and childbirth, particularly when these are unassisted. Migrants account for a high percentage of the working age population in low paid jobs and are more likely to be employed on insecure, temporary and illegal contracts. These can contribute to social exclusion, depression and early onset cardiovascular disease (15). Risk factors that affect men in particular include exposure to accidents, physical stress and other work-related health hazards (6). Evidence also suggests higher mental distress among refugee and migrant populations, with increased risk for women, older people, and those who have experienced trauma, and further risk caused by lack of social support and increased stress after migration (16).

Need and opportunity to act now

8. The influx of refugees and migrants, together with the political context and the public debate about it, change rapidly; so, too, should the response of the health sector. Nevertheless, the overall, long-term goal of the Strategy and action plan for refugee and migrant health in the WHO European Region is to protect and improve the health of refugee and migrant populations, within a framework of humanity and solidarity and without prejudice to the effectiveness of health care provided to the host population. This document considers the public health concerns associated with large-scale arrivals, which could potentially constitute a crisis for host and recipient countries in the event of a lack of preparedness or due to limited resources, and calls for urgent action and a concerted and coordinated response based on solidarity among Member States. It seeks to ensure the implementation of a coherent and consolidated national and international response to the health needs of refugee and migrant populations in countries of transit and destination in order to address the short-term challenges and the longer-term public health aspects of refugee and migrant health.

9. Although in the context of their specific circumstances and legal frameworks, most Member States of the European Region have the capability to respond to the public health challenges associated with migration, they may still require better preparedness, greater capacity for rapid humanitarian response and increased technical assistance. The migration crisis in Europe in 2015 demonstrated that the capacity of individual countries has been pushed to the limit and that the development of resilience to sustained migration is needed. The current situation is an opportunity not only to deal with short-term needs but also to strengthen public health and health systems in the longer term. It is important that Member States follow up on actions taken and share experiences and lessons learned concerning both effective and less effective actions.

10. At the outset, an influx may cause unexpected pressure on health systems, particularly at the local level where it is first managed. Some actions are urgent and should be taken immediately when large numbers of refugees, asylum seekers and migrants enter a country. For example, in the initial phase of arrival, such actions should include logistical solutions and administrative arrangements and the development and assurance of multisectoral cooperation for the provision of immediate humanitarian assistance, medical examination and urgent treatment. Later on, systems will need to cope with, and respond to, the needs of people who are settling in host countries, while preserving fiscal sustainability and addressing the general need for improving the

quality, availability, accessibility, affordability and cost–effectiveness of essential health care for the entire population, provided without discrimination, with dignity and respect, and in accordance with national regulations. Inequality and economic analysis will be an important part of the policy debate.

11. Many of the health, social and economic challenges associated with migration are the product of global inequity; action that focuses solely on host countries will be less effective than integrated global, interregional and cross-border public health interventions and programmes. Emphasis should be placed on the approaches required to meet the different needs of refugees, asylum seekers and migrants, addressing the immediate and long-term health requirements, as well as public health aspects and social determinants of health.

12. This Strategy and action plan for refugee and migrant health in the WHO European Region will be submitted to the 66th session of the WHO Regional Committee for Europe, along with a draft resolution, for the Regional Committee’s consideration, in September 2016.

13. Furthermore, subject to the Regional Committee’s decision and reflecting the accountability of Member States for timeframes and processes, it is proposed that the WHO Regional Office for Europe would regularly monitor the implementation of the Strategy and action plan, using the indicators set out in Annex 2, and would report on the progress of such implementation to the Regional Committee at its 68th, 70th and 72nd sessions in 2018, 2020 and 2022, respectively.

Scope

14. Within the framework of resolution WHA61.17, the Strategy and action plan targets the large-scale international movement of refugees, asylum seekers² and migrants,³ with the objective of preventing disease and premature death. It is therefore designed to respond to the health needs associated with the migration process, namely, the need to ensure the availability, accessibility, acceptability, affordability and quality of essential services in transit and host environments, including health and social services, together with basic services such as water and sanitation, as well as addressing vulnerability to health risks, exposure to potential hazards and stress, and increased susceptibility to poverty and social exclusion, abuse and violence, and stigmatization and discrimination. This document acknowledges that the entitlement of and access to health services by refugees, asylum seekers and migrants varies across countries and is determined by national law. The Strategy and action plan will be implemented taking account of the specific country situation and in accordance with national legislation, priorities and circumstances.

² By definition, the term “asylum seeker” refers to “an individual who is seeking international protection and sanctuary in a country other than the one of his/her usual settlement”. For the purpose of this document, the term “asylum seeker” refers exclusively to those individuals that are present in the country in which the claim has been submitted.

