

Report on the Third Global Consultation on the Health of Refugees and Migrants

Rabat, Morocco
13–15 June 2023



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Foreword

Intensifying leadership and commitment for the health of refugees and migrants

An estimated 1 billion people – one person in every eight worldwide – are on the move within their country or across borders, including over 110 million forcibly displaced people. These numbers are rising and likely to continue to increase over the coming years and decades. These populations move, migrate or are forcibly displaced for many reasons, including conflicts, persecution, climate-related disasters and the search for new opportunities.

Despite the global commitments to the right to health and universal health coverage made in the United Nations 2030 Agenda for Sustainable Development and the associated Sustainable Development Goals, refugees and migrants often face inadequate access to quality health care and social services.

The 2008 Sixty-first World Health Assembly resolution WHA 61.17 asked Member States to take action on migrant-sensitive health policies and practices. Since then, two global consultations have been held – the first in Madrid, Spain, in 2010 and the second in Colombo, Sri Lanka, in 2017. In 2018 the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration were adopted, both reflecting health-related objectives and commitments. The WHO Global action plan on promoting the health of refugees and migrants, 2019–2023 was agreed at the World Health Assembly in 2019 and recently extended until 2030.

To build on the progress and momentum of recent years and scale up action, this Third Global Consultation on the Health of Refugees and Migrants aimed to promote the inclusion of refugees and migrants in national health systems as part of the global movement for universal health coverage and to work towards building resilient and sustainable health prevention, preparedness and response capacities. This high-level event was attended by government representatives from 50 United Nations Member States and observers, as well as representatives from United Nations agencies, humanitarian organizations, civil society and refugee and migrant communities, and led to the adoption of the Rabat Declaration.

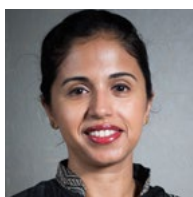
The Rabat Declaration highlights key actions to protect and promote the health of refugees, migrants and host communities. Countries adopting the Declaration commit to using a whole-of-society, whole-of-government and whole-of-United Nations approach; pledge support to reorient and strengthen health systems towards integrated and inclusive health services to meet universal health coverage; commit to including these populations in policies and plans regarding prevention, preparedness and response; commit to supporting high-quality global research and inclusive and disaggregated data collection; and call on United Nations agencies and partners to support this work.

The Third Global Consultation on the Health of Refugees and Migrants and the adoption of the Rabat Declaration reinforce Member States' commitments to enhance, safeguard and uphold the right to health and dignity of all, including refugees, migrants and host communities.

It is hoped that this report will bring renewed collaboration, encourage continued political commitment and most importantly shared responsibility for improving the health of all, including refugees and migrants.



Santino Severoni,
Director, Department
of Health and Migration, WHO



Poonam Dhavan,
Director, Migration Health
Division, International
Organization for Migration



Allen G.K. Maina,
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of Resilience and Solutions/Public
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Commissioner for Refugees

Statement by the hosting Member State

As we bring the curtains down on the Third Global Consultation on the Health of Refugees and Migrants, hosted in Rabat from 13 to 15 June 2023, the Kingdom of Morocco reaffirms its unwavering commitment to an integrated, equitable and accessible health framework, grounded in universally recognized principles and values of human rights.

Morocco, positioned at the crossroads of civilizations and migratory flows, has always been a pivotal actor in the dialogue on migration and asylum. The implementation of inclusive national policies under the guidance of His Majesty King Mohammed VI, may God assist Him, notably the National Policy on Migration and Asylum of 2013 and the National Health and Immigration Strategic Plan 2021–2025, demonstrates our unshakeable will to promote the socioeconomic integration and access to health and social protection systems for refugees and migrants. This implementation also serves as tangible evidence of our belief that population movements, far from the derogatory rhetoric, are a valuable catalyst for the development and mutual enrichment of societies.

In the context of this Third Global Consultation, Morocco, therefore, remains dedicated to playing a catalytic role, encouraging the development of innovative and sustainable solutions. Our vision is part of a holistic approach that recognizes the interdependence of public health, health security, social prosperity and sustainable development issues.

The Rabat Declaration, forming the cornerstone of the event, specifically calls for international and intersectoral consultation to develop a pragmatic roadmap and implement concrete actions, aimed at extending universal health coverage and social protection schemes to migrating populations while considering their specific needs, particularly mental health; strengthening the resilience and adaptability of host communities; and ensuring the reduction of health risks arising from the many determinants of health and various forms of inequity and exclusion to which refugees and migrants may be exposed.

The recommendations of the first African Conference on Health Risk Reduction organized in Morocco in 2022 under the High Patronage of His Majesty King Mohammed VI, may God assist Him, along with the Marrakech Declaration resulting from this Conference provide an additional foundation and complementary framework to the Rabat Declaration that will cement a firmly rooted political commitment to promote a collaborative and multidimensional approach to health and well-being for all, including refugees and migrants.

The Rabat Declaration is an invitation for reflection, action, solidarity and innovation. It emphasizes the urgency of effective and rights-based health governance, capable of protecting vulnerable populations in all circumstances, particularly refugees and migrants, within the framework of converging and sustainable public policies that take into account scientific research data and the complexity of contemporary challenges, including public health emergencies, climate change, increasing pressure on resources, and the social, economic, environmental and technological transformations that the world is experiencing.

Morocco, true to its history of hospitality and openness, intends therefore, to actively contribute to building a future where the health of refugees and migrants is protected and valued as a source of wealth and a cornerstone of sustainable development and global social cohesion.



Khalid Ait Taleb,
Minister of Health and Social Protection,
Kingdom of Morocco

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Leadership, technical development and publication of the report

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The document was written by Sylvia Garry (Department of Health and Migration), Michaela Told (Senior Policy Consultant, IOM) and Sandra Harlass (Division of Resilience and Solutions/Public Health Section, UNHCR). Richard Alderslade and Jo Vearey (WHO Consultants) were rapporteurs for the Consultation.

The report was shared for review across the organizers, including with WHO headquarters, regional and focal points and their contributions are gratefully acknowledged (listed within groups in alphabetical order).

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The organizers of the Third Global Consultation would also like to extend sincere gratitude to all government and institutional partners and colleagues who actively participated in the preparatory processes for the Consultation.

Abbreviations

COVID-19	coronavirus disease 2019
ECOWAS	Economic Community of West African States
GBV	gender-based violence
GCM	Global Compact for Safe, Orderly and Regular Migration
GCR	Global Compact on Refugees
GRF	Global Refugee Forum
IDP	internally displaced person
IMRF	International Migration Review Forum
IOM	International Organization for Migration
MHPSS	mental health and psychological support services
NGO	nongovernmental organization
PHC	primary health care
SDG	Sustainable Development Goal
UHC	universal health coverage
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNNM	United Nations Network on Migration
UNRWA	United Nations Relief and Works Agency
WASH	water, sanitation and hygiene
WHO GAP	WHO Global action plan on promoting the health of refugees and migrants, 2019–2023, extended to 2030 at the Seventy-sixth World Health Assembly

Executive summary

The Third Global Consultation on the Health of Refugees and Migrants

With a goal of establishing enduring leadership and commitment for the health of refugees and migrants, WHO, the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and Morocco co-organized the Third Global Consultation on the Health of Refugees and Migrants to strengthen high-level political commitment with an aim to improve, protect and preserve the health and well-being of refugees, migrants and host communities.

Day 1 began with a welcome from co-organizers, followed by the adoption of the Rabat Declaration (Annex 1) by 49 Member States and observers, illustrating the ongoing and renewed commitment to improving the health of refugees and migrants. This was followed by statements from participants.

The Rabat Declaration was negotiated prior to the Third Global Consultation as a progressive statement of intent from governments to develop, implement and scale up policies and actions to support the health of refugees and migrants with full access to health services. It advocates for equitable access to health care and calls for a concerted effort from national governments, international organizations and other stakeholders to increase international cooperation and shared responsibility. The Declaration links investment in refugee and migrant health to the achievement of the Sustainable Development Goals (SDGs), the Global Compact for Safe, Orderly and Regular Migration (GCM), the Global Compact on Refugees (GCR) and the WHO Global action plan on promoting the health of refugees and migrants, 2019–2023 (WHO GAP), which was extended until 2030 at the Seventy-sixth World Health Assembly. The Declaration emphasizes the centrality of country-led action and advocates for a whole-of-society, whole-of-route and whole-of-United Nations approach, supported by global, regional and national mechanisms, in order to improve the governance of health policies; tackle more effectively the social determinants of health; promote universal health coverage (UHC) without leaving anyone behind; bolster the resilience of health systems, including during public health emergencies and crises; and underpin public action with proven scientific evidence.

Days 2 and 3 approached the technical aspects of the Consultation through a series of eight panels (Annex 2) to review global progress to date, share examples of national and international practice, reflect on ongoing challenges and consider priority actions for future implementation. The panels included protecting the health of refugees and migrants in public health emergencies, UHC, tackling the social determinants, harnessing the power of research and data and the long-term vision and implementation of the health objectives of the GCM, GCR and WHO GAP (Annex 2 and Annex 3). Three side events were held on topics of the global health migration research agenda, data management and synergies on health and migration, and mental health and psychosocial support (Annex 4).

Key recommendations identified during the Consultation included cross-cutting themes and specific actions to advance each panel theme.

Cross-cutting opportunities for action to improve the health of refugees and migrants included:

- governments, in alignment with the principles set forth in the Rabat Declaration, the WHO GAP, the GCM and the GCR, to **develop refugee- and migrant-sensitive and non-discriminatory national policies, strategies and plans** using a **rights-based, area-based and whole-of-government approach**; and to include mental health and psychological support services (MHPSS) as an integral part of interventions;
- governments, international and regional organizations and non-State actors to **strengthen international and cross-border collaboration** to ensure continuity of care; and

- all stakeholders to **meaningfully involve and engage refugees and migrants** in decisions, policies, strategies and plans affecting their health and well-being; to develop innovative approaches to **move beyond humanitarian assistance** towards development-based and longer-term responses; to consider and include the distinct needs of specific refugee and migrant populations (people with disabilities or mental illness, those in detention, undocumented and irregular migrants, women, elderly people, children and young people, internally displaced people (IDPs) and others); and to **develop comprehensive cost analyses** and develop **innovative, sustainable and responsive financing mechanisms**.

Specific actions to advance each panel theme

1. On intensifying leadership and commitment for the health of refugees and migrants: governments to **increase their political commitment and take action** by using the Rabat Declaration to develop inclusive, flexible and responsive health systems.
2. On mainstreaming health in the implementation of the GCM: all stakeholders to **scale up efforts to pledge for and implement the health-related objectives of the GCM**, put into practice the commitments of the Progress Declaration and actively participate in the upcoming review processes.
3. On advancing refugee health in the context of the GCR: all stakeholders to scale up multisectoral responses including through **concrete pledges to enable effective responsibility sharing and achieve sustainable access** to strengthened national health systems for refugees and host communities.
4. On protecting the health of refugees and migrants in public health emergencies/crises: governments to ensure **inclusion of refugees, migrants and host communities in all aspects of health system preparedness and response policies, strategies and plans**, including addressing social protection and the social determinants; all stakeholders to include refugees, migrants and host communities in **high-level policy discussions**; all stakeholders to urgently develop approaches to support areas affected by the **climate crisis**; and all stakeholders to promote an **integrated approach** that combines humanitarian interventions with long-term developmental planning.
5. On progressing UHC for refugees and migrants, governments to commit to achieving UHC by ensuring appropriate **inclusion of refugees, migrants and host communities in health-related policies and practice** taking into account the needs of people facing multiple vulnerabilities (such as disabilities, pregnancy or irregular migration status); to **reorienting health services** to include refugees and migrants, ensuring services are culturally and linguistically appropriate; **reviewing and addressing barriers** to accessing quality care, identifying unrecognized health needs, building a health workforce capacitated to address refugee and migrant health, and tackling discrimination and disinformation.
6. On tackling the social determinants of health for refugees and migrants: governments to ensure policies, strategies and programmes tackle the social determinants of health for refugees and migrants, as well as host communities, to **strengthen social integration, provide educational and employment opportunities and invest in self-reliance** to create long-term solutions; to develop and implement **inclusive, gender-sensitive and non-discriminatory Health-in-All Policies**, as well as whole-of-government and whole-of-society approaches; and all stakeholders to **mainstream addressing the social determinants** of health of refugees and migrants into the work towards the SDGs and commit to monitoring progress.
7. On harnessing the power of research, data and innovation to improve the health of refugees and migrants: governments to establish a **focal person/national migration health mechanism** to lead

on data- and evidence-informed policies, to develop **national research agendas** and **strengthen health information systems** to include displacement and migration status. WHO and other international organizations to support governments and other partners to collect, analyse and share **comprehensive, comparable and standardized data**; and all stakeholders to **develop practical toolkits, primers and guidelines** for research and data and facilitate their translation into policies and practice.

8. On the long-term vision and implementation of the WHO GAP: governments to develop and build **policies, strategies and concrete actions** to implement the WHO GAP, including **monitoring mechanisms**; WHO to continue to **build country capacities** through direct support, normative technical guidance and tools, strengthening research; IOM and UNHCR, with governments and partners, to **monitor implementation of the GCM and GCR**, respectively, and to actively engage in the respective review mechanisms; IOM, UNHCR and WHO together with other organizations to optimize collaboration methods for a **whole-of-United Nations approach** and to **develop a roadmap** for future consultations and monitoring of progress.

Conclusions

Throughout the Consultation, several critical elements such as political commitment, equity, inclusion, mainstreaming and accountability were highlighted. Furthermore, emphasis was placed on meaningful refugee and migrant participation, effective and equitable access to health care, tackling the social determinants of health and adopting data- and research-driven approaches. These principles serve not only to improve the health and health care access of refugees and migrants but also to benefit all populations, particularly in emergency response scenarios. The renewed commitment from governments and other stakeholders is very encouraging and governments and partners are urged to continue sharing their examples of good regional, national and local practices; to develop national accountability and leadership structures and systems to guide refugee- and migrant-inclusive policies, strategies and plans and monitor progress; and to promote the health of refugees and migrants at all relevant high-level discussions.

The migration and asylum phenomena have always been an integral part of the Kingdom of Morocco's history, as Morocco is considered a point of intersection between Africa, Europe and the Middle East, as well as a transit point, a host country and a safe haven for anyone who requests it. Holding this meeting in the Kingdom of Morocco reflects the tireless efforts of our country in favor of social justice, and our belief that health is a fundamental right for all, including migrants and refugees.

Khalid Ait Taleb, Minister of Health and Social Protection, Kingdom of Morocco

Refugees and migrants face significant threats to health, and significant barriers to accessing the health services they need. Protecting the health and dignity of refugees and migrants during their often-dangerous journeys, and in the countries hosting them, is a matter of human rights and human decency. Because health for all means all, including refugees and migrants.

Tedros Adhanom Ghebreyesus, Director-General, WHO

Our ultimate goal for this consultation is to promote the appropriate interventions that improve, protect and preserve the health and well-being of all refugees and migrants, and host communities. This goal cannot be realized without political commitment and a whole-of-government approach. And this means involving representatives from the ministries of health, finance, foreign affairs, interior, planning and other senior officials.

Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, WHO

Today, Member States have pledged that no one will be left behind when addressing the health needs of those forcibly displaced. Their commitment to include refugees, migrants and their hosting communities in national health policies and plans, as well as including them in related policy discussions is a significant step forward towards universal health coverage and worthy of global support.

Raouf Mazou, UNHCR Assistant High Commissioner Operations

IOM is encouraged by the Rabat Declaration, outlining comprehensive commitments for promoting the health of refugees and migrants. This consultation was a milestone embodying the political commitment of governments to enhancing global collaboration and mutual support to improve the health of migrants and refugees, and to inform upcoming high-level health and migration meetings and forums.

Othman Belbeisi, IOM MENA Regional Director

Introduction

The Third Global Consultation on the Health of Refugees and Migrants took place in Rabat, Morocco, on 13–15 June 2023. The Consultation built upon previous forums and commitments to scale up action, assess progress, consider emerging and persisting challenges, foster implementation of key priorities and build further political commitment towards future progress.

The Third Global Consultation was in two parts. During the first day, 49 Member States and observers adopted the Rabat Declaration (Annex 1) and statements were made by participants. The Rabat Declaration was developed and agreed following several rounds of intensive negotiations prior to the Consultation, led by Morocco, with the purpose of improving the health of refugees and migrants. Days 2 and 3 were structured into key themes, to provide in-depth discussion around key actions to improve the health of refugees and migrants.

The objectives of the Consultation were to:

- strengthen coordination and collaboration on refugee and migrant health and obtain continued and sustained high-level political support to advance global commitments and other policy developments to improve, protect and preserve the health and well-being of refugees, migrants and host communities;
- reflect on progress to date and good practices in promoting the health and well-being of refugee and migrant populations, highlighting examples of innovative approaches for refugee and migration health; and
- identify, discuss and agree on priority actions for implementation at local, national and regional levels, including to create safe, supportive and healthy environments for refugees and migrants as members of an inclusive society.

The expected outcomes were:

- strengthened coordination and collaboration on refugee and migrant health;
- actions to improve the health of refugees and migrants, including achieving UHC; tackling the wider determinants of health; strengthening data and research capacity; and supporting the health of refugees and migrants in emergencies; and
- the development of opportunities for action on refugee and migration health to inform upcoming high-level meetings and forums.

The Consultation was in-person and live streamed, with more than 250 representatives of 50 Member States and observers, United Nations agencies and other intergovernmental organizations and non-State actors, including the refugee and migrant communities. Participants from all regions of the world shared views and experiences, with a focus on both successes and challenges faced, discussed progress to date and identified measures to ensure better health outcomes. They also formulated a vision concerning the physical, mental and social well-being for refugees and migrant populations as well as their hosting communities.

This report serves as a summary of the discussions that took place during the Third Global Consultation, with key points highlighted. Each session during Days 2 and 3 is summarized with key opportunities for action suggested by participants. The report concludes with a summary of those recommendations made during the Consultation ordered by the panel themes. There are also key cross-cutting themes that emerged across multiple panels. Annex 2 outlines the agenda of the Consultation, further information on the background to the Consultation is in Annex 3 and a summary of the side events is captured in Annex 4. A list of participants is given in Annex 5.

Statistics and statements reflect those presented in the meeting and may not represent views, policies and official statistics of WHO. The Rabat Declaration contained in Annex 1 of this report was developed during the preparatory process of the Third Global Consultation. The designations employed and the presentation of the material in the Rabat Declaration do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries.



Participants at the Third Global Consultation on the Health of Refugees and Migrants held on 13–15 June 2023 in Rabat (Morocco). The event was co-organized by WHO, IOM, UNHCR and Morocco. © WHO / Said Mrigua

Day 1

Opening ceremony

Joint Masters of Ceremony: Aghoutane Imane, journalist, Faicale Tadlaoui, journalist, and Santino Severoni, Director, Department of Health and Migration, WHO, thanked organizing entities and welcomed participants to the Third Global Consultation.

Representatives from the co-organizers welcomed all participants and opened the Third Global Consultation.

From Morocco: Khalid Ait Taleb, Minister of Health and Social Protection, Fouzi Lekjaa, Minister Delegate to the Minister of Economy and Finance in charge of the Budget and Khalid Zerouali, Wali Director of Migration and Border Surveillance, Ministry of the Interior outlined the historical context and current frameworks impacting the health of refugees and migrants. They emphasized the critical role of migration in the development of societies and refuted derogatory narratives that undermine the contributions of these populations. The officials highlighted the unique geopolitical positioning of Morocco as a hub for population movement, which calls for an increasingly solid health care system. Since 2013 under the leadership of His Majesty King Mohammed VI, the country enacted strategic policies including a migration and asylum policy, an intersectoral agreement and the 2021–2025 health and migration policy. These policies aim to facilitate the socioeconomic integration of refugees and migrants, ensure their access to health care services and empower health care practitioners and civil society organizations. The officials acknowledged the challenges posed by socioenvironmental shifts and emergent infectious threats, underscoring the necessity for proactive health care measures and outlined Morocco's efforts to ensure equitable access to health care services and vaccination for refugees and migrants during the coronavirus disease 2019 (COVID-19) pandemic. They also outlined Morocco's role, under the High Patronage of His Majesty King Mohammed VI, in hosting the first African Conference on Health Risk Reduction in 2022, which resulted in the Marrakech Declaration, to champion a multidimensional, collaborative approach to health care, with equitable access to social and health care services, including for refugees and migrants. And now, at this Third Global Consultation, the Rabat Declaration urges the global imperative for a human-rights-based and inclusive health care framework for refugees and migrants and advocates for the creation of an actionable roadmap and international as well as cross-sectoral collaboration, investing in education, technological development, job opportunities and climate crisis mitigation.

From WHO: Tedros Adhanom Ghebreyesus, Director-General (via a video address), Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, and Ailan Li, Assistant Director-General, Universal Health Coverage/Healthier Populations, indicated globally increasing displacement and migration of people. Refugees and migrants face significant barriers to accessing health. Protecting the health and dignity of refugees and migrants is a matter of human rights, human decency, solidarity and sustainable development and is essential towards achieving UHC for all. WHO is supporting countries to protect and promote the health of refugees and migrants by creating safe and healthy environments, integration into host communities and through better data monitoring. The World Health Assembly recently extended the WHO GAP, 2019–2023 from 2023 to 2030 (1,2) and WHO will respond to this new mandate to provide technical assistance to its Member States, promoting equitable access to quality health services for refugees and migrants.

From IOM: António Vitorino, Director-General (via a video address) and Othman Belbeisi, Regional Director for Middle East and North Africa, outlined how migration has become a defining feature of today's globalized world and a powerful driver for sustainable development. To achieve the SDGs, in particular SDG 3 and SDG 10.7, the contributions of migrants to communities must be recognized and leveraged. The International Migration Review Forum (IMRF) 2022 Progress Declaration acknowledged the need to provide all migrants, regardless of their migration status, with equal and safe access to basic services and continuity of care.

The GCM calls for access to basic services, including health-related services, for all migrants; IOM as the Secretariat and Coordinator of the United Nations Network on Migration (UNNM) is committed to work with all stakeholders to foster its implementation. The Rabat Declaration outlines up-to-date commitments on migration health, which requires whole-of-society and whole-of-government partnerships.

From UNHCR: Raouf Mazou, Assistant High Commissioner for Operations, outlined the Rabat Declaration as a progressive statement to scale up efforts and actions for health. At the time of the Consultation, over 100 million people had been forcibly displaced, including over 32 million refugees. The combination of multiple shocks, including ongoing conflicts and the economic setbacks caused by COVID-19 are negatively affecting the ability of refugees to meet their basic needs. Global solidarity and funding are needed, and the Global Refugee Forum (GRF) in 2023 will provide an opportunity for everyone to demonstrate greater commitment to support refugees and host communities and responsibility sharing worldwide. It is essential for refugees and migrants to meaningfully participate in these consultations and promote their own health and well-being.

Plenary session

Adoption of the Rabat Declaration and statements by Member States, United Nations agencies, other intergovernmental organizations and non-State actors

Reading of the Rabat Declaration by Abdelkrim Meziane Bellefquih, Secretary General, Ministry of Health and Social Protection, Kingdom of Morocco (see Annex 1 for full text).

The Rabat Declaration serves as a comprehensive international agreement aimed at advancing the health and well-being of refugees, migrants and host communities. It advocates for equitable health care and underscores the complex interplay between health and broader social determinants and human rights considerations. It calls for a concerted effort from national governments, international organizations and other stakeholders to increase international cooperation and shared responsibility.

The Declaration reaffirms the universal right to the highest attainable standard of physical and mental health. It underscores the need for global cooperation and advocates for a robust response to refugee and migrant needs in accordance with relevant international and regional instruments. It further emphasizes the importance of registering refugees to ensure the integrity of health care and social protection systems and links the investment in migrant and refugee health to the achievement of the SDGs (3), GCM (4), GCR (5) and the WHO GAP (1). The Declaration calls for multisectoral and multidimensional action, demanding mobilization and partnership at all levels for a converging and integrated response. It emphasizes the centrality of country-led action, advocating for a whole-of-government, whole-of-society, whole-of-route and whole-of-United Nations approach, supported by global, regional and national mechanisms.

The Rabat Declaration outlines approaches to health policies, strategies and actions, UHC, public health emergencies, evidence-based policies and actions and the role of international organizations. It concludes by looking forward to the report and recommendations that will emanate from the Third Global Consultation as a commitment to ongoing adaptation and evaluation of strategies to improve the health of refugees, migrants and host communities. The Rabat Declaration has been adopted by 49 Member States and observers.

High-level statements

Speakers: Firass Abiad, Minister of Public Health, Lebanon; Ahmed Abdul Kader Kamal, Deputy Minister of Health for Planning and Health Development, Yemen; Leslie Baja, Ambassador Extraordinary and Plenipotentiary to the Kingdom of Morocco, Philippines; Philippines; and Rania Bikhazi, Director, Office for Algeria, Libya, Mauritania, Morocco and Tunisia, International Labour Organization. Speakers outlined their support for the Rabat Declaration and the following comments were made by some delegations.

- Health was universally acknowledged as a fundamental human right. The inclusion of refugees and migrants in national health care systems is a matter of both ethical imperative and practical necessity. Refugees and migrants contribute positively to host communities, particularly when their health and educational needs are addressed. Nonetheless, a large movement of refugees and migrants can place significant strain on existing health care infrastructure, potentially leading to the outward migration of health care professionals and creating difficulties in managing disease outbreaks.
- Effective, refugee- and migrant-inclusive surveillance and response mechanisms are critical for infection control, particularly in the context of large population movements, as shown in recent disease outbreaks such as cholera and COVID-19. Environmental degradation due to climate change further complicates the health landscape, requiring proactive measures to mitigate its impact on human health.
- Financial support for health care services is crucial, particularly as international support may wane due to competing global priorities and donor fatigue. The need for international collaboration is paramount in strengthening health systems and addressing the health requirements of both host communities and displaced populations. Such collaborative efforts should be aligned with global instruments and targets, including the SDGs, GCM, GCR and resolutions from United Nations high-level meetings.
- Access to decent work conditions and social protection coverage presents a dual challenge for refugees and migrants, exacerbated by administrative complexities and language barriers. Upholding the principle of non-discrimination and equity is essential, as outlined in the International Labour Standards on Social Security. There is an urgent need for sustained political and financial commitment to address the structural determinants of health affecting these vulnerable populations, such as labour rights and social protection, to build resilience within the health care ecosystem.

Statements by Member States

Speakers from Algeria, Brazil, Burkina Faso, Egypt, El Salvador, Georgia, Guatemala, Iran (Islamic Republic of), Mauritania, Nepal, Peru, Somalia, Tanzania (United Republic of) and Zambia made statements.

Key points made by some delegations were as follows.

- The statements outlined several aspects concerning the health of refugees and migrants, including the development of inclusive, resilient and sustainable health care systems that have been adapted to meet the needs of refugees and migrants. This involves a multifaceted approach, requiring national action, international cooperation and sustainable financing to ensure equitable access to health care services. Member States outlined their support for the Rabat Declaration,¹ with an emphasis on the inclusion of One Health. Statements were made including equitable health care access and a dignified life for all, regardless of nationality, displacement or migration status and the importance of upholding human rights and well-being of refugees, migrants and host communities. Health is essential for dignity, resilience and social inclusion and the inclusion of refugees and migrants in UHC is essential to progress towards reaching the SDGs.
- Specific challenges raised included tackling the social determinants of health, such as housing, education and employment, as well as access to health care including for infectious diseases, malnutrition and mental illness. Additionally, supporting the health of IDPs was noted as a challenge.
- Member States shared examples of addressing the health needs of these populations through inclusion into UHC. Examples were shared of comprehensive inclusion in primary health care (PHC),

¹Algeria reserves its position on the third indent of the preamble.

mental health and vaccinations. The COVID-19 pandemic underscored the imperative to integrate refugees and migrants into public health emergency prevention, preparedness and response frameworks, including surveillance.

- The multifactorial root causes of migration such as poverty, inequality and the climate crisis, as well as conflicts as a major cause for displacement, were highlighted as warranting urgent attention. The climate crisis also poses considerable public health challenges. As such, the development of resilient health care systems and the bolstering of national capacities to mitigate climate change-related health impacts among refugees and migrants are of paramount importance.
- Sustained high-level political commitment, policy development and coordinated, collaborative multisector efforts are required. These may be task forces or equivalent aimed at the integration of the health care needs of refugees and migrants into broader public policies. Such collaborations involve national and international stakeholders, including civil society and nongovernmental organizations (NGOs).
- These plans should align with global and regional imperatives such as the SDGs, GCM, GCR and the WHO GAP. The WHO GAP was acknowledged as a pivotal roadmap that has substantially advanced the health and well-being of refugees and migrants both nationally and globally.
- International cooperation was highlighted as important for the mutual exchange of best practices and resources and to tackle xenophobia and violence towards refugees and migrants using a collective, international response.
- Several speakers highlighted that the sustainability of initiatives is contingent upon robust financing mechanisms, particularly for countries that serve as transit hubs or confront unique challenges due to their geographical location or historical migratory patterns, with requests for continued donor funding and international commitment. The ethos of shared responsibility was strongly advocated, particularly for health care service provision.
- Finally, speakers appealed to others to build their futures together with refugees and migrants and to recognize their contributions to hosting societies.

Observers, invited representatives of the United Nations and other participating intergovernmental organizations

Speakers: United Nations Relief and Works Agency (UNRWA), United Nations Children's Fund (UNICEF) and Ailan Li, Assistant Director-General, Universal Health Coverage/Healthier Populations, WHO.

Speakers outlined the following points.

- In view of the recent extension of the WHO GAP to 2030 and the upcoming United Nations General Assembly (UNGA) and 2023 GRF, the Rabat Declaration is very timely.
- Approaches were shared to improve refugee and migrant health, including addressing the root causes of health challenges; supporting reorientation of health systems to include these populations; developing quality research and evidence-informed policy; integrating refugee and migrant health into national, regional and global systems; investing in digital health, such as electronic medical records and smartphone applications for noncommunicable diseases; and ensuring monitoring and accountability.
- Specific groups were mentioned by some speakers, including Palestinian refugees and unaccompanied children. Children are especially impacted by constraints to accessing health services, poor living conditions and the risks of sexual exploitation and gender-based violence (GBV). Some speakers outlined the need for financial support to provide health, education and social services.

Statements by non-State actors

Speakers: Association Kirikou Morocco, the Center for Migration, Gender, and Justice, Save the Children and David Karorero, Global Youth Advocate. Speakers outlined several points concerning the health and well-being of refugees and migrants.

- While they largely seek safety, protection and an improved quality of life, the health and well-being of refugees and migrants is influenced by a complex interplay of social and political factors, making it imperative to approach their health needs from a multifaceted perspective.
- Global policies on migration and asylum have become increasingly restrictive, particularly through the mechanisms of detention and border controls. These measures have been observed to aggravate health concerns, most notably health and mental health concerns related to GBV. Therefore, it is crucial to incorporate GBV prevention, mitigation and response strategies into overarching policy frameworks that address the health needs of refugees and migrants.
- Children within the refugee and migrant demographic are particularly vulnerable. This vulnerability arises from a range of factors including their physical size, range of abilities, communication skills and cognitive understanding. Therefore, targeted interventions are required to support migrant and refugee children and their families adequately.
- There was an urgent call for the creation of healthy environments for refugees and migrants through comprehensive, multisectoral approaches. Such approaches must involve partnerships between governmental bodies, international organizations, civil society, NGOs and the private sector. Importantly, these strategies should also be characterized by the active engagement and meaningful participation of refugees and migrants themselves in policy formulation, programme execution and research, epitomized by the principle of “nothing for us without us”.

Summary of key messages

Poonam Dhavan, Director, Migration and Health Division, IOM, Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR, and Santino Severoni, Director, Department of Health and Migration, WHO, summarized key messages from the first day. These included the clear political commitment to promote the health of refugees and migrants through the Rabat Declaration; the need for stronger multisectoral actions, partnerships and cross-border approaches; recognition of the positive contributions that refugees and migrants bring to societies; the importance of innovative approaches; strengthening the capacity, competency and availability of the health workforce; and the importance of mental health and psychosocial support. Key challenges include the climate crisis and emerging public health threats, as well as sustainable financing mechanisms.

Closing remarks

Closing remarks from Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, WHO; Othman Belbeisi, Regional Director for Middle East and North Africa, IOM; and Raouf Mazou, Assistant High Commissioner for Operations, UNHCR.

The speakers expressed gratitude for the commitment and collaboration demonstrated by participants, particularly Morocco and Member States. There is a clear need for strong political commitment and for partnerships using a whole-of-government, whole-of-society and whole-of-United Nations framework. The speakers highlighted the importance of country-led actions and the need for a predictable and equitable international support framework. They committed to working together to enhance the health and well-being of refugees and migrants, recognizing the importance of inclusive health care initiatives aligned with global health goals. In addition, the resilience, diverse skills and cultural contributions of refugees and migrants are essential to recognize.



Day 2

Introduction and welcome

Ailan Li, Assistant Director-General, Universal Health Coverage/Healthier Populations, WHO, introduced the technical days and reinforced the message that WHO will continue to support countries to develop their national implementation plans in order to progress WHO GAP implementation.

Panel 1. Setting the scene: intensifying leadership and commitment for the health of refugees and migrants

This session framed the Third Global Consultation, presented key themes for discussion, covered recent developments in the global policy agenda on the health of refugees and migrants and expressed initial reflections of the experience gained in recent years. Session aims were to:

- build on reflections of previous consultations, stocktake progress and consider ways forward from the Rabat Declaration;
- discuss country experiences with focus on centrality of partnership, multisectoral action and country ownership in advancing health care to refugees and migrants; and
- highlight frameworks for action, including the WHO GAP and a forward perspective on upcoming high-level meetings.

Panel discussion: key points

Moderator: Jozef Suvada, Member of the WHO Executive Board, Slovak Republic.

Video contribution: Susie Perera, Deputy Director-General, Public Health Services, Ministry of Health, Sri Lanka.

Panel: Santino Severoni, Director, Department of Health and Migration, WHO; Bekir Keskinçilic, Deputy Director-General of Public Health, Ministry of Health, Türkiye; Abdelhakim Yahyane, Director of Population, Ministry of Health and Social Protection, Kingdom of Morocco; David Karorero, Global Youth Advocate; and Apostolis Veizis, Executive Director, Intersos Hellas.

The panel outlined the progress to date, including major accomplishments since the 2008 World Health Assembly, the adoption of the GCM and the GCR in 2018 and the outcomes of the First and Second Global Consultations. These developments have led to important tools, instruments as well as follow-up pledges on health that align with the objectives of the WHO GAP. The Second Global Consultation showcased political commitment to improve the health of refugees and migrants, as evidenced by the Colombo Statement.

However, current national health policies frequently do not address the health needs of refugees and migrants. Three in four refugees settle in neighbouring countries, which often are grouped by the World Bank as low- and middle-income countries.

Societal contributions from refugees and migrants are significant, as discussed in the first World report on the health of refugees and migrants (6), including through remittances to countries of origin and by bolstering the economy in countries of destination. However, these contributions are often hindered by poor living and working conditions, as well as social isolation and loneliness.

Many refugees and migrants are healthy but require access to health services in a planned manner.

Challenges in accessing health care all along the route of transit remain a significant concern, with gaps existing in services for health promotion, immunization and disease prevention and control. Health systems need to be flexible, responsive and resilient to address these challenges. Services should be culturally appropriate and linguistically accessible.

The impact of migration and displacement on mental health is often underestimated but is far reaching, with stigmatization posing additional challenges. MHPSS should be integrated into PHC services. Participants shared examples of good practice including providing safe spaces for young people to engage among themselves and peer counselling.

Participants emphasized that UHC must be inclusive of all individuals, irrespective of their displacement or migration status. Strategies for improvement include reorienting health systems to include refugees and migrants, particularly in emergency preparedness and response, prioritizing advocacy and tackling xenophobia and misinformation and investing in research for evidence-informed policies.

In 2017 Sri Lanka was able to showcase key achievements in evidence-based policy formulation supported through a whole-of-government approach, and a nationally steered process under the leadership of the Secretary Ministry of Health the future policy framework can be linked with other service delivery changes, such as PHC, integration, community empowerment, and self-care approaches.

Universal health coverage and health security need to go hand in hand and should be the same for all – that is the migrants and refugees and the host communities.

Susie Perera, Deputy Director General Public Health Services, Ministry of Health, Sri Lanka

To overcome access barriers, adjustments such as integrating health care workers in national systems and establishing multilingual health services have been implemented.

We have focused on establishing new health service facilities called migrant health centers, or polyclinics, for foreign nationals that can serve bilingually. Refugee advocates work together with our existing staff. In these facilities, refugees can get services in their own language, while they can also benefit freely from the existing ones. We didn't try to create a brand-new scheme or a special new health system for refugees. We only did minor adjustments to make them easier to use.

The topic of migrants is complex, nuanced, and deserves our attention. We should work together to build inclusive communities that embrace diversity, uphold human rights, and create opportunities for all. By doing so, we will not only enrich our own lives but also contribute to a more just and compassionate world.

Bekir Keskinliç, Deputy Director General of Public Health, Ministry of Health, Türkiye

The WHO document Promoting the Health of Refugees and Migrants (7) includes 49 country case examples of good practices. It aims to assist other countries facing challenges by fostering innovation, facilitating international knowledge exchange and promoting advocacy. In addition, civil society organizations are often first to arrive and last to leave and are key partners in providing services in support of national governments. Some specific groups were highlighted, including reaching undocumented migrants, unaccompanied children, elderly people and those who have been trafficked or abused. To further emphasize inclusivity, policy reviews

should involve regional consultations and discussions with refugees and migrants, guided by the principle “nothing for us without us”.

These issues must be considered within the scope of SDGs and other frameworks such as the WHO GAP, GCM and GCR and their governance structures. The Rabat Declaration serves as a referential framework for formulating flexible and responsive health policies. This inclusivity aligns with broader goals of human rights and UHC.

The Rabat Declaration serves as a framework for designing and implementing policies that are sensitive to the needs of migrants and refugees, grounded in scientific evidence and human rights, aimed to promote and develop research on migration health, considering multi-sectoral dimensions, and further involving the migrant and refugee community.

**Abdelhakim Yahyane, Director of Population, Ministry of Health and Social Protection,
Kingdom of Morocco**

A global commitment to solidarity, encapsulated in high-level political ownership, is essential for the future. More resources are required to support the health of refugees and migrants, including those for countries of transit. The establishment of a global fund to support governments in financing services for displaced individuals should be considered.