³ This, by definition, excludes population movements within countries.

Guiding principles

15. The response to the health challenges associated with migration will be informed by the WHO European health policy framework, Health 2020, which was endorsed at the 62nd session of the Regional Committee for Europe in resolution EUR/RC62/R4 (17) in September 2012, as well as the recently adopted 2030 Agenda for Sustainable Development. Health 2020 is based on the values enshrined in the Constitution of WHO, namely, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”. By endorsing Health 2020, Member States in the European Region acknowledged the right to health and have committed themselves to universality, solidarity and equal access as the guiding values for organizing and financing their health systems. This framework aims for the highest attainable level of health irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status or ability to pay. It also includes principles such as fairness and sustainability, quality, transparency and accountability, the right to safe shelter and the right to participate in decision-making and dignity.

16. Adopting a human rights-based approach means that the rights of refugees, asylum seekers and migrants and the right to health are integral to all priorities and actions. The framework for the right to health is based on article 12 of the International Covenant on Economic, Social and Cultural Rights (18), which recognizes the right of everyone to the enjoyment of the highest attainable standard of mental and physical health. This means that every country involved in the migration process must meet its obligation to respect, protect and fulfil the right to health of all persons within its jurisdiction, including refugees, asylum seekers and migrants. While these population groups also have responsibilities, such as complying with the laws of the country in which they reside, they are primarily rights holders under international human rights law.

17. Refugees, asylum seekers and migrants experience vulnerability to social adversity and ill health. They frequently face gender-specific inequalities as well as gender-based violence in countries of origin and destination, which can exacerbate vulnerability before, during and after the migration process. Countries can build on existing actions in the context of the Sustainable Development Goals and the Beijing Declaration and Platform for Action (19) to address these issues.

18. Evidence shows that there are inequities for refugees, asylum seekers and migrants, with respect to their state of health and the accessibility and quality of health services available to them. By being equity-driven, the Strategy and action plan recognizes that economic, social and environmental determinants influence the health of these population groups. Addressing the social determinants of health that generate inequalities is essential to meet the immediate health requirements of large influxes on arrival, as well as to ensure the longer-term provision of health care and public health strategies for those who remain in host countries and will also protect, without discrimination, the public health of the host population.

19. Health 2020 focuses on the health dimensions of a wide range of government and social policies and evidence-based interventions, which have an impact on health in the early 21st century, and the necessary multisectoral whole-of-government, whole-of-society and health-in-all-policies approaches that lie at the core of modern public health

policy development. Enhancing the role of the health sector in responding to the potentially different needs of refugees, asylum seekers and migrants, while promoting coherence among the policies of various other sectors that may affect their access to health services, is of paramount importance.

20. Solidarity and humanity are the key principles underpinning this Strategy and action plan. The death of refugees and migrants while en route is unacceptable and must be prevented. A coherent and consolidated national and international response to protecting lives and providing for the health needs of refugee and migrant populations in the countries of transit and destination requires solidarity among Member States and with the countries of origin of migrants, as well as with other relevant stakeholders. From a public health perspective, addressing the health of refugees, asylum seekers and migrants should not be separated from mainstream population health policies and interventions. The provision of universal health coverage and adequate care are central tenets of the response to the health needs of refugees, asylum seekers and migrants arriving in the European Region. Achieving universal health coverage is vital not only for overall population health but also as an acknowledgement of the fundamental human right to health for all.

21. Access to responsive, people-centred health systems is essential to ensure available health care for all refugees, asylum seekers and migrants throughout the migration journey. This implies overcoming formal and informal barriers to health care, such as language, administrative hurdles, lack of information about health entitlements, and meeting the needs of all people, without discrimination, including on cultural or religious grounds. In some countries, this may require modifying certain regulations that determine the access to services in order to move towards universal health coverage. Where possible, cooperation on the organization of migrant health care should be established with the countries of origin and transit.

22. To achieve these goals, the key role for WHO, globally and regionally, is to coordinate the health sector's response, working together and collaboratively with the other stakeholders involved.

Action plan for refugee and migrant health in the WHO European Region

Strategic priority areas and action plan for implementation

Strategic area 1: establishing a framework for collaborative action

Background

23. A coordinated and collaborative response is required to foster platforms of common action in origin, transit and destination countries. In particular, this must involve other United Nations agencies and bodies, the European Union and Eurasian Economic Union and international institutions and organizations, as well as a “One WHO” approach with the European Region working closely with the WHO Eastern Mediterranean and African regions. National and international collaboration with international partners should also be strengthened. Coordination between national and local levels is particularly important. Civil society and emigrant communities should be consulted and closely involved.