Summary of opportunities for action arising from the panel

➤ Governments to:

- advocate and commit to addressing the social determinants of health; reorienting health systems in line with PHC and UHC to include refugees and migrants; including refugees and migrants in preparedness and response to health emergencies; monitoring health data outcomes through disaggregated data; mobilizing capacity and conducting targeted research to inform evidence-informed policies and actions; and mainstreaming progress within programmes working towards the SDGs;
- use the Rabat Declaration and other internationally recognized frameworks such as the WHO GAP, GCM and GCR as a reference point for the development of inclusive, flexible and responsive health systems, promoting the right to health and UHC, leaving no one behind;
- support health and social systems to be flexible, responsive and resilient, with the capability to address the needs of the population, including mental health and psychosocial support; to be culturally appropriate and linguistically accessible; and to acknowledge and integrate the role of civil society organizations in providing health services; and
- review health-related policies and practice to ensure appropriate inclusion of refugees and migrants, with reviews including regional consultations and discussions with full participation of refugee and migrant communities.

➤ All stakeholders to:

- meaningfully involve and engage refugees and migrants in decisions, policies and plans affecting their health and well-being; and
- foster high-level political ownership and global solidarity to increase political commitment, share responsibilities and increase the budgets necessary to support health system strengthening, which may include a fund to support governments hosting those who are displaced.

Panel 2. Mainstreaming health in the implementation of the GCM

This session introduced the GCM, as well as the UNNM and many references were made to the IMRF 2022 (8), including the health-related commitments and actions in the IMRF Progress Declaration. Selected achievements by key GCM Champion Countries and partners were also presented. Session aims were to:

- present the conclusions of the IMRF 2022 and the health-related commitments in the Progress Declaration and to take stock of pledges related to UHC, health emergencies, data and other relevant intersectoral issues that impact the health of refugees and migrants;
- discuss the health-related components of the GCM, to foster a common understanding of interlinkages with health outcomes as well as draw attention to the 2024 regional review processes; and
- explore how mechanisms such as the Migration Multi-Partner Trust Fund (9), as well as national resource allocation, can mobilize resources to advance GCM health-related objectives.

Panel discussion: key points

Moderator: Abdelhakim Yahyane, Director of Population, Ministry of Health and Social Protection, Kingdom of Morocco.

Panel: Poonam Dhavan, Director, Migration Health Division, IOM; Ricardo Fuertes, Adviser, Secretary of State of Health Promotion, Ministry of Health, Portugal; Aishat Bukola Usman, Technical Adviser Cross-Border Surveillance, Economic Community of West African States (ECOWAS) Regional Center for Surveillance and Disease Control, West African Health Organization; and Elena Wong, Representative of the Migration Youth and Health Platform.

Health is a cross-cutting priority, integrated in several objectives of the GCM. The UNNM provides support to implement, follow up and review progress. There are clear synergies between the GCM and the WHO GAP, such as GCM objective 15 on access to basic services and the strengthening of capacities for health data monitoring. The Multi-Partner Trust Fund has been established to advance intersectoral work aimed at facilitating the national implementation of GCM objectives and is currently funding several health-related programmes.

A multistakeholder approach for GCM implementation and making the linkages for health-related actions are both essential approaches. Effective policy responses to mainstream GCM recommendations at international, national and subnational levels require cooperation and collaboration among governments, civil society and other stakeholders, including local health authorities and migrants themselves. Greater political will and stronger partnerships are needed to implement effective health interventions for refugees and migrants. Portugal is a GCM Champion Country, with a GCM National Implementation Plan that is transposing the GCM commitments to the national context and aligning them with the SDGs. The Plan incorporates the promotion of employment and education, a dedicated undertaking to end trafficking, the recognition of foreign credentials and qualifications, the provision of telephone and online services, and the issuance of residency permits for social security registration. If health data are systematically collected, they can be employed not only to design better health policies but also to break down entrenched assumptions and misconceptions.

We have been collecting data systematically about migrants' health and their use of health services, which shows us that migrants are generally younger, healthier and use less health services. This information helps to deconstruct myths and at the same time better design health policies.

Ricardo Fuertes, Adviser, Secretary of State of Health Promotion, Ministry of Health, Portugal

At the regional level, the West African Health Organization provides access to mobile health services to refugees and migrants including screening and treatment for HIV, tuberculosis, hepatitis and malaria, as well as family planning and reproductive health services, psychosocial support and COVID-19 vaccinations. ECOWAS is developing a contingency plan for IDPs, which is aligned with GCM objective 15, to strengthen the provision of basic services and national health system capacities across the migration corridors. ECOWAS is currently looking to launch an emergency fund for the region.

There is a need for effective coordinated and collaborative whole-of-route responses across origin, transit and destination countries at international, national and local levels. This may include bilateral agreements among neighbouring countries.

The ECOWAS Regional Center for Surveillance and Disease Control was created to coordinate public health response, epidemic preparedness and health emergencies and disaster management. How do we establish a regular mechanism for exchange of information and collaboration between Member States? It was realized that for us in the ECOWAS region, the development of a contingency plan is a priority. There is need for collaboration and solidarity between states and regional blocs.

Aishat Bukola Usman, Technical Adviser Cross-Border Surveillance, ECOWAS Regional Center for Surveillance and Disease Control, West African Health Organization

Key challenges include reducing inequalities and barriers to health care access, enhancing effective communication between professionals and migrants, providing mental health support and obtaining international cooperation and solidarity. Where health care provision for migrants has not been available, civil society organizations have often filled the gap. The risks presented by organized international traffickers were highlighted alongside the need for international coordination to limit exploitation. UNNM priorities in this regard include United Nations system-wide responses to migrant smuggling.

There is a need to prioritize human rights and the right to health. Migrants have specific health needs, including to the need to be protected from discrimination and marginalization. Suggestions to progress health in the context of the GCM include adopting a rights-based approach to health care, including separating employment status from health care access; establishing minimum levels for UHC; ensuring access to safe and affordable mental and physical health services; disseminating guidance for people on the move; and creating firewalls to prevent migration enforcement when attending health care facilities. Any assisted voluntary return programme should include screening and effective early treatment, ensure continuity of care through cross-border communication and refrain from returning individuals to countries lacking the necessary health services.

Achieving progress requires the meaningful participation of all stakeholders, including migrants themselves. This requires clear, inclusive and considerate planning measures to be undertaken, such as providing visa support and allocating necessary resources.

There are many synergies across the areas of migration and health that offer opportunities to progress the IMRF Progress Declaration and the WHO GAP. Efforts need to be scaled up to achieve the health-related objectives of the GCM, strengthen coordinated intersectoral policy work and promote intersectoral linkages. The regional GCM reviews and the next IMRF will provide milestones for monitoring of progress.

Summary of opportunities for action arising from the panel

- Governments to:
 - adopt a rights-based approach to health care and to protect migrants from discrimination and marginalization in line with the Rabat Declaration; and
 - strengthen health information systems to systematically collect health data to deconstruct myths and design better health policies.
- Governments and regional organizations to develop mechanisms such as bilateral or regional agreements to obtain the necessary cooperation and solidarity when planning and delivering UHC and managing public health emergencies for populations in transit/across borders.
- All stakeholders to:
 - scale-up efforts to achieve the health-related objectives of the GCM and to further strengthen coordinated policy work, across sectors and in partnership with a wide range of actors, including local health authorities, civil society and migrants themselves;
 - meaningfully include migrant representation in the different policy processes;
 - foster international coordination and cooperation to limit the exploitation of migrants and other risks associated with organized international trafficking; and
 - support and review UNNM implementation of United Nations system-wide responses to migrant smuggling.

Panel 3. Advancing refugee health: achievements and a way forward in advancing health in the context of the GCR

This session aimed to reflect upon health-related achievements, including best-practice examples and challenges in the inclusion of refugees in national health policies and systems, in context of the GCR. The session fostered continued engagement, galvanized action and building of commitments towards supporting health and well-being among refugees, as well as fostering refugee-inclusive and culturally and linguistically sensitive health systems. Session aims were to:

- provide an overview of health-related commitments and achievements in the context of the GCR;
- highlight progresses and successes, challenges and opportunities for refugee inclusion into national health policies and systems; and
- strengthen support to refugee-hosting countries through policy, financial and technical support and provide inputs into the 2023 GRF and other high-level events.

Panel discussion: key points

Moderator: Fouad M. Fouad, Professor of Public Health, American University of Beirut.

Panel: Raouf Mazou, Assistant High Commissioner for Operations, UNHCR; Huda Ababneh, Director of Project Management and International Cooperation, Ministry of Health, Jordan; Anna Nicol, Policy Team Lead, Bureau of Population, Refugees and Migration, Department of State, United States of America; and Hanin Joha, medical doctor and Refugee Youth Advocate.

GCR implementation requires multisectoral responses led by governments and supported regionally and globally by the international community. The COVID-19 pandemic made it clear that no one was safe unless

everyone was safe. Several participants highlighted the importance of focusing on integration of the health needs of refugees into existing strengthened health systems and policies, using an area-based approach rather than access being determined by migration status. This prevents the creation of parallel or separate systems and also promotes improving services for all, including host communities. Refugees and host communities need to be meaningfully included in discussions around health and assistance.

To progress this, rights-based approaches should be codified within national legislation. In Jordan, refugees are included in government policy and response plans. To improve access, there are awareness-raising programmes and service guides to provide vital information to refugees on how and where to access care, as well as guidance for health workers.

The importance of integration of refugees into society rather than camps was discussed to create long-term solutions, with the promotion of peace and development. This would include a multidimensional approach that respects the diversity of backgrounds and values the unique skills that refugees bring. Such a comprehensive approach should include offering educational opportunities, empowering women and providing language training to facilitate integration and build self-reliance.

Education and empowerment are essential for refugees to rebuild their lives, to make a positive contribution to society.

Hanin Joha, medical doctor and Refugee Youth Advocate

Participants highlighted that supporting the health of refugees results in pressures on health systems, manifested as shortages in nursing staff, medical practitioners and pharmaceutical supplies. This affects the care of existing citizens; therefore, longer-term approaches must be developed. In Jordan, institutional mechanisms have been put in place to work with United Nations agencies and donors, supporting the provision of equipment, human resources and mental and psychosocial support. The international community with the Ministry of Health established a multidonor account trust fund for refugees. However, more investment is needed to support the national health system.

Other States, beyond the countries of first asylum, need to support both refugees and the countries that host them. There is a need to focus on the continuum between humanitarian assistance and longer-term responses. This may include a new global partnership beyond immediate humanitarian assistance towards development, with the inclusion where appropriate of the private sector and international financial institutions. One example is the World Bank's global concessional financing facility. To move along policy, it is important to better quantify the benefits of refugee inclusion and the costs of not including them.

A Multistakeholder Group of Friends of Health for Refugees and Host Communities was launched in May 2023, co-led by WHO and UNHCR. The group aims to mobilize joint pledges from governments, multilateral donors and civil society to support the health and well-being of asylum seekers and refugees. It aims to support the health and well-being of refugees and their host communities, fortify national health systems to facilitate the inclusion of refugees and advance mental health and psychosocial support ahead of the GRF in December 2023.

Summary of opportunities for action arising from the panel

- Governments to:
 - include refugees into host societies to create long-term solutions to improve their health and well-being; this includes offering educational opportunities, empowering women and providing language training to facilitate integration and build self-reliance;
 - include rights-based approaches within national legislation, using an area-based approach benefiting refugees and the communities who host them, giving refugees access to existing services, including health, rather than creating parallel or separate systems; and
 - lead multisectoral responses to advance GCR implementation, through concrete pledges, particularly those on health.
- Researchers and the international community to better quantify the benefits of refugee inclusion and the costs of not including refugees.
- All stakeholders to:
 - meaningfully include refugees and host communities in discussions around health and assistance;
 - develop innovative approaches that benefit the health of refugees and move beyond humanitarian assistance towards development-based and longer-term responses; and
 - develop innovative funding partnerships to support the health of refugees, which might include national and international financial institutions, regional organizations and the private sector.

Panel 4. Protecting the health of refugees and migrants in public health crises

This session explored good practices, challenges and solutions aimed at protecting the health of refugees and migrants within the context of public health emergencies such as complex emergencies, natural disasters, crises induced by climate change and human-generated disasters. The session also considered supporting refugees and migrants through health system preparedness and adaptability in the context of large population movements. Session aims were to:

- identify good practices, challenges and opportunities for the preparedness and adaptability of health systems in the context of public health emergencies, with particular emphasis on supporting affected refugee and migrant populations, including the tackling of misinformation;
- consider how to strengthen surveillance systems and ensure continuum of care in cross-border movements through enhanced data collection systems and cross-border cooperation; and
- highlight the importance of including migrant and refugee populations into the planning for future shocks and public health emergencies, as part of the broader need for building health systems resilience.

Panel discussion: key points

Welcome from Zsuzsanna Jakab, Acting Regional Director, WHO Regional Office for the Western Pacific (via video), who remarked on the increasing effects of climate change leading to displacement. It is essential to strengthen health systems, develop policies and programmes, build the capacity of health workers and raise awareness of refugee and migrant health needs, guided by the WHO Regional Framework on Reaching the Unreached in the Western Pacific and the WHO GAP.

Moderator: Paul Spiegel, Director for the Centre for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health, United States.

Panel: Nedret Emiroglu, Director, Country Readiness Strengthening, WHO; Firass Abiad, Minister of Public Health, Lebanon; Sainimili W. Butale, Senior Medical Officer Border Health Protection Unit, Ministry of Health, Fiji; A.M. Pervez Rahim, Joint Secretary Health Services Division, Ministry of Health and Family Welfare, Bangladesh; and Reem Mussa, Humanitarian Adviser on Forced Migration, Médecins Sans Frontières.

The Ebola outbreaks and COVID-19 pandemic shaped global understanding of pandemic preparedness, recognizing that health systems must be ready and responsive and must include all populations to be effective. The COVID-19 pandemic exacerbated inequalities, as refugees and migrants found it difficult to access services, including health promotion, disease prevention, diagnostics, treatments and vaccinations. The pandemic also brought experience on building resilient health systems and embracing new technologies and partnerships.

Effective responses to contain outbreaks require preparation, cross-border collaboration and coordination, international cooperation and solidarity, and timely assistance from the international community. National responses need to be prepared to include surveillance, preparedness, epidemiology, digitized and real-time data, universal access to PHC and laboratory support. PHC and preparedness are key and health systems need to be ready and responsive, with a focus on equity and integration. In the context of pandemic preparedness and response, cross-border collaboration and data sharing are vital, as addressing the health of refugees and migrants cannot be limited by boundaries.

[It] takes a pandemic or a cholera outbreak to teach us that, irrespective of what our thoughts are on inclusivity, once you have a highly infectious disease running amok in the country, there are no boundaries. This is a lesson that we have learned very well: those organisms bring equity to the whole perspective. Preparedness becomes even more important when you are living in a low resource environment and precarious conditions because you don't have resources to do it all over again; you need to get it right the first time.

First, you must have national preparedness. The second important element that goes beyond national preparedness is international preparedness. Within the international environment, there must be mechanisms and resources that can be quickly mobilized.

...without creating these international tools [for pandemic preparedness and response], individual countries will face difficulties. [Disease outbreaks] will just go across boundaries or borders. They will become, instead of a national problem, an international problem.

Firass Abiad, Minister of Public Health, Lebanon

The climate crisis affects certain communities disproportionately, resulting in population displacement and impacting their health. Preparedness for responding to natural disasters and promoting resilience to these effects is a key priority. Fiji, as an archipelago of over 300 islands, holds unique logistical and accessibility challenges and is vulnerable to climate emergencies and other disasters. Risk assessments are used to tailor response mechanisms to meet the specific needs of individual islands, such as preparedness against extreme weather events.

Fiji has prioritized research and data collection to better understand the impacts of climate change on disease transmission dynamics, as well as establish evidence-based strategies for mitigating risks. We are actively involved with regional and international collaboration to address the challenges of emerging diseases and climate sensitive diseases. Through partnership with organizations such as the World Health Organization, as well as the Pacific Islands Forum, Fiji has been able to access technical expertise and share best practices and participate in joint efforts to strengthen disease surveillance, and response capacities. Overall, Fiji has demonstrated its commitment to addressing risk of new emerging diseases like COVID-19, as well as the changing communicable disease patterns associated with climate change, by employing a proactive, multisectoral, whole-of-government approach that encompasses a preparedness response.

**Sainimili W. Butale, Senior Medical Officer Border Health Protection Unit,
Ministry of Health, Fiji**

In public health emergencies, refugees and migrants often face barriers to services, including health promotion, disease prevention, treatment services, psychosocial support and vaccinations. When designing programmes, it is crucial to consider mobility and ensuring continuity of care, as well as considerations for disability, mental health and social support. For example, 40% of Rohingya refugee households in Bangladesh have at least one member affected by disabilities, with limited access to basic services, such as rehabilitation services, leading to morbidity and long-term dependence on the health care system.

Emergencies amplify existing structural inequalities and lack of inclusion. Populations that are particularly vulnerable are those in detention, undocumented people and residents of refugee camps. People on the move are also particularly vulnerable along migratory routes and there is high mortality among refugees and migrants in transit, for example crossing the Mediterranean Sea, but alarmingly, high mortality rates appear to have become normalized. Civil society plays a key role to overcome barriers to care. For displaced individuals, access to legal procedures, shelter, water, sanitation and hygiene (WASH), social protection and tackling disinformation, xenophobia and discrimination are just as vital as access to health care. Health can also be a catalyst for increased protection and rights of migrants.

Global discussions and treaties that are vital to update and transform pandemic preparedness efforts and in which governments have to ensure refugees and migrants are included comprise the Intergovernmental Negotiating Body on Global Pandemic Preparedness (10), International Health Regulations (2005) amendments and the UNGA High-level Panel on Prevention, Preparedness and Response. Data collaboration mechanisms were shared, including Somalia's collaboration with the Intergovernmental Authority on Development and IOM to launch comprehensive overviews of migration trends in the Horn of Africa, including cross-border initiatives and a One Health perspective.

The World Bank Pandemic Response Fund is an example of financial support and emphasizes the need for dedicated funding mechanisms for health initiatives. It supports surveillance, workforce enhancement and laboratory development. Funding remains a significant challenge in advancing these initiatives.

Summary of opportunities for action arising from the panel

➤ Governments to:

- strengthen the resilience of health systems by reviewing national health system preparedness and response policies and plans, to ensure inclusion of refugees, migrants and host communities; this includes training and guidance, community-based surveillance, disease monitoring, early detection, digitized and real time data research, and universal access to health services and MHPSS;
- address the social determinants of health during public health emergencies, including shelter, WASH and social protection, as well as addressing disinformation, xenophobia and discrimination; and
- continue to build and develop new partnerships with civil society organizations in supporting refugees and migrants to overcome barriers to health care.

➤ All stakeholders to:

- include refugees, migrants and host communities in all high-level policy discussions concerning pandemic prevention, preparedness and response;
- develop area- and region-specific approaches to support the health of communities and people on the move who are disproportionately affected by the climate crisis, for example specific population risk assessments to identify needs and logistic barriers;
- especially for local governments in partnership with civil society, develop specific support for refugees and migrants with disabilities, those in detention, undocumented migrants and others as an integral part of planning and providing services in public health emergencies;
- strengthen international and cross-border collaboration, through bilateral agreements where appropriate, including data sharing and mobility early in the design of programmes to ensure continuity of care; and
- support, invest in and develop new technology as part of building resilient and responsive health systems.

Summary and highlights of the day

Laura Palatini, Chief of Mission for Morocco, IOM, highlighted key summary points which include sustained political commitment from governments to implement the GCM, the GCR and the WHO GAP; inclusion of refugees and migrants in existing health services, not parallel systems; mainstreaming health into GCM implementation; aligning international, regional, national and local policies; effective participation in agenda setting; and the protection of refugees and migrants in public health emergencies to ensure that nobody is left behind. Financing is a huge challenge, requiring discussions around responsibility, long-term solutions and new funding approaches, for example through a global emergency fund. Equity, inclusivity and coherence are key principles across all interventions.



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Day 3

Introduction and welcome

Francois Reybet-Degat, UNHCR Representative for Morocco, outlined the importance of including the health needs of host communities, using an area-based approach rather than status-based approach, and engaging with civil society. In protracted situations, new approaches are needed across the humanitarian–development nexus.

Panel 5. UHC for refugees and migrants

This session reviewed progress, opportunities and challenges towards advancing UHC for refugees and migrants, as well as for hosting communities. The focus of the discussion was to highlight examples of inclusive policies and strategies, the role of State and non-State actors and the stewardship contribution of regional institutions and other stakeholders. Session aims were to:

- explore key models of refugee- and migrant-inclusive UHC, enabling policy factors and constraints;
- explore ways to enhance displacement- and migration-responsive health systems and services along mobility pathways, including cross-border continuity of care, and discussion of principles and examples; and
- discuss the roles of State and non-State actors, as well as platforms for cooperation and monitoring, in the promotion of refugee- and migrant-inclusive health services at global, regional and country levels.

Panel discussion: key points

Welcome from Jarbas Barbosa, Regional Director of the WHO Regional Office for the Americas (via video), who emphasized the benefits of the contributions from migrants and refugees to the development of economies, culture, science, and the wellbeing of the population. There is a need to keep working together for a more equitable future for our populations, leaving no one behind.

Moderator: Michael Knipper, Professor of Global Health, Migration and Medical Humanities, Institute of the History, Theory and Ethics of Medicine, Justus Liebig University Giessen, Germany.

Panel: Alicia Arias Schreiber Muñoz, Head of the Department of Health and Indigenous Peoples and Interculturalism, Division of Health Peoples Public Policies and Promotion, Ministry of Health, Chile; Huda Ababneh, Director of Project Management and International Cooperation, Ministry of Health, Jordan; Ralfh Moreno, Health Specialist, Health in Emergencies Unit, UNICEF; and Mariem Galaaoui, Liaison Officer for Human Rights and Peace Issues, International Federation of Medical Students' Associations.

Several participants emphasized that UHC provision is only universal if it includes refugees and migrants and that there can be no UHC without systematically and sustainably reaching those who are the furthest behind. This principle underscores the ethical imperative of inclusivity in health care, particularly supporting marginalized populations for health care access. Achieving UHC requires a capacitated workforce, financing, cross-border cooperation and collaboration with civil society.

National approaches to including refugees and migrants in UHC were shared. The Chilean refugee and migrant policy and strategy focuses on the right to health, providing care to refugees and migrants without payment, including for those who are undocumented.

In 2021, we established a collaboration with the Pan American Health Organization for the development of a territorial deployment strategy that is carried out by pairs of nurses and nursing technicians, psychologists and social workers. The teams work in the northern and central regions of the country where the main migratory flows are concentrated, in places of transit or precarious settlement, such as bus terminals, informal camps, the surroundings of the consular offices of the communities' countries of origin or places of commerce. By assessing the health status of these people, they link them in a timely manner with the health system, assisting them in accessing the system, as well as activating the intersectoral and community network for social assistance. This strategy has improved access to health care for thousands of people, as well as meeting the needs of this specific population, thus contributing to the objectives of universal coverage.

We believe that our experience in terms of providing access to health should have a regional scope and projection. We know that the dynamism and the specifics of this phenomenon [of migration] demand that we address it in a joint and coordinated manner.

Alicia Arias Schreiber Muñoz, Head of the Department of Health and Indigenous Peoples and Interculturalism, Division of Health Peoples Public Policies and Promotion, Ministry of Health, Chile

An example from Jordan was shared, where all refugees and migrants have access to health services at Government facilities and which includes community engagement and the development of culturally competent health care resources.

We have Community Health Committees that are affiliated with Primary Healthcare Centres. We have more than 100 Committees that comprise community-based organizations, civil society, members of the local community – including refugees themselves. They will act in a pro-active way to address any health issues and sometimes they will go to the houses and the healthcare centres, to the schools, to the mosques to address these health issues. It has been a very successful initiative and we were able to engage everyone in this initiative.

Huda Ababneh, Director of Project Management and International Cooperation, Ministry of Health, Jordan

Regional examples were also shared. The WHO Regional Office for the Eastern Mediterranean is working with ministries of health to support migrant health programmes, advocate for sustainable financing mechanisms, build sufficient and competent health workforces, integrate migrant health care data into national data systems and operationalize the humanitarian–development–peace nexus.

Challenges were acknowledged and discussed. Participants reflected on additional pressures on the health system caused by increased numbers of people and increased levels of some communicable diseases such as tuberculosis, measles and rubella. National systems are affected by inefficiencies, lack of adequate and appropriately trained human resources, fragmented health information systems and a poor research base.

Donors have supported countries, yet often with short-term resources and at PHC level, rather than at the secondary or tertiary levels of health care. The limitations of donor support highlight the need for sustainable, long-term financial mechanisms to ensure the robustness of health care infrastructure.

Delivering UHC requires a competent health workforce. Traditional health worker training is limited in supporting the specific health needs of refugees and migrants and current instruments for refugee- and migrant-specific education tend to be used during acute displacement crises. Health care workers should be trained to provide culturally and linguistically appropriate refugee- and migrant-centred health care including MHPSS. The WHO Refugee and Migrant Health: Global Competency Standards for Health Workers (11) provides an evidence-informed framework.

Achieving UHC requires tackling obstacles to accessing care, including legal, financial, administrative, cultural and linguistic barriers. It also necessitates identifying unrecognized health needs and improving health literacy. Services should be more refugee and migrant friendly, paying attention to the social determinants of health and reducing barriers. Undocumented children were particularly mentioned as being at high risk of unrecognized health needs, cultural and language barriers, limited health literacy and financial barriers; and they are particularly at risk of abuse and trafficking.

Planning, implementing and monitoring of UHC faces challenges due to difficulties capturing populations' differentiated needs within existing health information systems. Digitization, monitoring and sharing data are essential to progress. Data systems and introduction of an electronic registry have been challenging, including a need for a firewall between health and migration agencies. The International Data Alliance for Children on the Move aims to improve capacities around data sharing and UNICEF is working to improve health data digitalization and information sharing.

Parties must come together, working for access, for continuity and quality of care, protection, dignity and empowerment. This calls for a collaborative multistakeholder approach, involving national governments, international organizations and civil society. There is an important role for the international community and donors, supporting the health system, providing technical support and developing sustainable financing mechanisms. Commitment to UHC has budgetary consequences. Achieving UHC requires sustainable and flexible financing mechanisms to respond to the needs of the population. There is difficulty in offering a costed health service benefit package for refugees and migrants. There is a gap in quantifying the benefits of progressing towards UHC for all and the financial consequences of excluding refugees and migrants. Participants suggested that countries of the Global South should consider that there is a need to build a health system for the own country's welfare.

Summary of opportunities for action arising from the panel

- Governments to:
 - make a political commitment that UHC provision is only universal if it includes refugees and migrants;
 - commit to reorientating services to include refugees and migrants, ensuring services are culturally and linguistically appropriate;
 - review and address barriers to accessing quality care for refugees and migrants, including legal, financial, administrative, cultural and linguistic barriers, including identifying unrecognized health needs and improving health literacy;
 - work in a whole-of-route, whole-of-society and whole-of-government approach to ensure continuity of care in the context of mobility, including across borders; this would include strengthening partnerships with civil society for awareness-raising, community engagement and service delivery;
 - develop health information systems to monitor UHC delivery and coverage, while ensuring a separation of data between the health care sector and immigration enforcement agencies;
 - work with academic institutions to build a competent health workforce able to provide appropriate refugee- and migrant-centred health care, by reviewing and broadening the curriculum for health care workers; and
 - ensure that health services meet the needs of the population, strengthening PHC to deliver UHC and addressing specific health needs, such as access to vaccination and rehabilitative services.

- WHO and other international organizations to provide specialized technical assistance and capacity-building support to address public health issues related to human mobility.

- Governments, academic institutions and the international organizations to:
 - develop and propose sustainable financing mechanisms to support national health systems to provide refugee- and migrant-inclusive services, for example through international financial institutions or a dedicated pooled fund to assist national budgets; and
 - include developing economic and wider analyses of cost-benefits of including refugees and migrants in UHC.

Panel 6. Tackling the social determinants of health for refugees and migrants

This session addressed the impact of the social determinants of health on the lives of refugees and migrants, often fuelling health inequities. It showcased actions at the local, national and global levels to develop and implement policies, strategies and plans to tackle health inequities and the social determinants of health.

Session aims were to:

- discuss the link between the social determinants of health and the SDGs and underline the importance of mainstreaming refugees' and migrants' health within the SDGs locally, regionally and globally;
- highlight multisectoral and cross-sectoral actions (including whole-of-government and whole-of-society approaches and multisectoral partnerships within the health and non-health sectors) that can be taken to tackle health inequities and the social determinants of health; and
- discuss existing mechanisms, processes, knowledge hubs, advocacy efforts and partnerships, to ensure that the social determinants of health affecting refugees' and migrants' health are addressed at multisectoral level in support of the SDGs.

Panel discussion: key points

Moderator: Cecilia Mundaca Shah, Director, Global Health, United Nations Foundation.

Panel: Florence Mukela Kabinga, Acting Assistant Director Social Determinants of Health, National Health Office, Zambia; Felipe Proenço, Adjunct Secretary, PHC Secretariat, Ministry of Health, Brazil; Lara-Zuzan Golesorkhi, Executive Director, Center for Migration, Gender, and Justice; and Mayada Adil, Global Youth Leader on the Sustainable Development Goals.

The social determinants of health and health inequities hugely affect the physical and mental health and well-being of everyone; these are also influenced by legal frameworks, gender dynamics and power imbalances. Throughout this panel, the importance of tackling the social determinants of health was emphasized, due to the important effects on health and well-being. Supporting the social determinants of health for refugees and migrants is essential to achieving the SDGs.

Such support includes eradicating poverty and ensuring equity of access to essential services, such as PHC and secondary care, without discrimination. When planning this support, local host communities must be included. Countries have implemented localized and community-centric approaches that are considerate of the determinants of health, for example as in Brazil or Georgia.

There are several areas, several sectors, beyond health that are very important for the well-being of refugees to combat inequalities that prevail in certain sectors. We guarantee access to health care for the most disadvantaged groups of the population, whatever their migration status may be regular, irregular, and so on. We have a PHC system, and the Minister of Health has extended that to include those regions where we have the greatest numbers of refugees and migrants. We are leaving no stone unturned to make sure that all refugees and migrants – and in particular their children – are entirely covered by UHC.

Felipe Proenço, Adjunct Secretary, PHC Secretariat, Ministry of Health, Brazil

Understanding and supporting the social determinants of health are essential in public health emergencies and during outbreaks, particularly in refugee camps. This includes, for example, the critical role of WASH activities.

Access for refugees and migrants to health and wider services such as education and employment, as well as participation in the social lives of host communities, is essential to ensure the well-being of all. Refugees and migrants often bring professional skills and can positively contribute to the social and economic development of the local host communities. Refugee- and migrant-friendly, non-discriminatory and multisectoral public policies, strategies and plans can enable their integration and inclusion in communities. The socioeconomic development plan of Kenya supports the coexistence of refugees, migrants and host communities. In Brazil, the National Forum of State Councils and committees for refugees and migrants oversee the development and implementation of the intersectoral policy for refugee and migrant inclusion.

Tackling the social determinants of health requires buy-in from non-health actors, multisectoral and non-discriminatory whole-of-government approaches, and political will at highest political level to ensure migrant- and refugee-inclusive public policies. An example from Zambia was shared, as the Ministry of Health developed a Health-in-All Policies Implementation Framework, overseen by a coordinating committee including ministries across the government.

We need to tackle the social determinants, things like clean water, education, eradication of poverty and the like. Noting that most of what determines health is actually outside of the health sector, the Ministry of Health in Zambia has come up with a Health in All Policies (HiAP) implementation framework. This is a framework that looks at what role other stakeholders play to ensure that we have better health outcomes. In doing so, we have a coordinating committee that includes the ministries and other stakeholders, including the Ministry of Home Affairs and Internal Security which is mandated to look at the welfare of refugees and migrants. Within that, we have key priority actions that can ensure that the health of migrants and refugees are a priority to the national health policies.

Florence Mukela Kabinga, Acting Assistant Director Social Determinants of Health, Zambia

The panel discussed the responsibility to uphold human rights and social justice for refugees and migrants, who face discrimination, intergenerational stress and multiple barriers to accessing health. Emphasis was placed on the need for mental health support, particularly considering the barriers posed by ethnicity, race, language and gender. The role of grassroots community agents in identifying health care needs was underscored as a crucial component. Tackling health inequalities requires empowering refugees and migrants, listening to their voices and experiences, including them in decision-making and using bottom-up approaches.

Specific considerations should be given to gender as an intersectoral approach when addressing health inequities and the social determinants of health. Displacement and migration have a differentiated impact on women and children. Refugee and migrant women experience more language barriers; fewer economic opportunities; stigma and discrimination; risk of GBV; and loneliness and isolation. Their lived experiences must be better understood and utilized to shape policies and programmes. Enhancing migrant health literacy, improving language proficiency and empowerment-based health education are important. A Gender Migration Index is available as a tool to ensure gender-responsiveness.

At global level, the health of refugees and migrants should be mainstreamed into global policies and solutions, for example the Global Fund and the Pandemic Fund. Infrastructure limitations and resource constraints also need to be addressed to ensure effective health service provision. Concerns around addressing the causes

of forced displacement and migration were raised, such as conflict, poverty and the lack of development. The influence of economic and trade policies on health governance were mentioned with suggestions for a re-evaluation of global power distributions and their impact on social determinants of health for refugees and migrants. Considering the global distribution of power and privilege allows us to recognize the power disparities between countries and actors that are influenced by national interests and impact health governance. Participants proposed the need for accountability mechanisms and transparency principles that can hold states accountable.

Summary of opportunities for action arising from the panel

➤ Governments to:

- develop and implement gender-sensitive and age-sensitive policies and programmes to tackle the social determinants of health for refugees and migrants, as well as host communities, considering access to education and employment, as well as enabling participation in the social life in the host communities; specific emphasis should be placed on MHPSS, acknowledging the barriers to health care access;
- ensure the inclusion of social determinants of health in policies to support health of refugees and migrants during public health emergencies (such as disease outbreaks), which should also include emergency preparedness measures and WASH activities, particularly in high-risk settings;
- develop and implement a Health-in-All Policies approach utilizing whole-of-government and whole-of-society considerations to ensure national strategies and public policies address the social determinants of health of refugees and migrants and take into account an intersectoral approach considering gender and social class;
- uphold human rights and social justice towards better health for refugees and migrants, valuing their contributions and mainstreaming their integration into local host communities; and
- collaborate with civil society and other actors to improve social integration and provide holistic services to refugees and migrants, including social protection, education, good housing conditions, health literacy, language proficiency and employment opportunities for refugees and migrants.

➤ All stakeholders to:

- commit to monitoring health-related indicators for refugees and migrants, to include their needs in policy development and programming and to review progress to meet the SDGs;
- meaningfully include refugees and migrants in decision-making processes that impact their health, to better understand their lived experiences and health needs, including by using bottom-up approaches; and
- consider the differentiated impact displacement and migration has on women and children and develop inclusive, gender-sensitive and non-discriminatory policies and programmes.

➤ All international organizations and academia to:

- consider the causes of forced displacement and voluntary migration, such as conflict, poverty and climate change; and
- work with key actors at regional, national and international levels to mitigate impacts of these causes, including exploration of accountability mechanisms and transparency principles that could hold States and other key actors accountable for equitable health governance.

Panel 7. Harnessing the power of research, data and innovation to improve the health of refugees and migrants

The session reflected on progress, challenges and opportunities for action in strengthening research and data to improve the health of refugees and migrants. This session also provided examples of innovative data sharing and research translation into policy and practice. Session aims were to:

- discuss the multiple challenges and opportunities that exist for strengthening data and research relating to refugees and migrants;
- discuss data and research needs and collaborative responses to make progress towards data and evidence-informed policy relating to refugee and migrant health; and
- share regional examples of innovative data sharing and examples of research translation into policy and practice.

Panel discussion: key points

Moderator: Jo Vearey, Director, African Centre for Migration and Society, WITS University, South Africa.

Panel: Joel Buenaventura, Division Chief, International Relations and Diplomacy Division, Bureau of International Cooperation, Philippines; Kolitha Wickramage, Global Health Research and Epidemiology Coordinator, Migration Health Division, Global Data Institute, IOM; Khondkar Rifat Hossain, Technical Officer, Department of Health and Migration, WHO; Miriam Orcutt, Technical Officer, Department of Health and Migration, WHO; and Ayesha Kadir, Senior Humanitarian Health Adviser, Save the Children.

Research and data collection are essential for effective planning and implementation. They are crucial for assessing population needs, monitoring and evaluating progress in the implementation of policies and practices within regional, national and local contexts, as well as for achieving global policy goals.

However, there is a scarcity of data and evidence on the health status of refugees and migrants that is comparable across countries and over time, particularly for vulnerable groups such as children. The first World report on the health of refugees and migrants in 2022 (6) showed a scarcity of data and evidence on the health of refugees and migrants that were comparable across countries and over time. Data and monitoring efforts are, therefore, fragmented and not coordinated at the national or at international level, making it complex to use these to support evidence-informed policies. Challenges include aligning health information systems across the humanitarian–development continuum and cross-border data sharing.

Examples of collaborations on data were shared. The International Data Alliance for Children on the Move serves as a cross-sectoral global coalition and aims to improve data collection on migrant and forcibly displaced children, to inform and support evidence-informed policy-making. Somalia has established a health information management system to improve data quality for refugees and migrants with support from the Bureau of Statistics, the National Institute of Health, the Ministry of Health, IOM and UNHCR.

Strengthening high-quality and contextualized health and migration research globally is needed to enhance effective translation of existing evidence into policy and practice. Challenges include understanding the health risks of specific populations and migration contexts and coordination between research, policy and practice. Specific populations requiring research were discussed in the panel, including the health risks and health needs of children, ranging from newborns to adolescents, particularly unaccompanied children, and the mental health and well-being of all, including caregivers.

Tools and toolkits need to be available for use at global, national and regional levels to support creation of knowledge and evidence and translation into policies and practice. The Department of Health and Migration led the Global research agenda on health, migration and displacement, to determine global research priorities,

which was published at the end of 2023 (12). Key areas identified in this work included inclusion of refugee and migrants in UHC, preparedness and response to emergencies and addressing the determinants of health.

Additionally, there is difficulty in translating existing research and data into policies and programmes and current policies are often not evidence informed. Ensuring effective knowledge-to-policy translation must harness health diplomacy, invest in research hubs particularly in the Global South, work with media and engage private sectors and industries employing migrant workers.

Setting this multisector agenda requires incorporation of institutions beyond the health sector and cross-border collaboration. In 2013 the Philippine Migrant Health Network was created, followed by a dedicated Migrant Health Unit established within the Department of Health to address the gaps in research and evidence-informed policy.