Objective

24. The objective is to strengthen collaboration with and among United Nations agencies and bodies, the European Union and Eurasian Economic Union, IOM and other national and international institutions and organizations with roles and mandates for migration and health issues, including nongovernmental organizations. Collaboration should also be established with the private sector, professional networks and academia. Strengthening global human resources for health is a vital issue. There is a key role for WHO as coordinator and technical organizer of the health sector’s response at the global and regional levels.

Actions by Member States

25. In order to meet this objective, Member States would:
- (a) provide technical support, information and necessary resources;
 - (b) coordinate all stakeholders in the health sector and, when necessary, enhance the capacity of key multisectoral actors;
 - (c) strengthen the Ministry of Health stewardship role to support a coordinated and multisectoral response and integrate health in all policies, according to national circumstances;
 - (d) establish accountability and monitoring mechanisms to assess compliance; and
 - (e) ensure compliance with international human rights standards and policies to promote and protect the right of refugees, asylum seekers and migrants to health care and health information, including through intercountry agreements.

Actions by the Regional Office

26. The Regional Office will take action:
- (a) to establish a multistakeholder working group to support countries in their implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region using a coordinated multiagency approach and to develop a resource mobilization plan;
 - (b) to establish interregional and intercountry collaboration to set up a chain of communication and to exchange information;
 - (c) to help Member States share experiences and good practices, as well as interventions that were less successful;
 - (d) to assist Member States through local, regional and international migration dialogues and processes;
 - (e) to address refugee and migrant health matters through consultative processes on migration, economics and development at the regional level, and support action at the global level;
 - (f) to promote the inclusion of refugee and migrant health issues in existing regional and global funding mechanisms;
 - (g) to provide products such as evidence and research reports (for example, through the Health Evidence Network), country assessments, and networking platforms; and
 - (h) to develop modular training on health equity and human rights-based approaches for health and non-health workers.

Strategic area 2: advocating for the right to health of refugees, asylum seekers and migrants

Background

27. Strong, positive political and societal will and commitment are required to promote migrant-sensitive health policies and programme interventions that can provide equitable, affordable and acceptable access to essential health promotion, disease prevention and good quality care for refugees and migrants. Such policies should be aligned with international and national laws and practices, and applied with dignity and without discrimination, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status or ability to pay, and should go hand in hand with advocacy to recognize human rights and reduce discrimination and stigmatization.

28. This also entails government interventions, as appropriate, to ensure enforcement of supportive legislation that promotes transparency and accountability.

Objective

29. The objective is to provide the public with accurate and truthful information on refugee and migrant health issues, to reduce discrimination and stigmatization, and to eliminate barriers to health care and offer the requisite conditions for refugees, asylum

seekers and migrants to enjoy a healthy life, that is, by informing refugees and migrants of their rights and the available pathways for addressing their health needs, as well as informing health and non-health workers.

Actions by Member States

30. In order to meet this objective, Member States would:
- (a) adopt and implement, when necessary, relevant international standards on the protection of refugees, asylum seekers and migrants, and the human right to health, both in national law and in practice, and in line with international law and commitments;
 - (b) apply a human rights-based approach to national evidence-based health policies, strategies and plans to promote and protect the right to health, health equity and social justice;
 - (c) address exclusionary processes, stigmatization and discrimination affecting refugees, asylum seekers and migrants, and support structural and legislative reforms, when necessary, to promote and protect the rights of patients and providers;
 - (d) promote coherence among the policies of the various sectors, other than health, that may affect the ability of refugees and migrants to access health services, for example, by involving ministries of finance, interior and foreign affairs;
 - (e) conduct advocacy and public education efforts, particularly within the health sector, to counter xenophobia and build support and promote wide participation among the public, government and other stakeholders, and reduce stigmatization and discrimination; and
 - (f) ensure the necessary capacity of providers to identify and tackle all types of barriers to health services, as well as gender-based violence.

Actions by the Regional Office

31. The Regional Office will take action:
- (a) to provide technical support to review and amend health policies and plans applying human rights-based approaches;
 - (b) to monitor the implementation of relevant national policies, regulations and legislation responding to the health needs of refugees, asylum seekers and migrants;
 - (c) to develop guidance, evidence, models, standards and good practices to assist countries, in the context of Health 2020 and based on best practices; and
 - (d) to support national and intercountry reporting and monitoring mechanisms in accordance with agreed upon policies and standards.

Strategic area 3: addressing the social determinants of health

Background

32. In line with mainstream national population health strategies, the systematic analysis of and action on social and economic factors are important to improve the performance of long-term policies, strategies and interventions for health. While the case of migrants is no different, explicit consideration should be given to the main social, economic and environmental determinants of the different health risks and outcomes experienced by refugees, asylum seekers and migrants.

33. Addressing the determinants of refugee and migrant health requires joint and integrated action and coherent public policy responses involving the health, social, welfare and finance sectors, together with the education, interior and development sectors, as indicated in Health 2020.

34. Managing and addressing the complexity of migration is not only an issue for the health sector but for the whole of government, across public policies, and local, national and regional development agendas. The health sector has a key role in ensuring that the health aspects of migration are considered in the context of broader government policy and in engaging and partnering with other sectors to find joint solutions that benefit the health of refugees, asylum seekers and migrants.

Objective

35. The objective is to establish an effective policy dialogue on the health of refugees, asylum seekers and migrants across all relevant government and non-State actors, leading to effective whole-of-government and whole-of-society approaches, based on shared values, evidence and multisector policy dialogue.

Actions by Member States

36. In order to meet this objective, Member States would:

- (a) assess how health opportunities and risks faced by refugees, asylum seekers and migrants in the country context vary according to the social, economic and environmental determinants, including access to and security and density of housing, education, income and employment, and include and address within this assessment gender-specific, national, religious, financial and political challenges affecting refugees, asylum seekers and migrants;
- (b) identify the relevant sectors and stakeholders that have policy responsibility for the main social determinants of refugee and migrant health and specific areas for dialogue and joint action; and
- (c) identify and support mechanisms for extending social protection for health and ensure, where necessary and possible, increasing social security coverage for refugees and migrants.

Action by the Regional Office

37. The Regional Office will take action to:
- (a) provide guidance, assessment tools and standards, in the context of Health 2020, to assist countries in analysing and developing policy responses on the social determinants of health, based on best practices.

Strategic area 4: achieving public health preparedness and ensuring an effective response

Background

38. Public health preparedness is not optimal in many countries, with improvements needed in multisectoral approaches and health systems capacity to address the health needs of large influxes of refugees, asylum seekers and migrants, including in preparedness, surveillance and response, and public health participation in health systems planning and development. Another important role of the health sector is to liaise with other sectors to ensure the provision of basic services, such as water and sanitation services.

Objective

39. The objective is to include the health needs of refugees, asylum seekers and migrants in the planning and development of public health capacities and services and in the elaboration and implementation of national health policies, strategies and plans based on Health 2020.

Actions by Member States

40. In order to meet this objective, Member States would:
- (a) generate evidence and address the health needs of refugees, asylum seekers and migrants, and of host populations, providing surveillance and health protection and community information and recognizing the need for integrated interventions based on the different needs of migrants as a whole, and among migrant populations, according to age, gender, culture, education, demographic factors and nature of trauma; and
 - (b) identify the health needs of refugees, asylum seekers and migrants, particularly immediate needs during episodes of mass international migration.

Actions by the Regional Office

41. The Regional Office will take action:
- (a) to implement WHO leadership in the context of the 2030 Agenda for Sustainable Development in the European Region, so as to help Member States strengthen country capacity for early warning, risk reduction and management of national and global health risks; and

- (b) to support public health strengthening in countries, through implementation of the European Action Plan for Strengthening Public Health Capacities and Services (20).

Strategic area 5: strengthening health systems and their resilience

Background

42. Member States should have in place core health system capacities to be able to address the immediate health challenges associated with migration, and those for the medium to long term. They should also promote and coordinate intercountry cooperation and international community support to mitigate mortality and morbidity. At times of rapid large-scale international migration this may require the establishment of additional health system capacities, and non-State actors may have an important immediate role. However, as a fundamental principle, and to the extent possible, the health needs of refugees and migrants should be fully integrated into existing national health structures in accordance with national legislation and policies.

43. Health systems should aim to offer culturally sensitive health care, overcoming barriers such as language, access to interpreters, administrative hurdles, and lack of support for patient fees or for information about health entitlements. Systems should ensure support to refugees and migrants in navigating through the system, and should respond to the needs of all persons, without discrimination, and with dignity and respect. Harmful and discriminatory practices should be systematically eliminated. The health system should be recognized as a tool for identifying other issues and needs, such as abuse and violence.

44. Achieving these objectives may require modifying certain government regulations and legislation that limit access to essential health care services that are acceptable, affordable and of good quality, as well as strengthening reporting and accountability structures and mechanisms. In line with equity-oriented health systems and public health approaches, efforts should be directed to all population groups. Financing mechanisms and tools should be considered in policy and planning, and should include an analysis of the direct and indirect costs of not providing health care services to migrants.