In 2013, the Philippines Department of Health worked with the International Organization for Migration in the Philippines, on a study and stakeholder mapping of migration health governance in the country. This led to a series of interagency consultations with over 50 agencies and institutions across government, academia, civil society, nongovernmental organizations and the private sector, which led to the formation of the Philippine Migrant Health Network. By 2016, the Philippines issued a landmark policy on the health of migrants and overseas Filipinos and established a dedicated migrant health unit at the Department of Health to address all issues surrounding health and migration. We crafted the national migration health research agenda and aligned it with a medium-term health research agenda of the Philippines. This provided us with a guide on what areas we need to do research.

It cannot just be a health agenda. It must be all the sectors involved. There is a need for sustainable and inclusive institutions that are mindful of the health of refugees and migrants; it starts from having a dedicated unit within the Ministry of Health to address all issues relating to the health of refugees and migrants.

Joel Buena Ventura, Division Chief, International Relations and Diplomacy, Division, Bureau of International Cooperation, Philippines

Advancing an evidence-informed migration health agenda includes the following: establishment of a migration health task force at national or subnational level to drive migration health policy-making; commissioning a national migrant health research agenda to distil evidence to feed into the policy-making process; and ensuring migration and displacement health modules are integrated into health information systems and health surveys with robust data protection/ethical measures as key prerequisites. Alongside this, United Nations and academia should develop technical guidance to support governments to advance migrant health data and research at country level.

At the national and global level, extending the WHO GAP to 2030 allows full alignment with the United Nations 2030 Agenda for Sustainable Development and the SDGs (3), maximizing the full potential of the SDG indicator framework. Next steps include agreeing how to disaggregate and categorize data globally; how to include displacement and migration status and social determinants into routine data; and promoting wider well-being into data.

Summary of opportunities for action arising from the panel

- Governments to:
 - explore the establishment of a national displacement/migration health department or focal point to lead the development of evidence-informed policies to improve the health of refugees and migrants and develop national research agendas to support key gaps in policy and practice knowledge; and
 - strengthen data collection, analysis and utilization through mapping data sources and integration of displacement and migration status into health information and management systems and health surveys.
- WHO, in collaboration with other international organizations, to agree how to disaggregate and categorize data globally, to support governments and other partners to collect comprehensive, comparable and standardized data.
- All stakeholders to:
 - put in place ethical standards and data protection frameworks to ensure the rights, the safety and confidentiality of data concerning individual refugees and migrants;
 - include the perspectives and well-being of vulnerable migrant and refugee groups, such as children and young people and their caregivers; and
 - support the development of practical toolkits, primers and guidelines for research and data, as well as guidance to translate them into policies and practice (for example implementation research, research agenda setting, tools on big data analysis) and to superimpose mobility datasets with other epidemiological, climate and food security datasets.

Panel 8. The WHO GAP: long-term vision and implementation

The session reviewed key achievements, lessons learned and ways forward for next phase of the implementation of the WHO GAP (1,2). The session built on continued partners' engagement to galvanize action and operationalize the commitments of the Rabat Declaration adopted by the high-level segment of the Consultation, shifting the operational paradigm towards a longer-term vision of mainstreaming the health of refugees and migrants within key relevant health strategies and cooperation frameworks across sectors. This session aimed to:

- reflect on examples of action taken by governments in the context of the WHO GAP and propose action towards mechanisms to monitor and report on results to encourage compliance; and
- reflect on the stewardship role of ministries of health for multisectoral action, the role of intergovernmental entities and partner agencies, as well as non-State actors and refugees and migrants in the WHO GAP implementation.

Panel discussion: key points

Welcome from Hans Henri P. Kluge, Regional Director of the WHO Regional Office for Europe (via video), who emphasized that one in eight people in the WHO European Region today is a refugee or migrant. The importance is clear of supporting the health of refugees and migrants, focusing on health inequities and the right to health. The WHO Regional Office for Europe – which covers 53 Member States across Europe and central Asia – is renewing its strategic approach to operationalize the WHO GAP with its new regional action plan for refugee and migrant health 2023–2030.

Moderator: Davide Mosca, Senior Adviser, Department of Health and Migration, WHO.

Panel: Josef Suvada, Member of the WHO Executive Board, Slovak Republic; Natalia Soriana Castro, Deputy Director in Health Promotion, Secretariat of Health, Mexico; Santino Severoni, Director, Department of Health and Migration, WHO; Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR; and Poonam Dhavan, Director, Migration Health Division, IOM.

Over the last 20 years, the displacement, migration and health agenda has matured, captured by two global compacts (4,5), with the WHO GAP (1,2) bringing together the discussions on health. The WHO GAP has provided a framework for promoting strategies to improve the health of refugees and migrants using short- and long-term approaches.

Examples were shared of using the WHO GAP as a framework for promoting the health of refugees and migrants using short- and long-term approaches, including for populations displaced by the Ukraine crisis and in Mexico. The WHO GAP has provided guidance to mobilize resources to provide a comprehensive programme of health care. This includes making services culturally and linguistically appropriate, improving health data and statistics and tackling the social determinants of health. Hosting communities have benefited from establishment and/or scaling up of new MHPSS.

[Mexico has] a comprehensive programme for providing healthcare to migrants that was adopted in 2019. Anyone who can get to a care centre would have access to services without any discrimination.

We have tried to mainstream the topic of health – particularly within our National Migration Commission, our National Refugee Board, the National System for the Protection of Teens and Children, and for the protection of women – to build a social framework that will provide assistance to migrants. We have integrated not only health data; attention has been provided to social factors that would impact health. We ensure a right to health for everyone; we have addressed this population all the way from the federal level to the local.

Natalia Soriana Castro, Deputy Director in Health Promotion, Secretariat of Health, Mexico

Establishing clear government strategies is essential so that policies and programmes continue during any political change.

Expertise sharing is essential. There is a need to involve foreign affairs, trade and diaspora to advance the WHO GAP. Partnerships are needed, for example with academia, with full involvement of the Global South, to strengthen monitoring mechanisms. Collaborations with the WHO Regional Office for Europe to support populations displaced from Ukraine have been strengthening national data and information strategy and systems, supporting ongoing research and tackling misinformation. Wide consultations have been vital to ensure that political decision-makers and refugees have been involved in establishing and mapping policies and programmes.

International solutions are needed to tackle the reasons why people are displaced, to ease the burden for hosting countries, build resilience in refugees themselves and find long-term solutions. The GRF in December 2023 will provide opportunities to build solidarity with refugees, countries and communities that host them and to advance concrete multistakeholder pledges to achieve tangible benefits for refugees and host communities.

The SDGs, regional and national migration policy frameworks and the IOM governance frameworks provide entry points to work on migration and health. There are clear synergies between the GCM and the WHO GAP. The UNNM takes a strategic approach with workstreams covering areas affecting the health of refugees and migrants. Diaspora communities need to be better integrated in migration governance and in migration health activities. The regional GCM reviews in 2024 and the next IMRF will provide milestones for monitoring of progress.

The WHO GAP emphasizes a One Health system and the right to health, with UHC and PHC approaches, to politicians, decision-makers, technical colleagues and the public. Next steps will include the launch of the WHO Global research agenda on health, migration and displacement, the Department of Health and Migration's data initiative on the health of refugees and migrants, and strengthening WHO's capacities, tools and toolkits to assist governments.

WHO, IOM and UNHCR will continue to strongly support the right to health, one integrated health system for all and will engage with governments on policy and resources.

Summary of opportunities for action arising from the panel

- Governments to use a whole-of-government and whole-of-society approach to develop and build policies and concrete actions to implement the WHO GAP, advance UHC and promote intersectoral linkages, including strengthening and developing monitoring mechanisms.
- All international organizations to work with governments, donors, civil society, academia, refugees, migrants and other stakeholders and strengthen and continue to use a whole-of-United Nations approach to support improving the health of refugees and migrants by:
 - WHO and other international organizations and donors supporting the implementation of the WHO GAP by building country capacities with normative technical guidance, tools and toolkits;
 - IOM together with governments, donors, civil society, academia, migrants and other stakeholders to improve policy frameworks for migration governance and to use the regional GCM reviews and the next IMRF as milestones for expressing further commitments and monitoring progress;
 - UNHCR and governments to co-convene the GRF 2023, a key avenue to advance concrete multistakeholder pledges to achieve sustainable access to national health systems for refugees and host communities for GRF 2023 and continue to progress GCR implementation; and
 - WHO, IOM and UNHCR in collaboration with relevant stakeholders to develop a roadmap for future consultations and monitoring of progress, which could consider more focused attention for specific migrant and refugee groups.

Way forward and closing of the Third Global Consultation on the Health of Refugees and Migrants

Abdelkrim Meziane Bellefquih, Secretary General, Ministry of Health and Social Protection, Kingdom of Morocco, expressed pride and gratitude for the accomplishment of a pivotal milestone represented by the Third Global Consultation and the adoption of the Rabat Declaration. This intergovernmental instrument aims to address the multifaceted and intricate health challenges confronting refugees and migrants while promoting inclusive growth, sustainable development and universal standards and coverage for physical, mental and social well-being. Key contributors to the event's success included many international partners and Moroccan ministries, such as the Ministry of Interior, the Ministry of Economy and Finance, in addition to the Ministry of Health and Social Protection, and the Ministry of Foreign Affairs, African Cooperation, and Moroccan expatriates, which was instrumental in facilitating the negotiations that led to the Declaration. Special recognition was also extended to countries that cosponsored the Declaration and to all stakeholders for their active engagement and contributions. It is now essential to translate the Declaration commitments into actionable strategies and concrete actions for a lasting impact on refugees and migrants' health.

Abdelkrim Meziane Bellefquih, Secretary General, Ministry of Health and Social Protection, Kingdom of Morocco, Poonam Dhavan, Director, Migration Health Division, IOM, Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR and Santino Severoni, Director, Department of Health and Migration, WHO, expressed gratitude for the accomplishment represented by the Third Global Consultation and the Rabat Declaration and thanked governments, agencies and all participants.



Key findings and conclusions to intensify leadership and commitment for the health of refugees and migrants

The Third Global Consultation brought together governments, United Nations agencies, intergovernmental organizations and non-State actors, including refugee and migrant communities, to reflect and discuss the health of refugees and migrants by reviewing global progress to date and sharing inspirational examples of national and international practice. The Rabat Declaration, the WHO GAP, GCM, GCR and the SDGs are key policy tools to advance sustainable access to health services and strengthen health systems to improve the health for refugees, migrants and host communities alike. Reflections on ongoing challenges, including the ones arising from the COVID-19 pandemic, were accompanied by opportunities for action to progress this agenda.

The adoption of the Rabat Declaration by 49 Member States and observers has reflected ongoing and renewed commitment to improving the health of refugees and migrants. The Declaration commits to accelerating efforts to improve the health of refugees, migrants and their host communities.

Key recommendations emerged from the Consultation, which are summarized at the end of each panel. Cross-cutting themes and actions to improve the health of refugees and migrants which emerged across multiple panels included the following.

- Governments, in alignment with the principles set forth in the Rabat Declaration, the WHO GAP, GCM and GCR, to **develop refugee- and migrant-sensitive and non-discriminatory national policies, strategies and plans**, based on equity and protection of those who are the most vulnerable and **adopt a rights-based and area-based approach**, in terms of service provision. Additionally, governments to adopt gender-sensitive and age-sensitive policies that tackle specific challenges.
- Governments to **include MHPSS** as an integral part of health and multisectoral refugee- and migrant-inclusive interventions.
- Governments, regional organizations and non-State actors to **strengthen international and cross-border collaboration** to ensure continuity of care in the context of mobility. This includes the development of bilateral or regional agreements for managing public health emergencies and ensuring UHC for populations in transit or across borders.
- All stakeholders to **meaningfully involve and engage refugees and migrants** in policies, strategies and plans affecting their physical, mental and social health and well-being. This involves the inclusion of refugees and migrants in high-level policy discussions concerning pandemic prevention, preparedness and response, as well as the consideration of their perspectives in data collection and research.
- All stakeholders to develop innovative approaches to **move beyond humanitarian assistance** towards development-based and longer-term sustainable responses. This includes the development of innovative funding partnerships that may involve national and international financial institutions, regional organizations and the private sector.
- All stakeholders to **include specific refugee and migrant populations** (such as people with disabilities and/or mental health conditions, those in detention, undocumented and irregular migrants, women, elderly people, children and young people, IDPs and others) and areas in data collection and research, as well as service delivery and planning.
- All stakeholders to **develop comprehensive cost-benefit analyses** of including refugees and migrants in UHC and PHC and develop **innovative, sustainable and responsive financing mechanisms** to provide refugee- and migrant-inclusive services.

The following is a summary of key recommendations that were made during the panels.

1. On intensifying leadership and commitment for the health of refugees and migrants: governments to **increase their political commitment** by using the Rabat Declaration to develop inclusive, flexible and responsive health systems, promoting and extending the right to health and PHC for UHC for refugees and migrants, including national, regional and global approaches.
2. On mainstreaming health in the implementation of the GCM: all stakeholders to further strengthen coordinated policy work and to **scale up efforts to pledge and implement the health-related objectives of the GCM**, put into practice the commitments of the Progress Declaration and actively participate in the upcoming review processes.
3. On advancing refugee health in the context of the GCR: all stakeholders to scale up multisectoral responses including **through concrete pledges to enable effective responsibility sharing and achieve sustainable access** to strengthened national health systems for refugees and host communities.
4. On protecting the health of refugees and migrants in emergencies/public health crises:
 - governments to ensure inclusion of refugees, migrants and host communities in all aspects of health system preparedness and response policies, strategies and plans, including addressing social protection and the social determinants and develop, in partnership with relevant stakeholders including the civil society, specific support for refugees and migrants with disabilities, those in detention, undocumented migrants and others;
 - all stakeholders to include refugees, migrants and host communities in high-level policy discussions concerning pandemic prevention, preparedness and response;
 - all stakeholders to urgently develop specific approaches to support areas affected by the climate crisis; and
 - all stakeholders to promote an integrated approach that combines humanitarian interventions with long-term developmental planning.
5. On progressing UHC for refugees and migrants, governments to:
 - commit to achieving UHC and advancing the SDGs by ensuring appropriate **inclusion of refugees, migrants and host communities in health-related policies and practice**, taking into account the needs of people facing multiple vulnerabilities (for example, disabilities, pregnancy, irregular migration status);
 - commit to **reorienting health services** to include refugees and migrants, ensuring they are culturally and linguistically appropriate and build a health workforce capacitated to provide appropriate refugee- and migrant-centred health care; and
 - **review and address barriers** to accessing quality care for refugees and migrants, identifying unrecognized health needs and addressing discrimination, stigma and disinformation.
6. On tackling the social determinants of health for refugees and migrants:
 - governments to ensure policies, strategies and programmes tackle the social determinants of health for refugees and migrants, as well as host communities, to **strengthen social integration, provide educational and employment opportunities and invest in self-reliance** to create long-term solutions;
 - governments to develop and implement **inclusive, gender-sensitive and non-discriminatory Health-in-All Policies**, as well as whole-of-government and whole-of-society approaches; and

- all stakeholders to **mainstream the social determinants** of health of refugees and migrants into global, regional and national policies, strategies and plans, including those referring to the implementation of the SDGs and commit to monitoring progress to meet the SDGs.

7. On harnessing the power of research, data and innovation to improve the health of refugees and migrants:

- governments to establish a **focal person/national migration health mechanism** to lead on whole-of-government and whole-of-society data- and evidence-informed policies;
- governments to develop **national research agendas** to support policy-makers to address key knowledge gaps on health, migration and displacement;
- governments to **strengthen health information systems** to include displacement and migration status, maintaining ethical standards and data protection frameworks; and
- WHO and other international organizations to support governments and other partners to collect, analyse and share **comprehensive, comparable and standardized data** and all stakeholders to **develop practical toolkits, primers and guidelines** for research and data and facilitate their translation into policies and practice.

8. On the long-term vision and implementation of the WHO GAP:

- governments to develop and build policies, strategies and concrete actions that are relevant for the implementation of the WHO GAP, advancement of UHC and promotion of intersectoral linkages, including developing and strengthening monitoring mechanisms;
- WHO to continue to build country capacities through direct support, normative technical guidance and tools, strengthening research;
- IOM and UNHCR, governments and partners to monitor implementation of the GCM and GCR, respectively, and to actively engage in their review mechanisms;
- WHO, IOM and UNHCR to optimize collaboration methods for a whole-of-United Nations approach and work with all stakeholders to support implementation of the WHO GAP, including monitoring progress to meet global policy objectives; and
- WHO, IOM and UNHCR together with other international organizations, and in collaboration with relevant stakeholders, to develop a roadmap for future consultations and monitoring of progress, which could consider more focused attention for specific refugee and migrant groups.

The objectives of the Third Consultation included strengthening coordination and collaboration on refugee and migrant health, sharing experiences and examples and identifying priority actions. Throughout the Consultation, several critical elements emerged. Political commitment, equity, inclusion, integration, mainstreaming, monitoring and accountability were key themes throughout the discussions. Emphasis was placed on encouraging refugee and migrant participation; ensuring effective and equitable access to health care for refugees and migrants to achieve UHC; ensuring inclusive prevention, preparedness and responses to emergencies; tackling health inequities and the social determinants of health; and using data- and research-driven public health approaches – not only for the health of refugees and migrants but for all populations.

Drawing this Third Global Consultation to a close, the renewed commitment from governments and other stakeholders is very encouraging, and governments and partners are urged to continue sharing their examples of good regional, national and local practices, to develop national accountability mechanisms and leadership structures and systems to guide refugee- and migrant-inclusive policies, strategies and plans and monitor progress and to promote the health of refugees and migrants at all relevant high-level discussions.

References

1. Promoting the health of refugees and migrants: global action plan, 2019–2023. In: Seventy-second World Health Assembly, 20–28 May 2019, Geneva, Switzerland. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/328690>, accessed 3 November 2023).
2. Extension of the global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. In: Seventy-sixth World Health Assembly, Geneva, Switzerland, 30 May 2023. Geneva: World Health Organization; 2023 ([https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(17\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(17)-en.pdf), accessed 10 August 2023).
3. Making the SDGs a reality [website]. New York: Department of Economic and Social Affairs; 2023 (https://sdgs.un.org/#goal_section, accessed 18 December 2023).
4. Global Compact for Migration [website]. In: IOM/Our work. Geneva: International Organization for Migration; 2023 (<https://www.iom.int/global-compact-migration>, accessed 10 August 2023).
5. The Global Compact on Refugees [website]. In: About UNHCR. Geneva: United Nations High Commissioner for Refugees/Overview. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://www.unhcr.org/about-unhcr/who-we-are/global-compact-refugees>, accessed 10 August 2023).
6. World report on the health of refugees and migrants. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/360404>, accessed 3 November 2023).
7. Promoting the health of refugees and migrants: experiences from around the world. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366326>, accessed 3 November 2023).
8. International Migration Review Forum 2022. New York: United Nations Network on Migration; 2022 (<https://migrationnetwork.un.org/international-migration-review-forum-2022>, accessed 3 November 2023).
9. The Migration Multi-Partner Trust Fund [website]. New York: United Nations Network on Migration; 2023 (<https://migrationnetwork.un.org/mptf>, accessed 3 November 2023).
10. Intergovernmental Negotiating Body [website]. Geneva: World Health Organization; 2023 (<https://inb.who.int/>, accessed 3 November 2023).
11. Refugee and migrant health: global competency standards for health workers. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/350533>, accessed 3 November 2023).
12. Global research agenda on health, migration and displacement: strengthening research and translating research priorities into policy and practice. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/373659>, accessed 3 November 2023).