45. Health assessment is a tool to identify vulnerable groups, and emphasis should be placed on improving the health of the most vulnerable, including children, pregnant women, adolescents, the elderly, people with disabilities and victims of torture. The health needs of unaccompanied children require special attention. Issues relating to sexual and reproductive health, family planning, gender-based violence and rape management, forced marriage and adolescent pregnancy, and mental health and care should be prioritized. Education on and legal aspects of vulnerable groups should be addressed by health and non-health professionals.

46. There is a need for the prevention and management of physical and psychological trauma and injury among refugees originating from countries affected by conflict and violence, as they are often exposed to the elements during their journeys. Some migrant women may wish to be cared for by female doctors, which could invoke issues of cultural sensitivity and gender-based equity.

47. Training on health equity and human rights-based approaches is a key element for health professionals and relevant non-health actors. Patient-sensitive health systems may benefit from fostering active and effective community participation and empowerment of refugees and migrants. The promotion of health literacy is a vital part of responding to migrants' health needs. Health systems should be sensitive to migrants' own languages, although in the longer term it is important that migrants learn the language of the country in which they are living. If permitted by national labour legislation, integrating migrants as health workers may be possible.

Objective

48. The objective is to reach agreement on the core health system capacities required to respond to the immediate and longer-term health needs of refugees and migrants, with special attention to those in vulnerable situations. Refugees and migrants would be provided with all necessary health support at the initial stages in the migration process; they would be assisted in overcoming the difficulties of arriving in a new environment and health service; and, subsequently, they would be offered all essential, necessary and appropriate health services, within the available resources.

Actions by Member States

49. In order to meet this objective, Member States would:

- (a) establish government focal points for refugee and migrant health issues with the authority and capacity to support the implementation of a coordinated and multisectoral national health policy to integrate migrant health in public health policies and plans and to cooperate with neighbouring countries (subregional platforms and/or bodies), in accordance with national legislation, priorities and circumstances;
- (b) formulate, when necessary, legislation to support policy reform and integration of refugees and migrants in national health systems;
- (c) generate evidence to guide migrant health policies and plans;
- (d) conduct assessments to analyse health system capacities and response, developing and delivering policies to meet the needs of refugees, asylum seekers and migrants;
- (e) provide the necessary guidance, training and support tools to enable health systems and public health staff, services and planners to understand and implement appropriate migrant-sensitive interventions;
- (f) when necessary, strengthen health systems, including provision of necessary resources, so as to provide adequate capacities to respond to the health needs of refugees and migrants, enhancing the continuity and quality of care received by population groups in all settings, with a particular emphasis on pregnant women, children and the elderly;
- (g) ensure that necessary health and social services are delivered, within available resources, to refugees and migrants in a gender-sensitive, culturally and linguistically appropriate way without stigma, through advocacy and the provision of cultural mediators and by enforcing, when necessary, laws and regulations that prohibit discrimination;

- (h) include, if feasible, qualified migrant health workers in the design, implementation and evaluation of migrant-sensitive health services and educational programmes; and
- (i) include migration health in the graduate, postgraduate and continuous professional training of all health personnel, including support and managerial staff, with a particular emphasis on cultural mediation.

Actions by the Regional Office

50. The Regional Office will take action:

- (a) to assist all countries, particularly those in difficult economic situations, in responding to the health needs of arrivals, immediately and subsequently, and of the host population;
- (b) to strengthen national capacities to monitor health system inequities and to generate evidence on vulnerability profiles and needs;
- (c) to identify and map good, relevant, affordable and cost-effective policy models and practices that facilitate equitable access to health and health systems for all, without discrimination;
- (d) to seek agreement with Member States on adequate health system capacities to respond to the health needs of refugees, asylum seekers and migrants;
- (e) to develop country support tools for health services delivery, organizational management and governance that address cultural and linguistic competence, epidemiological factors, and legal, administrative and financial impediments to access to essential health services, applying human rights-based approaches;
- (f) to support countries in conducting preparatory and ongoing assessments, and implementing reporting systems that monitor health system performance and whether it meets the needs of refugees, asylum seekers and migrants;
- (g) to establish a clearing house of good practices in developing and delivering health services that respond to the needs of refugees, asylum seekers and migrants;
- (h) to ensure that the equity dimension of health system performance monitoring takes into account the health needs of refugees, asylum seekers and migrants and their access to essential health services; and
- (i) to define guiding principles for certified European cultural mediation curricula, in cooperation with other WHO regions.

Strategic area 6: preventing communicable diseases

Background

51. The movements of refugees, asylum seekers and migrants constitute a challenge to communicable disease surveillance and control, equivalent to that presented by the general population, and should be dealt with using the national and international framework and principles established by the *International Health Regulations (2005)* (21,22). This is an area of particular concern for transit and recipient countries.

52. Migrant populations may originate from countries with a high prevalence of certain communicable diseases. They may have become more vulnerable due to their migration journey. In addition, reception centres and overcrowded environments can become susceptible to the challenge of communicable diseases, particularly when large numbers of people share common shelter and hygiene standards are inadequate. Concerns need to be addressed on a risk-specific basis by means of well-functioning public health services, including surveillance and health protection, necessary and proportionate interventions, especially to limit immunization gaps, and sound public and community information.

Objective

53. The objective is to ensure the necessary capacities to address communicable diseases and all other health challenges as well as effective health protection in transit and destination countries.

Actions by Member States

54. In order to meet this objective, Member States would:

- (a) focus on international and national coordination relating to the communicable disease aspects of human mobility;
- (b) provide, within available resources, public health capacities and commitment to ensure surveillance and health protection, necessary and proportionate interventions, and community health information;
- (c) enhance, when necessary, epidemiological surveillance capacities to include migrant-sensitive data;
- (d) ensure, within available resources, appropriate immunization programmes for refugees, asylum seekers and migrants and close immunization gaps in recipient communities;
- (e) include refugees, asylum seekers and migrants in any outbreak control measures taken;
- (f) ensure core capacities for national and international implementation of the *International Health Regulations (2005)*;
- (g) provide the enabling guidance, training and tools to support health systems and public health staff, services and planners in order to understand and implement appropriate migrant-sensitive communicable disease interventions, including prevention and management; and
- (h) promote the portability of health data in accordance with national law.

Actions by the Regional Office

55. The Regional Office will take action:

- (a) to fully support countries in the management of communicable disease, assisting Member States to take all necessary public health measures for the examination, reporting, diagnosis and treatment of refugees, asylum seekers and migrants with communicable diseases;

- (b) to promote prevention, preparedness, response and surveillance; and
- (c) to facilitate timely and transparent information sharing.

Strategic area 7: preventing and reducing the risks posed by noncommunicable diseases

Background

56. Evidence shows that risk exposure associated with migration increases exposure to immediate hazards such as cold and heat while in transit, as well as vulnerability to psychosocial disorders, reproductive health problems, neonatal mortality, drug abuse, nutrition disorders, harmful alcohol use and exposure to violence. Limited access to health promotion, disease prevention and care during the transit and early insertion phases of migration increases the burden of untreated and complicated noncommunicable conditions.

Objective

57. The objective is to ensure that the needs of refugees and migrants form part of the national strategy for the prevention and control of noncommunicable diseases. This is an essential component of the national health policy.

Actions by Member States

58. In order to meet this objective, Member States would:
- (a) ensure that the needs of refugees and migrants are met through the national strategy for the prevention and control of noncommunicable diseases, with their full involvement;
 - (b) ensure epidemiological surveillance capacities to include migrant-sensitive data;
 - (c) promote health literacy; and
 - (d) provide, within available resources, early access to essential primary care, essential dental health, preventive health and health promotion services, and diagnosis and treatment services, to allow for the prevention, detection, treatment and monitoring of noncommunicable diseases.

Actions by the Regional Office

59. The Regional Office will take action:
- (a) to develop guidance, models and standards to assist countries in the prevention and management of noncommunicable diseases, in the context of Health 2020, based on the European Strategy for the Prevention and Control of Noncommunicable Diseases (23) and best practices;
 - (b) to develop evidence on the long-term implications of migration in the country of destination, with regard to noncommunicable diseases and the social determinants of health; and

- (c) to provide the guidance, training and support tools to enable health systems and public health staff, services and planners to understand and implement appropriate migrant-sensitive noncommunicable disease interventions.

Strategic area 8: ensuring ethical and effective health screening and assessment

Background

60. In general, refugees, asylum seekers and migrants do not pose an additional health security threat to host communities (24). Initial screening – not limited to infectious diseases – can be an effective public health instrument, but should be non-discriminatory and non-stigmatizing and carried out to the benefit of the individual and the public; it should also be linked to accessing treatment, care and support. It is unlikely to be necessary if health systems are strong and capable.

61. All screening should respond to appropriate risk assessments and its effectiveness should be evaluated. It should ultimately serve the real needs of the refugees, asylum seekers and migrants. It should be provided on a voluntary basis, and with ethical attention to confidentiality. Access to screening programmes that are in place for the host population (for example, screening during pregnancy, for neonatal diseases and for school entry) should, however, be explicitly promoted for migrant populations. Confidentiality and medical ethics should be enforced and pre- and post-screening counselling should be provided.