Annex 1. Rabat Declaration

13th June 2023

Rabat Declaration (English version)

High-level segment of the 3rd Global Consultation on the Health of Refugees and Migrants

We, the Ministers, and Government Representatives, meeting in Rabat¹, Kingdom of Morocco, on 13th June 2023 at the High-Level segment of the *3rd Global Consultation on the health of refugees and migrants*, hosted by the Kingdom of Morocco, and co-organized with the World Health Organization (WHO), the office of the United Nations High Commissioner for Refugees (UNHCR), and the International Organization for Migration (IOM), determined to:

- reaffirm the right of every human being, without distinction of any kind, the enjoyment of the highest attainable standard of physical and mental health;
- enhance international cooperation on migration and in all its dimensions, recognizing the positive role and contributions of migrants and refugees for inclusive growth and sustainable development, and;
- Galvanize action for an improved international response to refugees according to all relevant international and regional instruments, in support of governments-led arrangements, as appropriate, for the protection of refugees, stateless persons, asylum-seekers and other forcibly displaced persons, bearing in mind that registration of refugees, in line with international legality, also constitutes an important element in ensuring the integrity of refugee healthcare and social protection systems;²

Have adopted the following Declaration:

1. Recognize the global progress achieved since the adoption of the first Resolution on the Health of Migrants by the 61st World Health Assembly in 2008 (Res. WHA 61.17), the *1st Global Consultation* in 2010 in Madrid and the Colombo Statement³ during the *2nd Global Consultation* in 2017;
2. Note that investing in the health of refugees and migrants contributes to meeting key targets set in the Sustainable Development Goals, as well as the objectives of the *Global Compact for Safe, Orderly and Regular Migration (GCM)*⁴ and the *Global Compact on Refugees (GCR)*⁵;
3. Acknowledge the New York Declaration for Refugees and Migrants, adopted at the high-level plenary meeting of the General Assembly on addressing large movements of refugees and migrants, held at the United Nations Headquarters on 19 September 2016;

1 Algeria, Angola, Bangladesh, Brazil, Burkina Faso, Chad, Chile, Colombia, El Salvador, Egypt, Ethiopia, Fiji, Georgia, Greece, Guatemala, Honduras, India, Iran (Islamic Republic of), Italy, Jordan, Kenya, Lebanon, Libya, Madagascar, Mauritania, Mexico, Morocco, Mozambique, Namibia, Nepal, Niger, Nigeria, Palestine, Panama, Peru, Philippines, Portugal, Qatar, Romania, Senegal, Slovakia, Somalia, South Africa, Thailand, Türkiye, United Republic of Tanzania, United States of America, Yemen, Zambia.

2 Algeria reserves its position on the third indent of the preamble.

3 Colombo Statement. High-level Meeting of the Global Consultation on Migrant Health, Colombo, 23 February 2017. Geneva: International Organization for Migration; 2017 (https://www.iom.int/sites/g/files/tmzbd1486/files/our_work/DMM/Migration-Health/Colombo%20Statement%2023Feb2017%20FINAL.pdf, accessed 8 June 2023).

4 Resolution A/RES/73/195. Global compact for safe, orderly and regular migration. In: Seventy-third session, United Nations General Assembly, New York, 11 January 2019. New York: United Nations; 2019 (https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_73_195.pdf, accessed 8 June 2023).

5 The global compact on refugees: booklet. Geneva: United Nations High Commissioner for Refugees; 2018 (<https://www.unhcr.org/media/37797>, accessed 8 June 2023).

4. Encourage by the momentum brought by the WHO Global Action Plan (GAP) 2023–2030 on promoting the health of refugees and migrants⁶, with IOM and UNHCR as key partners, and other relevant international organizations, including UNFPA and UNICEF, and that the WHO Department of Health and Migration (PHM) will continue to systematically sustain it;
5. Recognize that the health of refugees, migrants and host communities is an integral part of the overall population health, that accelerating progress to achieve Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) requires concerted local, regional and global efforts to reach the most affected and that UHC is only truly universal if it includes refugees and migrants.
6. Recognize the right to the enjoyment of the highest attainable standard of physical and mental health of members of refugee and migrant populations and host communities as well as the specificity of their health needs, and that the complex nature of multisectoral and multidimensional action to protect the health of refugees and migrants requires mobilization and partnership at all levels, along with coordinated, converging and integrated responses.
7. Emphasize the centrality of country-led action, with the leadership of all relevant national authorities, including Ministries of Health and other appropriate agencies in advancing the health of refugees and other persons of concerns as well as migrants within a whole-of-government, whole-of-society, whole of UN approach, whole of route approach through a more predictable and equitable scheme of international support and responsibility-sharing.

Deciding to further strengthen the equitable health inclusion agenda of refugees migrants and their hosting communities, in a spirit of international cooperation, including within the efforts to promote universal health coverage at the country, regional and global, taking into account the lessons learned in the context of COVID-19, bearing in mind burden and burden and responsibility sharing, in line with national legislation and available resources, uniting to scale up efforts and interventions to advance action in promoting the health of refugees, migrants and their hosting communities, and declare the following:

1. We commit to accelerating efforts, at all levels using a whole-of-society and whole-of-government approach whole of UN approach to improve the health of refugees, migrants and their hosting communities, by:
 - a. Including the health of refugees and migrants in the high-level discussions in the upcoming 2023 UNGA SDG Summit in the forthcoming High-Level Political Forum on sustainable development; as well as in 2023 United Nations General Assembly High-Level Meetings related to health and other regional and global related events as applicable;
 - b. Working towards supporting public health and social protection considerations are included in national policies related to refugees and migrants in line with national priorities, and that implementation of regional and national health strategies, programmes, plans and services include measures to reach refugees and migrants, addressing their health needs, that respect human rights, need-based, human-centered, transparent, equitable, non-discriminatory, non-stigmatizing, culturally sensitive, gender-sensitive, child-sensitive and disability responsive, with the aim of leaving no one behind;

⁶ Promoting the health of refugees and migrants: draft global action plan, 2019–2023. Report by the Director-General to the Seventy-second World Health Assembly 2019. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/328690>, accessed 8 June 2023).

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- c. Addressing the root causes that negatively influence the health of refugees and migrants, especially key determinants that lie outside the health domain including but not limited to socio-economic, working, cultural, environmental, structural conditions and human rights considerations;
 - d. Promoting advocacy and awareness raising concerning refugees and migrants' health, and promoting host communities, refugees and migrants' health as part of a "One Health" approach;
2. Pledge our support to reorient and strengthen health systems towards integrated and inclusive health services and programmes for refugees, migrants, hosting communities, and countries of origins with international support, noting the importance of international support, in line with the goals of primary health care, universal health coverage, health equity and accessibility, in advance of the UNHLM on Universal Health Coverage, and further recommend to:
 - a. Foster sustainable UHC financing mechanisms, as possible, which are inclusive of migrants and refugees, regardless of their status and host communities;
 - b. Promote the meaningful participation of refugees and migrants, through appropriate means, in health policy discussions to identify and design appropriate interventions for their health needs;
 - c. Address mental health and psychosocial well-being by promoting the availability and affordability of mental health and psychosocial support, and further strengthening of such measures, including through additional international support;
 - d. Ensure that migrant health workers are deployed in safe working environments with due consideration to the health systems of both country of origin and destination countries in line with WHO Global Code of Practice on the International Recruitment of Health Personnel and other relevant instruments.
 - e. Expand efforts to recognize refugee and migrant health professional certifications in their host countries in line with national regulations to increase livelihoods opportunities and fill host country labor gaps.
 - f. Raise awareness on refugees and migrant's health and enhance health information and communication to refugees, migrants and host communities based on evidence where feasible to counter misperceptions, mis- and dis-information about migrants and refugee's health;
 - g. Include refugees and migrants in the upcoming 2023 United Nations General Assembly High-Level Meetings on UHC and High-Level events;
 - h. Foster cooperation and financial mechanisms to assist the efforts of host countries at the national and local levels, including host communities, to reduce the financial pressures they face to provide and guarantee health services to refugees and migrants.

3. Commit to include refugee and migrant populations and their hosting communities in policies and plans regarding prevention, preparedness, response and recovery to pandemics and other public health emergencies, in accordance with International Health Regulations, where appropriate. We particularly commit to:
 - a. Promote Refugee and Migrant-sensitive policies that build capacities and resilience, reduce vulnerability, improve social protection mechanisms, foster equitable access to quality health services and social care and enhance cross-border collaboration in line with national sovereignty, prior to and during the onset of pandemics and other public health emergencies, especially in adverse and crisis situations, consistent with applicable international instruments, including the *Global Compact for Safe, Orderly and Regular Migration*, the *Global Compact for Refugees* and the *1951 Refugee Convention*.
 - b. Strengthen regional and international collaboration and dialogues, as well as country-centered action, recognizing the need for inter-state and inter-sector cooperation and partnership at all levels, and with civil society, especially refugee and migrant organizations, the private sector, academia, youth, organization of persons with disabilities, women-led organizations, communities, and other actors to scale up action on prevention, preparedness and response to pandemics and other public health emergencies;
 - c. Consider including refugees and migrants in the upcoming 2023 United Nations General Assembly High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR), to be held on September 20, 2023, with the co-facilitation of the Kingdom of Morocco and Israel, as well as the subsequent Political Declaration to be adopted, and other venues as opportune;
 - d. Include meaningful provisions on refugees and migrations in a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (CA+), particularly on ensuring that migrants and refugees have equal access to health systems during public health emergencies in accordance with applicable international instruments.
4. Commit to supporting high quality global research, strengthen knowledge production, and build research capacity on the health of refugees and migrants, to support evidence-based policies and actions where appropriate and/or feasible. We encourage efforts to invest in inclusive and disaggregated data collection and monitoring of health determinants and health-related indicators of refugees and migrants, whilst respecting the rights and privacy of refugees and migrants, to:
 - a. Support monitoring and ongoing review of progress towards the SDGs and other goals and targets, including access to Universal Health Coverage as well as pandemic prevention, preparedness and response efforts;

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- b. Support the implementation, monitoring and review of progress of the WHO Global Action Plan on promoting the health of refugees and migrants, as well as health related elements in the GCM and GCR reviews and reporting mechanisms;
 - c. Enhance inclusion of refugees and migrants, as relevant, in health surveys, censuses, and other data collection efforts to support health responses and involve refugee and migrant populations in processes to inform research priorities and research dissemination activities.
5. Call on the WHO, IOM, and UNHCR, as well as other relevant UN agencies and partners, including UNFPA and UNICEF, consistent with their mandates, to:
- a. provide technical support to Member States and countries, as appropriate, when and where requested, in improving health systems to better respond to the health needs of refugees and migrants and hosting communities;
 - b. Continue their active collaboration as members of the United Nations Network on Migration, to mainstream public health considerations into migration policies and services at all levels;
 - c. Support the role and engagement of the health sector and other relevant national partners in the planning and development of health policies;
 - d. support the scale up of efforts to identify specific, shared health challenges and needs, including on sexual, reproductive, maternal, mental and psychological health of refugees, migrants and host communities to support Governments and other stakeholders to respond effectively;
 - e. foster relevant stakeholder coordination as well as global, interregional, intercountry and multi-sectoral dialogue, including among UN Agencies, to facilitate a timely exchange of information, implementation of joint interventions, and the replication of promising practices;
 - f. support development of monitoring and evaluation tools to assess for transparent and accountable regional and country-level application of the WHO Global Action Plan;
 - g. Address and respond to matters related to the impact of climate change on health, migration, and displacement.
6. Look forward to the the report and the recommendations that will be produced from the 3rd Global Consultation on the health of refugees and migrants, and consider next steps to advance progress to improve the health of refugees, migrants and their hosting communities.

Annex 2. Agenda

Third Global Consultation on the Health of Refugees and Migrants

13–15 June 2023, Rabat, Morocco

Final programme

Day 1. 13 June 2023, 10:00–19:30 Rabat time

Day 1 of the Third Global Consultation will be devoted to the high-level segment to consider and adopt the Rabat Declaration by representatives of Member States. Member States, United Nations agencies, intergovernmental organizations and non-State actors will deliver high-level statements to present successes, challenges, needs, collaborative efforts and partnerships, as well as lessons learned and solutions that may inspire countries to improve the health of refugees and migrants.

TIME (Rabat)	AGENDA
10:00	Registration opens
14:00	Participants' arrival
15:00–15:55	Opening ceremony Joint Masters of Ceremony: Aghoutane Imane, journalist, Faiçale Tadlaoui, journalist, and Santino Severoni, Director, Department of Health and Migration, WHO Welcome address <ul style="list-style-type: none">➤ Khalid Ait Taleb, Minister of Health and Social Protection, Kingdom of Morocco➤ Fouzi Lekjaa, Minister Delegate to the Minister of Economy and Finance in charge of the Budget, Kingdom of Morocco➤ Khalid Zerouali, Wali Director of Migration and Border Surveillance, Ministry of the Interior, Kingdom of Morocco➤ Tedros Adhanom Ghebreyesus, Director-General, WHO (video)➤ António Vitorino, Director-General, IOM (video)➤ Raouf Mazou, Assistant High Commissioner for Operations, UNHCR➤ Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, WHO➤ Othman Belbeisi, Regional Director for Middle East and North Africa, IOM➤ Ailan Li, Assistant Director-General, Division of Universal Health Coverage/Healthier Populations, WHO
15:55–16:15	Break
16:15–18:00	Plenary session - Adoption of Rabat Declaration and statements by Member States, UN agencies and other intergovernmental organizations, and non-State actors Reading and adoption of the Rabat Declaration Moderator: Abdelkrim Meziane Bellefquih, Secretary General, Ministry of Health and Social Protection, Kingdom of Morocco

High-level statements

- Firass Abiad, Minister of Public Health, Lebanon
- Ahmed Abdul Kader Kamal, Deputy Minister of Health for Planning and Health Development, Ministry of Public Health and Population, Yemen
- Leslie Baja, Ambassador Extraordinary and Plenipotentiary to the Kingdom of Morocco, Philippines
- Rania Bikhazi, Director, Office for Algeria, Libya, Mauritania, Morocco and Tunisia, International Labour Organization

Statements by Member States

- El Salvador, Mauritania, Peru, Nepal, Burkina Faso, Somalia, Brazil, Georgia, Islamic Republic of Iran, Egypt, Guatemala, United Republic of Tanzania, Algeria, Zambia

Statements by observers, invited representatives of the United Nations and other participating intergovernmental organizations

- UNRWA; UNICEF; WHO

Statements by non-State actors

- Association Kirikou Maroc; Center for Migration, Gender, and Justice; Save the Children; David Karorero

Summary of the key messages

- Poonam Dhavan, Director, Migration Health Division, IOM
- Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR
- Santino Severoni, Director, Department of Health and Migration, WHO

Closing remarks

- Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, WHO
- Raouf Mazou, Assistant High Commissioner for Operations, UNHCR
- Othman Belbeisi, Regional Director for Middle East and North Africa, IOM

19:30

Networking dinner

Day 2. 14 June 2023, 09:00–17:00 Rabat time

Plenary

Day 2 of the Consultation is focused on the technical discussions providing a brief overview of the key principles, global frameworks and priorities for promoting the health of refugees and migrants. The first session will delve into the experiences gained in recent years, including the COVID-19 pandemic, and latest developments in global policy agendas on health. The next session will focus on mainstreaming health in the implementation of the GCM showcasing the achievements by key Champion Countries and partners. Following this, the afternoon's first session will reflect on progress of the health-related aspects of the GCR and highlight good practices also challenges related to refugees' inclusion in national health policies and systems. The final session of this day will discuss the impact of public health emergencies on the health of refugees and migrants and reflect on opportunities to support a more inclusive approach to refugee and migrant health during emergencies.

TIME (Rabat)	AGENDA
09:00–09:05	<p>Introduction and welcome</p> <p>Ailan Li, Assistant Director-General, Division of UHC/Healthier Populations, WHO</p>
09:05–10:30	<p>Panel discussion</p> <p>Setting the scene</p> <p>Moderator: Jozef Suvada, Member of the WHO Executive Board, Slovak Republic</p> <ul style="list-style-type: none"> ➤ Santino Severoni, Director, Department of Health and Migration, WHO ➤ Susie Perera, Deputy Director General Public Health Services, Ministry of Health, Sri Lanka (video) ➤ Bekir Keskinç, Deputy General Director of Public Health, Ministry of Health, Türkiye ➤ Abdelhakim Yahyane, Director of Population, Ministry of Health and Social Protection, Kingdom of Morocco ➤ David Karorero, Global Youth Advocate ➤ Apostolis Veizis, Executive Director, Intersos Hellas <p>Q&A</p>
10:30–11:00	<p>Break</p>
11:00–12:00	<p>Panel discussion</p> <p>Mainstreaming health in the implementation of the Global Compact for Safe, Orderly and Regular Migration</p> <p>Moderator: Abdelhakim Yahyane, Director of Population, Ministry of Health and Social Protection, Kingdom of Morocco</p> <ul style="list-style-type: none"> ➤ Poonam Dhavan, Director, Migration Health Division, IOM ➤ Ricardo Fuertes, Adviser, Secretary of State of Health Promotion, Ministry of Health, Portugal

- Aishat Bukola Usman, Technical Adviser Cross-Border Surveillance, ECOWAS Regional Center for Surveillance and Disease Control, West African Health Organization
- Elana Wong, Migration Youth and Children Platform

Q&A

12:00–14:00

Lunch

14:00–15:00

Panel discussion

Advancing refugee health: achievements and way forward in advancing health in the context of the Global Compact on Refugees

Moderator: Fouad M. Fouad, Professor of Public Health, American University of Beirut

- Raouf Mazou, Assistant High Commissioner for Operations, UNHCR
- Huda Ababneh, Director of Project Management and International Cooperation, Ministry of Health, Jordan
- Anna Nicol, Policy Team Lead, Bureau of Population, Refugees, and Migration, US Department of State, United States
- Hanin Joha, medical doctor and Refugee Youth Advocate

Q&A

15:00–15:30

Break

15:30–16:45

Panel discussion

Protecting health of refugees and migrants in public health emergencies

Zsuzsanna Jakab, Regional Director for the Western Pacific ad interim, WHO (video)

Moderator: Paul Spiegel, Director for the Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health, United States

- Nedret Emiroglu, Director, Country Readiness Strengthening, WHO
- Firass Abiad, Minister of Public Health, Lebanon
- Sainimili W. Bulatale, Senior Medical Officer Border Health Protection Unit, Ministry of Health, Fiji
- A.M. Pervez Rahim, Joint Secretary, Health Services Division, Ministry of Health and Family Welfare, Bangladesh
- Reem Mussa, Humanitarian Adviser on Forced Migration, Médecins Sans Frontières

Q&A

16:45–17:00

Summary, highlights of the day, and preview of day 3

Laura Palatini, Chief of Mission, Morocco, IOM

Side events

Day 2 will feature two side events organized by WHO.

The side event entitled “WHO’s Global Research Agenda on Health and Migration: driving research and strengthening knowledge translation into policy and practice” will present the Global Research Agenda and provide an opportunity for discussion on how its implementation will be a catalyst for research and strengthening knowledge translation into policy and practice globally.

The side event entitled “Towards a monitoring framework for the WHO global action plan on promoting the health of refugees and migrants” provides an opportunity to collectively agree a roadmap to developing an indicator and monitoring framework, discuss essential datasets and methods of collection, and to find ways to bolster collaborative partnerships to drive this work forward.

TIME (Rabat)	AGENDA
12:35–13:50	<p>WHO’s Global Research Agenda on Health and Migration: driving research and strengthening knowledge translation into policy and practice</p> <p>Organizer: WHO</p> <p>Welcome address and introductory remarks Santino Severoni, Director, Department of Health and Migration, WHO</p> <p>Presentation of the Global Research Agenda Miriam Orcutt, Technical Officer, Department of Health and Migration, WHO</p> <p>Panel discussions Moderators: Robert Terry, Manager of Research Policy, Special Programme for Research and Training in Tropical Diseases, WHO, and Sylvia Garry, Technical Officer, Department of Health and Migration, WHO</p> <ul style="list-style-type: none">➤ Joel Buenaventura, Division Chief, International Relations and Diplomacy Division, Bureau of International Health Cooperation, Philippines➤ Hassan Chrifi, Director of National Public Health School, Kingdom of Morocco➤ Cecilia Mundaca Shah, Director of Global Health, United Nations Foundation➤ Kolitha Wickramage, Global Migration Health Research and Epidemiology Coordinator, Migration Health Division, Global Data Institute, IOM <p>Q&A</p>

17:30–18:45 Towards a monitoring framework for the WHO global action plan on promoting the health of refugees and migrants

Organizer: WHO

Welcome address

Santino Severoni, Director, Department of Health and Migration, WHO

Introduction to the data and monitoring framework

Rifat Hossain, Technical Officer, Department of Health and Migration, WHO

Panel discussion

Moderator: Rifat Hossain, Technical Officer, Department of Health and Migration, WHO

- Athanasios Thanopoulos, President, Hellenic Statistical Authority, Greece
- Mohamed Mghari, Director, Planning Commission, Kingdom of Morocco
- Kit Leung, Regional Migration Health Specialist, Regional Office for Southern Africa, IOM
- Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR

Q&A

Day 3. 15 June 2023, 09:00–17:00 Rabat time

Plenary

The final day of the Consultation will deep dive into cross-cutting areas on the health of refugees and migrants. The first session will review the progress, opportunities and challenges toward advancing UHC for refugees and migrants, looking at inclusive policies and strategies, the vital roles of State and non-State actors, and the stewardship contribution of regional institutions and other stakeholders. This will be followed by a session addressing the social determinants of health, which will showcase multisectoral actions by local, national and global actors to develop and implement policies tackling health inequities and social determinants of health. In the afternoon, the next session will reflect on challenges, solutions and recommendations for strengthening research and data to improve the health of these populations. The final session of the Consultation will review key achievements and the lessons learned and will explore the next steps in collectively implementing the WHO Global Action Plan on Promoting the Health of Refugees and Migrants.

TIME (Rabat)	AGENDA
09:00–09:05	<p>Introduction and welcome</p> <p>Francois Reybet-Degat, Representative Morocco, UNHCR</p>
09:05–10:20	<p>Panel discussion</p> <p>UHC for refugees and migrants</p> <p>Jarbas Barbosa, Regional Director for the Americas, WHO (video)</p> <p>Moderator: Michael Knipper, Professor of Global Health, Migration and Medical Humanities, Institute of the History, Theory and Ethics of Medicine, University Justus Liebig Giessen, Germany</p> <ul style="list-style-type: none"> • Alicia Arias Schreiber Muñoz, Head of the Department of Health and Indigenous Peoples and Interculturalism, Division of Healthy Public Policies and Promotion, Ministry of Health, Chile • Huda Ababneh, Director of Project Management and International Cooperation, Ministry of Health, Jordan • Ralfh Moreno, Health Specialist, Health in Emergencies Unit, UNICEF • Mariem Galaaoui, Liaison Officer for Human Rights and Peace Issues, International Federation of Medical Students' Associations <p>Q&A</p>
10:20–10:45	<p>Break</p>

10:45–12:00

Panel discussion

Tackling the social determinants of health for refugees and migrants

Moderator: Cecilia Mundaca Shah, Director, Global Health, United Nations Foundation

- Florence Muleka Kabinga, Acting Assistant Director Social Determinants of Health, National Health Office, Zambia
- Felipe Proenço, Adjunct Secretary, Primary Health Care Secretariat, Ministry of Health, Brazil
- Lara-Zuzan Golesorkhi, Executive Director, Center for Migration, Gender, and Justice
- Mayada Adil, Global Young Leader on the Sustainable Development Goals

Q&A

12:00–14:00

Lunch

14:00–15:15

Panel discussion

Harnessing the power of research and data to improve the health of refugees and migrants

Moderator: Jo Vearey, Director, African Centre for Migration & Society, WITS University, Johannesburg

- Joel Buenaventura, Division Chief, International Relations and Diplomacy, Division, Bureau of International Health Cooperation, Philippines
- Kolitha Wickramage, Global Migration Health Research and Epidemiology Coordinator, Migration Health Division, Global Data Institute, IOM
- Rifat Hossain and Miriam Orcutt, Technical Officers, Department of Health and Migration, WHO
- Ayesha Kadir, Senior Humanitarian Health Adviser, Save the Children

Q&A

15:15–15:35

Break

15:35–16:45

Panel discussion

WHO Global Action Plan on Promoting the Health of Refugees and Migrants: long-term vision and implementation

Hans Kluge, Regional Director for Europe, WHO (video)

Moderator: Davide Mosca, Senior Adviser, Department of Health and Migration, WHO

- Natalia Soriana Castro, Deputy Director in Health Promotion, Secretariat of Health, Mexico
- Jozef Suvada, Member of the WHO Executive Board, Slovak Republic
- Santino Severoni, Director, Department of Health and Migration, WHO
- Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/ Public Health Section, UNHCR
- Poonam Dhavan, Director, Migration Health Division, IOM

Q&A

16:45–17:00 **Way forward and closing of the Third Global Consultation on the Health of Refugees and Migrants**

Summary and key points from the Consultation

Abdelkrim Meziane Bellefquih, Secretary-General, Ministry of Health and Social Protection, Kingdom of Morocco

Closing the Consultation and the way ahead

Santino Severoni, Director, Department of Health and Migration, WHO

Side event

Day 3 will also feature one side event organized by the UNHCR in collaboration with the IOM and WHO. The side event entitled “Mental health and psychosocial support (MHPSS) for refugees and migrants, opportunities for progress” will raise awareness about improving mental health and psychosocial well-being for refugees and migrants, share best practices for accessing MHPSS in host communities and showcase recent developments in the field.

TIME (Rabat)	AGENDA
12:35–13:50	<p>Panel discussion</p> <p>Mental health and psychosocial support for refugees and migrants (MHPSS), opportunities for progress</p> <p>Lead organizer: UNHCR Co-organizers: IOM and WHO</p> <p>Moderator: Pieter Ventevogel, Senior MHPSS Officer, UNHCR</p> <ul style="list-style-type: none">• Nattakorn Jampathong, Director of Galya Rajanakarindra Institute, Thailand• Natalia Soriana Castro, Deputy Director in Health Promotion, Secretariat of Health, Mexico• Grace Obalim, Mental Health and Psychosocial Support Adviser, Transcultural Psychosocial Organization, Uganda• David Karorero, Global Youth Advocate• Alexandru Voloc, Technical Officer CD/NCD, WHO Country Office in Republic of Moldova <p>Q&A</p>

Annex 3. Background information

The following are briefings which were shared with participants during the Third Global Consultation on the Health of Refugees and Migrants, with one paper per session for Days 2 and 3 of the Consultation. These have been shortened for inclusion here.

Setting the scene

Against a global background of growing human mobility, the World Health Assembly resolution WHA.61.17 on the health of migrants (1), *intra alia*, recognized that health outcomes can be influenced by the multiple dimensions of migration and called upon Member States to promote migrant-sensitive health policies and equitable access to health promotion, disease prevention and care for migrants.

The First Global Consultation on Migrant Health (2), convened in Madrid, Spain, recognized the conditions influencing refugee and migrant health outside of the health sector, the need for intercountry and intersectoral partnerships and cooperation and a need for more evidence, disaggregated data and monitoring. The Second Global Consultation on Migrant Health (3), convened in Colombo, Sri Lanka, emphasized that health and migration is a global, long-term phenomenon. The Colombo Declaration affirmed the critical role of governments as the ultimate owners of this agenda and the need for a whole-of society and whole-of-route approach.

In 2019 the Seventy-second World Health Assembly took note of the WHO GAP, which focuses on improving the health and well-being of the world's population through evidence-informed interventions, strengthened health information systems and transformational public health policy (4). It provided scope to mainstream refugee and migrant health within platforms for action such as the SDGs (5), the GCM (6) and the GCR (7). The WHO GAP was extended until 2030 at the Seventy-sixth World Health Assembly (8).

Globally, actions to support the health of refugees and migrants take place in the context of the United Nations 2030 Agenda for Sustainable Development and the SDGs, particularly Goal 3 (ensure healthy lives and promote well-being for all at all ages) and its Target 3.8 of achieving UHC (9); the New York Declaration on Refugees and Migrants (10); World Health Assembly resolution 70.15 on framework of principles and priorities for promoting the health of refugees and migrants (11); the GCM (6) and the GCR (7).

Mainstreaming health in the implementation of the GCM

The GCM is the first negotiated intergovernmental agreement that provides an opportunity to promote the health of migrants through multisectoral partnerships and policies (6). GCM objective 15 commits to ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services. Additionally, GCM objective 15(e) commits to incorporating the health needs of migrants to national and local health care policies and plans, by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers and training health care providers on culturally sensitive service delivery, in order to promote the physical and mental health of migrants and communities.

The GCM is closely aligned with the WHO GAP, including taking into consideration relevant recommendations from the WHO framework of priorities and guiding principles to promote the health of refugees and migrants agreed upon by Member States in 2017 (11).

Through the adoption of the GCM, the UNNM was established to ensure effective, timely and coordinated

system-wide support to governments to facilitate the commitment to implement, follow-up and review the GCM. In May 2022 the first international IMRF was held, which served as the primary intergovernmental global platform to discuss and share progress on the implementation of the GCM. A Progress Declaration was adopted at the IMRF as an intergovernmental, evidence-informed and action-oriented agreed result to implement the principles of the GCM, which was subsequently formally endorsed by the UNGA.

To advance GCM implementation at country level, it is critical to integrate refugees and migrants into the provision of UHC and inclusive health systems and there is a need to recognize the importance of policy coherence and inclusive partnerships to mainstream the inclusion of migration and displacement considerations to other relevant agendas, including the environment, the climate crisis and disaster risk reduction and response.

Advancing refugee health: achievements and way forward in advancing health in the context of the GCR

The GCR is a framework that aims for more predictable and equitable burden sharing to support refugees, recognizing that a sustainable solution to refugee situations cannot be achieved without international cooperation (7). It was endorsed by Member States in December 2018 and provides a blueprint for governments, international organizations and other stakeholders to ensure that host communities get the support they need and that refugees can lead productive lives.

The GCR and the WHO GAP are closely interlinked; the health-related commitments in the GCR are aligned with the WHO GAP priorities, which aim to improve global health by addressing the health and well-being of refugees and migrants in an inclusive, comprehensive manner, as part of holistic efforts to respond to the health needs of the overall population in any given setting. Similarly, both the GCR and the WHO GAP focus on coordination of international efforts to link health care for refugees to humanitarian programmes.

Since the affirmation of the GCR in 2018, Member States and relevant stakeholders have committed to amend policies, contribute resources and expertise to expand and enhance the quality of national health systems and to facilitate effective access to health care for refugees and host communities. The first high-level officials' meeting for stocktaking on progress, in December 2021, recommended strong action to include refugees in national health systems and policies; systematically integrate MHPSS in humanitarian and development planning; encourage a more refugee-inclusive response to health emergencies, including refugee access to testing, treatment and vaccinations; and take steps to enable refugees to join the regular health workforce focus.

A central arrangement of the GCR is the GRF, where Member States and other actors will come together every 4 years (since 2019) to share good practices and contribute financial support, technical expertise, material support and policy commitments to help to reach the goals of the GCR. Furthermore, individuals, private business organizations and governments have to date made more than 80 pledges to advance the health of refugees. The second GRF will be held on 13–15 December 2023 and will provide a unique opportunity to advance the health of refugees collaboratively through joint action.

The outcomes of the Third Global Consultation will feed, alongside others, into the GRF to further shape and advance health-related commitments. To further advance the Declaration and recommendations of the Third Global Consultation, WHO and the UNHCR will work together with Member States and other partners through the Group of Friends of Health for Refugees and Host Communities (12) to foster the development of joint pledges and contributions to enhance inclusion of refugees into national health systems and to foster support to refugee hosting countries.

Protecting health of refugees and migrants in public health emergencies

Natural disasters, environmental degradation and the effects of the climate crisis, epidemics, conflicts and violence, as well as human rights abuses, may force people to move. Humanitarian efforts need to be linked to development efforts consistently as part of the humanitarian–development nexus, to collectively reduce risks and vulnerabilities and achieve strengthened health systems for all populations.

The WHO GAP emphasizes the importance of developing emergency and humanitarian health responses based on humanitarian principles and the Sendai Framework for Disaster Risk Reduction 2015–2030 (13). The WHO GAP (4) supports “the preparation of public health responses to refugee and migrant arrivals, while continuing to meet the health needs of the existing migrant and refugee populations and of the receiving population, by ensuring that services for refugees and migrants are delivered through existing health systems to the largest possible extent”. The International Health Regulations (2005) (14) and the Universal Health and Preparedness Review (15) enable working with Member States to improve preparedness of health systems for population movements.

Cross-border movements of populations are a key concern in the control of infectious disease outbreaks, and disease surveillance systems across borders are an important gap to address. This requires cross-border surveillance to be strengthened and access to health services – from prevention measures to clinical care – needs to be ensured for all cross-border travellers. The COVID-19 pandemic has further highlighted the need to include refugees and migrants in preparedness and responses from the onset of an emergency.

Tackling xenophobia, discrimination and stigma often experienced by refugees and migrants is essential to enable effective access to health services, through advocacy and evidence-informed communication with host populations and with refugee and migrant populations themselves.

Achieving these priority actions will require the inclusion of refugee and migrant health needs into national health and health system policies and planning, incorporating whole-of-government, whole-of-society and whole-of-route approaches.

UHC for refugees and migrants

The WHO GAP, the GCM and the GCR all commit to improving global health by addressing the health and well-being of refugees and migrants in an inclusive, comprehensive manner, as part of holistic efforts to achieve UHC. UHC covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care, across the life-course, focusing on the importance of the PHC approach. Effective UHC ensures that all people have access to the quality health services they need without suffering financial hardship.

The aspirational objective of realizing UHC is a fundamental component of the 2030 Agenda as Target 3.8 and is a key component of WHO’s Thirteenth General Programme of Work, 2019–2023, which includes extending UHC to one billion additional people by the year 2025 as a part of the Triple Billion Targets (16). The Political Declaration of the High-level Meeting on Universal Health Coverage at the United Nations General Assembly on 23 September 2019 (17) reaffirmed that health is a precondition for, and an outcome and indicator of, the social, economic and environmental dimension of sustainable development and of the implementation of the 2030 Agenda.

Health policies related to UHC, specifically social health protection schemes, may exclude refugees and migrants for a number of reasons, including their legal status, nationality, lack of administrative or financial access to comprehensive health services and barriers linked to language, socioeconomic status or discrimination. Health literacy plays a critical role, since health services may not be utilized by refugees and

migrants through lack of culturally or language-appropriate approaches, lack of knowledge and information about health rights and entitlements or a fear of sanctions or deportation.

Achieving the inclusion of refugees and migrants into national health policy schemes requires strong leadership, confirmed political will, health diplomacy, cross-sectoral coherence and the scaling-up of country-led initiatives. Providing access to services along the journey requires whole-of-government and whole-of-society approaches beyond the health sector, and documenting effective models and sharing knowledge on best practices and innovations will help to achieve this access. High-level advocacy, donor-supported research on sustainable financing models and permanent forums for debate, cooperation and exchange are needed. The second High-level Meeting on UHC in September 2023 in New York offers an opportunity to identify gaps and solutions towards an acceleration of progress towards refugee- and migrant-inclusive UHC and this Third Global Consultation can build momentum in this direction.

Tackling the social determinants of health for refugees and migrants

Social determinants of health reflect the conditions into which people are born, grow, work, live and age, as well as the distribution of power, money and resources in society (18). These include environmental factors and the wider set of structural forces and systems that shape everyday life, such as housing, education, nutrition, access to safe drinking-water and food and conditions of employment, as well as social norms, economic systems and policies and political systems.

Disparities in these conditions of life lead to health inequities between individuals, communities, regions and countries. Migration and displacement are determinants of health, placing refugees and migrants in situations that may impact their physical and mental well-being and generate negative health outcomes that cannot be addressed by the health system alone.

The United Nations 2030 Agenda and the SDGs promote refugee and migrant health according to the principle of leaving no one behind (5). The SDGs represent opportunities to tackle, both directly and indirectly, the social determinants of health affecting refugees and migrants, across sectors and with the engagement of a larger constituency of actors and stakeholders.

The link and relevance of the SDGs in the realization of a refugee and migrant health agenda was identified and described during the Second Global Consultation on Health and Migration in Colombo, Sri Lanka, in 2017 (3) and commitments were made to mainstream and accelerate implementation. Nevertheless, only limited mechanisms exist to ascertain progress in this direction.

Priority 4 of the WHO GAP specifically refers to enhancing capacity to tackle the social determinants of health and to accelerate progress towards achieving the SDGs, including UHC. Inclusive whole-of-government and whole-of-society health policies and policy coherence across sectors are required to address specific vulnerabilities linked with migration and displacement, as well as and health inequalities.

Harnessing the power of data and research to improve the health of refugees and migrants

The 2022 World report on the health of refugees and migrants highlighted that globally, regionally and nationally, data and research evidence are insufficiently developed to identify the health needs of refugees and migrants, to inform health policy development and implementation and to assess outcomes (19). Systematic collection, analysis and use of comparable data across countries and over time is limited; health information systems relating to these populations are fragmented; disaggregated data are rarely available; and there is a lack of operational research and capacity.

The need for health monitoring systems and data disaggregation was highlighted in the First Global Consultation in Madrid 2010 (2) and has subsequently been systematically emphasized. Yet making progress is challenging, as there is a lack of precise definitions of indicators and tracers; lack of capacity and standardized tools for research and data gathering; and risks associated with data as this requires specific and careful data security, data protection and data governance procedures.

Several WHO GAP priorities address the need for evidence-informed policy through strengthening data and research: priority 3 supporting the development and implementation of evidence-informed public health approaches; priority 5 supporting governments to develop and implement surveillance of the health of refugees and migrants through the strengthening of health monitoring and health information systems, and priority 6 including researching the impact of policies and interventions on health outcomes and health concerns.

Availability of robust data on health of refugees and migrants is imperative to assess progress towards the realization of SDGs and other goals and targets. The GCM and the GCR commit to the collection and utilization of disaggregated data as a basis for evidence-informed policies by improving and investing in the collection, analysis and dissemination of accurate, reliable, comparable data, while upholding the right to privacy under international human rights law and protecting personal data, for evidence-informed measures to improve socioeconomic conditions for refugees, migrants and the communities that host them.

The development of the WHO's Global Data Initiative on Refugee and Migrant Health to monitor progress on the WHO GAP and the WHO's Global Research Agenda and Global Research Network on health, migration and displacement aim to strengthen global collaboration around health and migration data and research.