Objective

62. The objective is to ensure that screening and mandatory examinations are risk-specific and evidence-based and serve the real interests of refugees, asylum seekers and migrants and the host population. All such examinations should be followed up by necessary health care.

Actions by Member States

63. In order to meet this objective, Member States would:
- (a) implement screening and mandatory examinations cautiously, based on risk-specific evidence and best available advice;
 - (b) ensure access to the voluntary screening policies that are in place for the host population; and
 - (c) when necessary, provide guidance, training and support tools to enable health systems and public health staff, services and planners to understand and implement appropriate migrant-sensitive screening.

Action by the Regional Office

64. The Regional Office will take action:
- (a) to develop further guidance on screening and risk-specific mandatory examinations and on reporting, without breaching confidentiality, in coordination

with key health stakeholders, such as the European Commission and the European Centre for Disease Prevention and Control.

Strategic area 9: improving health information and communication

Background

65. Priorities include improving the collection of and access to information on the health status of refugees, asylum seekers and migrants, their modifiable risk behaviours and access to health care. The provision of quality data should cover all groups and identify specific health needs and actions to address such needs, with identified costs where possible. Disaggregation and comparability of data is required. Cooperation should be established, if possible, with the countries of origin of migrants for the collection of health-related data.

66. Data, handled by those public health organizations customarily tasked with collecting surveillance and personally identifying data, should be stored securely and in accordance with data protection principles and should only be shared with third parties when there is an important health care reason to do so and with prior consent of the individual concerned.

67. Communication efforts should offer health promotion and health communication to migrants, to provide them with key messages and advice on health-seeking behaviours. These efforts should also provide information to refugees, asylum seekers and migrants on the health system in the host country and the avenues by which they can seek advice and support. Such communication should dissipate fears and false perceptions among refugees, asylum seekers and migrants, in an appropriate language, taking into account sociocultural and religious determinants; and should be adapted for the host population as well.

Objective

68. The objective is to ensure the adequacy, standardization and comparability of records on the health of refugees, asylum seekers and migrants, which should be made available to these population groups to facilitate access to health information and essential care.

Actions by Member States

69. In order to meet this objective, Member States would:
- (a) strengthen health information systems for improved data collection on refugee and migrant health;
 - (b) explain to refugees, asylum seekers and migrants why non-discriminatory health-related data is being collected and how this can benefit them;
 - (c) promote the inclusion of migrant variables in existing data collection systems;
 - (d) use innovative approaches, including surveys and qualitative methods, to collect data on refugees, asylum seekers and migrants;

- (e) collect and exchange available information about the results of health status evaluation of refugees, asylum seekers and migrants;
- (f) raise awareness about data collection methods and uses, as well as data sharing related to refugees, asylum seekers and migrants among governments, civil society and international organizations;
- (g) produce country-by-country progress reports on the health status of refugees, asylum seekers and migrants; and
- (h) uphold their responsibility to ensure confidentiality and adherence to ethics, and to prevent data from being used to limit access to essential services.

Actions by the Regional Office

70. The Regional Office will take action:
- (a) to assist countries in strengthening health information systems for improved data collection on refugee and migrant health;
 - (b) to establish, within available resources, a clearing house, in cooperation with existing initiatives, to identify and map good practices in refugee and migrant health monitoring, developing necessary monitoring and evaluation frameworks and indicators;
 - (c) to share information about health risks in countries of origin, transit and destination;
 - (d) to improve the monitoring of health-seeking behaviours, access to and utilization of health services, and the health status of and outcomes for refugees and migrants;
 - (e) to strengthen the research and evidence base to inform policy and progress on refugee and migrant health; and
 - (f) to work closely with UNHCR, other United Nations agencies, IOM and interested entities, taking forward initiatives in health system information and communication, such as the production of joint technical public health guidance.

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Annex 1. Definitions

Asylum seeker: An asylum-seeker is an individual who is seeking international protection and sanctuary in a country other than the one of his/her usual settlement. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker.¹

Migrant: At the international level, there is no universally accepted definition of the term “migrant”. Migrants may remain in the home country or host country (“settlers”), move on to another country (“transit migrants”), or move back and forth between countries (“circular migrants” such as seasonal workers).²

Migration: The movement of a person or a group of persons from one geographical unit to another for temporary or permanent settlement.³ Temporary travel abroad for purposes of recreation, holiday, business, medical treatment or religious pilgrimage does not entail an act of migration because there is no change in the country of usual residence.⁴

Refugee: A person who, owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, 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.⁵

Unaccompanied minor: A minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her, whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such an adult; it includes a minor who is left unaccompanied after he or she has entered the territory of Member States.⁶

¹ UNHCR master glossary of terms. Rev.1. Geneva: United Nations High Commissioner for Refugees; 2006 (<http://www.refworld.org/docid/42ce7d444.html>).

² How health systems can address health inequities linked to migration and ethnicity. Copenhagen: WHO Regional Office for Europe; 2010 (<http://www.euro.who.int/en/publications/abstracts/how-health-systems-can-address-health-inequities-linked-to-migration-and-ethnicity>).

³ Essentials of migration management for policy makers and practitioners: Geneva: International Organization for Migration; 2004 (http://www.rcmvs.org/documentos/IOM_EMM/resources/glossary.html#m).

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Annex 2. Draft indicators for measuring and reporting progress on the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region

The indicators presented in this annex result from interdivisional work of the WHO Regional Office for Europe, with the involvement of external experts on migration and health.

The purpose of this annex is to provide practical guidance to Member States on the indicators that would be used to measure and monitor the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region.

The Regional Office for Europe would regularly evaluate the implementation of the Strategy and action plan, and would report on the progress of implementation to the Regional Committee for Europe at its 68th, 70th and 72nd sessions in 2018, 2020 and 2022, respectively.

Five core indicators relevant to one or more of the nine strategic areas of the Strategy and action plan have been identified to assess the progress of Member States during the implementation period (see Table A2).

The Regional Office would collect national data on implementation from Member States through an ad hoc questionnaire administered on a biennial basis. National data would be provided by the relevant appointed government focal point.

Table A2. Core indicators relevant to one or more of the nine strategic areas of the Strategy and action plan for refugee and migrant health in the WHO European Region

Core indicators	Rationale and objective	Indicator	Means of verification
<u>Indicator 1</u> : evaluating national health policies, strategies and plans	To identify the health needs of refugees, asylum seekers and migrants, and include these needs in the planning and development of public health capacities and services, and in the elaboration and implementation of national health policies, strategies and plans based on Health 2020.	Inclusion of at least one explicit component ¹ on migration and health in the national health policy, strategy and/or plan.	Biennial WHO data collection questionnaire
<u>Indicator 2</u> : evaluating the assessments of refugees, asylum seekers and migrants' health needs	To promote the understanding of core health system capacities required to respond to the immediate and longer-term health needs of refugees, asylum seekers and migrants, with special attention to those in vulnerable circumstances.	Realization of at least one assessment ² on the coverage of the health needs of refugees, asylum seekers and migrants by the national health system.	Biennial WHO data collection questionnaire
<u>Indicator 3</u> : evaluating contingency planning and preparedness	To enhance the preparedness and capacity of health systems, and improve their response to the public health implications of potential sudden and large arrivals of refugees and migrants.	Development of a regional or national contingency plan ³ for large arrivals of refugees and migrants.	Biennial WHO data collection questionnaire
<u>Indicator 4</u> : evaluating health information and communication to prevent communicable diseases and reduce the risks posed by noncommunicable diseases	To ensure the adequacy, standardization and comparability of records on the health of refugees, asylum seekers and migrants, which should be made available to these population groups to facilitate access to health care, including the necessary capacities to address communicable diseases and all other threats and effective health protection in transit and destination countries; to include these population groups in the strategy for the prevention and control of noncommunicable diseases.	Inclusion of a migration status variable in existing datasets.	Biennial WHO data collection questionnaire
<u>Indicator 5</u> : evaluating social determinants for health	To establish an effective dialogue on the health of refugees, asylum seekers and migrants across all relevant government and non-State actors, leading to effective whole-of-government and whole-of-society approaches, based on shared values, evidence and multisector policy dialogue; to promote active participation of non-health sectors and stakeholders during the national assessments of coverage of the health needs of refugees, asylum seekers and migrants.	Use of intersectoral approaches when conducting national assessments of the health needs of refugees, asylum seekers and migrants.	Biennial WHO data collection questionnaire

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¹ Explicit component on migration and health: written documentation on implementation of a national health policy promoting equal access to health services for refugees, asylum seekers and migrants; an increase in social protection for these population groups; policies that respect the right to health and promote the well-being of all at all ages.

² Evidence of the realization of at least one assessment: written documentation on the collection and analysis of data and information on the health coverage and health needs of refugees, asylum seekers and migrants present in the country, with the objective to inform policies and decisions aimed at improving the health system capacity to respond to such needs in the immediate and longer-term.

³ Evidence of the development of a regional or national contingency plan: written documentation on the development of an operational strategy to respond to the public health implications of sudden and large arrivals of refugees and migrants to a region or Member State. Such a plan should define the roles and responsibilities of the authorities and stakeholders, and establish a homogeneous procedure to improve the organizational aspect of the public health response by increasing the efficiency of logistics and human resources.