The WHO GAP: long-term vision and implementation

The WHO GAP was adopted by Member States at the Seventy-second World Health Assembly in May 2019 (4) and formally extended to 2030 at the Seventy-sixth session of the World Health Assembly in 2023 (20). It aims to improve the health and well-being of refugees and migrants by means of robust strategies that respond to the health needs of these populations at every stage of the displacement or migration journey.

The WHO GAP was developed in collaboration with partners such as IOM, UNHCR and other agencies and stakeholders. It is aligned with the SDGs, the GCR and the GCM and other health policy frameworks such as the United Nations' Political Declaration on UHC (17), as well as the Triple Billion Targets of the WHO Thirteenth General Programme of Work (16). The WHO GAP upholds country ownership and interdisciplinary actions, acknowledging that no State and no sector can address the health of refugees and migration alone.

The WHO Department of Health and Migration was established in 2020 within the Office of the WHO Deputy Director-General to provide global leadership on health and migration issues, including the implementation of the WHO GAP and to work across all three levels of the Organization.

The first phase of the WHO GAP implementation has been productive, with several important tools and instruments developed. These include a toolkit to assist WHO GAP implementation (21); a review of the

common health needs of refugees and migrants; a country situation analysis tool; the first World report on the health of refugees and migrants in 2022; the launching of a series of global evidence reviews on health and migration; the WHO Global School on Refugee and Migrant Health; WHO's Global Data Initiative on Refugee and Migrant Health; the implementation of regional strategies, action plans and guidance documents ongoing in the WHO Region of the Americas and the WHO European Region and those now initiated in the WHO Eastern Mediterranean Region. In addition, several country-specific initiatives have been initiated.

The need is now the development of monitoring mechanism(s) concerning policies relating to the inclusion of refugees and migrants needs within health systems and responses; the promotion, production and sharing of knowledge and experience linked to policy enhancement and action; and the integration of refugee and migrant health in global, regional and national initiatives, partnerships and health forums. The stewardship of countries and intergovernmental bodies is essential to this effect. Also important is continuous engagement and support towards the implementation of the WHO GAP and its linkage to relevant platforms to promote cooperative action across sectors, including the SDGs, the GCM, GCR and health-sector specific global health forums.

References

1. Resolution on the health of migrants. In: Sixty-first World Health Assembly, Geneva, 19–24 May 2008. Geneva: World Health Organization; 2008 (WHA.61.17; https://apps.who.int/iris/bitstream/handle/10665/23533/A61_R17-en.pdf, accessed 18 December 2023).
2. Health of migrants: the way forward. Report of a global consultation, Madrid, Spain, 3–5 March 2010. Geneva: World Health Organization; 2011 (<https://apps.who.int/iris/handle/10665/44336>, accessed 18 December 2023).
3. Health of migrants: resetting the agenda. report of the second global consultation: Colombo, Sri Lanka, 21–23 February 2017. Geneva: International Organization for Migration; 2017 (https://publications.iom.int/system/files/pdf/gc2_srilanka_report_2017.pdf, accessed 18 December 2023).
4. Promoting the health of refugees and migrants: global action plan, 2019–2023. In: Seventy-second World Health Assembly, 20–28 May 2019, Geneva, Switzerland. Geneva: World Health Organization; 2019 (<https://iris.who.int/handle/10665/328690>, accessed 18 December 2023).
5. Transforming our world: the 2030 Agenda for Sustainable Development [website]. New York: United Nations; 2023 (<https://sdgs.un.org/2030agenda>, accessed 18 December 2023).
6. Global Compact for Migration [website]. In: IOM/Our work. Geneva: International Organization for Migration; 2023 (<https://www.iom.int/global-compact-migration>, accessed 10 August 2023).
7. The Global Compact on Refugees [website]. In: About UNHCR. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://www.unhcr.org/about-unhcr/who-we-are/global-compact-refugees>, accessed 10 August 2023).
8. Extension of the global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. In: Seventy-sixth World Health Assembly, Geneva, Switzerland, 30 May 2023. Geneva: World Health Organization; 2023 ([https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(17\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(17)-en.pdf), accessed 18 December 2023).
9. SDG target 3.8: achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. In: Global Health Observatory data portal [online database]. Geneva: World Health Organization; 2023 ([https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.8-achieve-universal-health-coverage-\(uhc\)-including-financial-risk-protection](https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.8-achieve-universal-health-coverage-(uhc)-including-financial-risk-protection), accessed 27 May 2023).

Annex 3. Background information

10. New York declaration on refugees and migrants. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://www.unhcr.org/what-we-do/protect-human-rights/asylum-and-migration/new-york-declaration-refugees-and-migrants>, accessed 18 December 2023).
11. Promoting the health of refugees and migrants: draft framework of priorities and guiding principles to promote the health of refugees and migrants: report by the Secretariat. In: Seventieth World Health Assembly, Geneva, Switzerland, 17 May 2017. Geneva: World Health Organization; 2017 (<https://iris.who.int/handle/10665/274829>, accessed 18 December 2023).
12. Group of friends: health. In: Global Compact on Refugees. Geneva: United Nations High Commissioner for Refugees; 2023 (<https://globalcompactrefugees.org/health-group-friends>, accessed 3 December 2023).
13. Sendai framework for disaster risk reduction 2015–2030. New York: United Nations Office for Disaster Risk Reduction; 2015 (<https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>, accessed 18 December 2023).
14. International health regulations (2005), third edition. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/246107>, accessed 18 December 2023).
15. Universal health and preparedness review [website]. In: WHO/Operations. Geneva: World Health Organization; 2022 (<https://www.who.int/emergencies/operations/universal-health---preparedness-review>, accessed 18 December 2023).
16. The triple billion targets [website]. In: WHO/Newsroom/Questions and answers. Geneva: World Health Organization; 2023 (<https://www.who.int/news-room/questions-and-answers/item/the-triple-billion-targets>, accessed 3 November 2023).
17. Political declaration of the high-level meeting on universal health coverage: universal health coverage—moving together to build a healthier world. New York: United Nations; 2019 (<https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>, accessed 18 December 2023).
18. World report on social determinants of health equity [website]. In: WHO/Initiatives/Action on Social Determinants of Health Equity. Geneva: WHO Commission on Social Determinants of Health; 2008 (<https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/world-report-on-social-determinants-of-health-equity>, accessed 18 December 2023).
19. World report on the health of refugees and migrants. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/360404>, accessed 3 November 2023).
20. Extension of the global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. In: Seventy-sixth World Health Assembly, Geneva, Switzerland, 30 May 2023. Geneva: World Health Organization; 2023 ([https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(17\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(17)-en.pdf), accessed 3 November 2023).
21. Refugee and migrant health toolkit [website]. In: WHO/Tools and toolkits. Geneva: World Health Organization; 2019 (<https://www.who.int/tools/refugee-and-migrant-health-toolkit>, accessed 3 November 2023).

Annex 4. Side events

Day 2. WHO Global Research Agenda on Health and Migration: driving research and strengthening knowledge translation into policy and practice

12.35–13.50

A welcome was extended by Santino Severoni, Director, WHO Department of Health and Migration. He outlined the need for the further development of research in the field of health, displacement and migration, with existing country examples of national research agendas in Sri Lanka and the Philippines. It is imperative to build a network of academic institutions, including from the Global South and have the engagement of refugees and migrants themselves.

Miriam Orcutt, Technical Officer, WHO Department of Health and Migration, outlined the WHO Global Research Agenda on Health and Migration, developed with 170 global stakeholders, which encompasses global, regional and local perspectives. It contains priority areas for research such as achieving UHC; health and migration in emergency situations; and financing mechanisms for sustainable health care, living and working conditions, observing the strategic perspective of the SDGs throughout. The research programme will be supported by the Global Health and Migration Research Network.

Panel 1 discussion: key points

Moderator: Rob Terry, Manager of Research Policy, Special Programme for Research and Training in Tropical Diseases, WHO.

Speakers: Joel Buenaventura, Division Chief, International Relations and Diplomacy Division, Bureau of International Health Corporation, Philippines, and Hassan Chrifi, Director of National Public Health School, Kingdom of Morocco.

Participants shared examples of developing research at national level. A national health and migration research agenda has been developed in the Philippines with the aim to develop evidence-informed policy-making, agenda setting and prioritization and resource mobilization. This was sustained by strong political support based around the global agenda and based on multisectoral collaboration. The National School of Public Health in Morocco developed research to strengthen the national health system to support migrants, including translating research findings into national policy. Utilizing high-level political backing and drawing on the African Migration Observatory established in Rabat for data, the institution has converted empirical research into holistic health policies, while conducting targeted community-level studies and fostering multistakeholder collaborations. Colombia outlined the 2020 launch of their national immigration health observatory, with access to census, population health and surveillance data. Brazil established a research strategy with IOM and UNHCR support involving 35 university, scientific and technical centres, to improve registration of refugees and migrants. Health system issues such as vaccination, language barriers and response to inequities, were also evaluated. Chile has considerable mixed-methods research to support policy discussions and implementation and the participation of civil society. WHO collaborating centres, as well as conducting research, aim to build the capacity of researchers.

Challenges included variability in the systems used to identify refugees and migrants, determining the best way to translate research into policy and practice, considering how and where modelling is needed and being able to speak the language of decision-makers. The production of evidence briefs in the translation of evidence into policy could be useful.

Panel 2 discussion: key points

Moderator: Sylvia Garry, Technical Officer, Department of Health and Migration, WHO.

Speakers: Cecilia Mundaca Shah, Director of Global Health, United Nations Foundation, and Kolitha Wickramage, Global Migration Health Research and Epidemiology Coordinator, Migration Health Division, Global Data Institute, IOM.

Research is critically important to inform national health information systems and priorities. However, systems are underfunded, and available information is fragmented and inadequate. Most research takes place in the Global North and only 1% in lower-income countries. Participants reflected on the reductions of government expenditure on health research in recent years; current financial models are no longer sustainable. Political discussion focuses on a new global financing compact, with reform of the World Bank and the International Monetary Fund.

The Lancet Migration Commission reported difficulty obtaining full engagement with the Global South and find engaged institutions and networks. Further challenges raised included that refugees and migrants are invisible in most data systems including operational, impact, social determinants of health and civil society data; that much research remains unpublished; the gaps in understanding the social determinants of health for refugee and migrant children; and harmonization of existing data and information across governments, donors and actors.

It is important to associate evidence with the policy-making process. Questions remain as to how to shift the agenda into implementation: what is needed for implementation and how the agenda at global level can be a model for local implementation, with involvement of local stakeholders. Partnerships offer opportunities to accelerate the policy agenda. In the absence of evidence-informed policies, policy tends to be opinion based and policy stewardship is important. An important way forward is the establishment of a migration and health intersectoral task force, with full engagement of policy-makers, academics and other interested parties. Sri Lanka has established a national research secretariat which focuses on research covering several important migration and health topics across the entire migration and health spectrum, including health care access financing, big data and the needs of labour migrants, to produce evidence-informed policy guidelines.

Day 2. Towards a monitoring framework for the WHO GAP

17.30–18.45

Santino Severoni welcomed the participants and emphasized the Department of Health and Migration's commitment to devising a robust monitoring mechanism for the WHO GAP. Inadequate data are a significant limiting factor affecting policy development and implementation in the field of migration and health.

Rifat Hossain, Technical Officer, WHO Department of Health and Migration, highlighted that a monitoring framework for assessing the progress of global objectives on the health of refugees and migrants remains challenging. The Apart Together survey and the first World report on the health of refugees and migrants demonstrated the paucity of data (1). Clear indicators need to be developed, linked with the SDGs and the WHO GAP. The Department of Health and Migration is undertaking a global consultation on developing a monitoring framework, including indicators linked with global instruments and processes to strengthen health information systems and promote tools and strategies.

Panel 1 discussion: key points

Moderator, Rifat Hossain, Technical Officer, Department of Health and Migration, WHO.

Speakers: Athanasios Thanopoulos, President, Hellenic Statistical Commission, Greece, and Mohamed Mghari, Director, Planning Commission, Kingdom of Morocco.

It is important to understand how the various existing data systems work and their primary purposes. For example, many European Union systems are focused on the requirements of economy and trade, leaving gaps on health data. Advancements have been made in incorporating migration modules into surveys, yet despite major efforts and initiatives, existing data still do not comprehensively reflect the health status of refugees and migrants.

Examples of national approaches include digitization of the health information system at PHC centres, with a dashboard for sharing information in Lebanon, a monitoring framework using composite indicators at national level in the Philippines, a health information system to identify health assistance needs at migratory reception centres with regional cooperation in Panama, a single registry system to support Rohingya communities, and the integration of refugee and migrant data into a census to capture quantitative data on inward movements, departures and returns in Morocco.

Challenges have included registration of highly mobile populations, data security, developing indicators and capturing the experiences of people on the move. Future priorities include developing systems for financial data, social determinants of health and understanding the impact of the climate crisis. A global data and indicator monitoring set could be created, with global compatibility.

Panel 2 discussion: key points

Moderator, Rifat Hossain, Technical Officer, Department of Health and Migration, WHO.

Speakers: Kit Leung, Regional Migration Specialist, Regional Office for Southern Africa, IOM and Allen Maina, Chief of Public Health Section, Division of Resilience and Solutions/Public Health Section, UNHCR.

IOM has assisted countries in reviewing and strengthening data and indicators concerning migration and health management. The importance of national coordination mechanisms created to strengthen national migration data mechanisms, with a focus on relevant data outside of the health system, was highlighted. This requires intersectoral collaboration beyond the Ministry of Public Health.

Often dedicated surveys are needed for health and health care. UNHCR aims to integrate refugee health information systems with national systems; for example, in Bangladesh the national health information system has developed a module to obtain health-related data from health facilities in refugee camps. The portability of data concerning refugees and migrants was discussed, with challenges related to written or physical data cards such as lost vaccination records. Work is progressing on the use of electronic and cloud-based data.

Data protection is paramount when handling individual health data. Data should not just be collected for the sake of it; all data need to serve a legitimate purpose and an operational and scalable outcome. Data should be collected that can be aggregated to higher levels and across countries. International standards are needed to enhance uniformity and safeguard data sharing within and between countries. The Department of Health and Migration and partners will continue to help and support governments to achieve scaling local endeavours.

Issues include resource mobilization, creating collaboration between Member States and partners, inclusion of other forms (e.g. qualitative) of data, the development and use of big data, understanding policy outcomes, accountability, and existing barriers to the efficient use of data. Panama has a system for the collection of multisectoral data concerning national health policy, at the regional, national and local levels; this will soon be available across Central America.

Day 3. Mental health and psychosocial support (MHPSS) for refugees and migrants, opportunities for progress

12.35–13.50

Lead organizer: UNHCR, co-organizers: IOM and WHO

Panel discussion: key points

Moderator: Peter Ventevogel, Senior MHPSS Officer, UNHCR.

Speakers: Natalia Soriana Castro, Deputy Director in Health Promotion, Secretariat of Health, Mexico; Grace Obalim, Mental Health and Psychosocial Support Adviser, TPO Uganda; Nattakorn Jampathong, Director of Galya Rajanakarindra Institute, Thailand; David Karorero, Global Youth Advocate; and Alexandru Voloc, Technical Officer, CD/NCD, WHO, Republic of Moldova.

MHPSS is not only concerned with formally defined and severe mental disorders but also with psychological distress related to past and life experiences, economic problems and legal issues. Underlying factors to suicide include social determinants of health and illiteracy. An important factor discussed by several participants is providing a sense of hope that the future will be better than the present; the absence of this is a significant factor in the incidence of suicide.

Much has been learned about appropriate MHPSS responses over the last decades. PHC must be well developed to respond to priority mental health conditions and this should be complemented by psychological interventions. There is a strong evidence base for task-sharing approaches in psychological interventions, delivered by non-specialists when appropriately trained and supervised, and activities that strengthen family and community-based support.

Examples of MHPSS responses include community-focused therapy for refugees and migrants in Mexico, particularly at border crossing points, with specialized prevention and brief intervention programmes and a helpline. TPO Uganda contributed to community-based mental health services in 11 refugee settlements across Uganda, focused on integration of MHPSS into other health areas and cognitive and behavioural therapies. Mental health services in the Republic of Moldova are in transition from institutional to community settings. Challenges include achieving the required intersectoral understanding and responses, language barriers, negative attitudes to mental health, xenophobia and stigma, and challenges presented by existing health systems.

Staff capacity needs to be developed to deal with displacement, migration and mental health promotion issues. The Rohingya population includes traumatized women exposed to GBV and those who need mental health and primary care support. There is a shortage of trained staff at community level, and para-counsellors have been trained to provide support and to reduce suicide risk. Attention was given to capacity-building and to providing information and communication on services available.

Migrants registered in Thailand are able to join the migrant health insurance system, but undocumented migrants have unmet need. Here there is NGO activity and a special fund, although not all are covered. A system of migrant mental health volunteers involving 4000 community volunteers was started during COVID-19, working on community connectedness, resilience and de-stigmatization. Further examples of civil society support are village health teams, which provide basic health assessment and service provision in Uganda, with international support.

More widely, community support should include safe and informal places for talking, psychological support, getting families and teachers more involved and sports activities for social cohesion. As part of the 2023 GRF, a multistakeholder pledge is aiming to reach one million refugees with sports activities. Advocacy and collective action, involving communities, families and teachers, and refugees and migrants themselves is essential.

Several participants highlighted the challenges of funding and of providing MHPSS in population displacements. Participants suggested a forum for further discussion on MHPSS with a wider group of participants. International attention could focus on identifying innovative low-cost community-based interventions, which would involve international coordination and cooperation. There has been increased World Bank commitment to MHPSS. The Migrant Fund NGO (M-FUND) is an important source of support.

Reference

1. Apart Together survey [website]. In: WHO/Publications/Overview. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240017924>, accessed 3 November 2023).

Annex 5. Participants

All participants are listed with ministers first followed by other participants in alphabetical order within each grouping.

Member States

Algeria

- **Boufennouche Abdelmalek**, Consul General of Algeria in Casablanca, Morocco
- **Hakim Bouaziz**, Minister-Counsellor, Permanent Mission of the People's Democratic Republic of Algeria to the United Nations Office at Geneva and other international organizations in Switzerland
- **Massinissa Bektache**, Counsellor, Permanent Mission of the People's Democratic Republic of Algeria to the United Nations Office at Geneva and other international organizations in Switzerland

Angola

- **Amilton Eduardo Sachiambo**, Translator/Interpreter, Exchange and Cooperation Office, Ministry of the Interior
- **Fernando Alberto da Silva Manuel**, Specialist, Human Rights Protection and Monitoring Department, Exchange and Cooperation Office, Ministry of the Interior

Bangladesh

- **A.M. Pervez Rahim**, Joint Secretary, Health Services Division, Ministry of Health and Family Welfare
- **Nusrat Jahan**, Senior Assistant Secretary, Ministry of Foreign Affairs

Brazil

- **Adriana Ilha**, Project Manager
- **Ana Luiza F.R. Caldas**, Director of Primary Health Care, Ministry of Health
- **Ellen Elizabeth Laurindo**, Attache, Embassy of Brazil to the Kingdom of Morocco
- **Felipe Heimburger**, Counsellor
- **Felipe Proenço de Oliveira**, Adjunct Secretary, Primary Health Care Secretariat, Ministry of Health
- **Fernanda Manara**, International Adviser
- **Igor de Assis Rodrigues**, Technical Adviser, Secretariat for Health and Environmental Surveillance, Ministry of Health
- **José Eudes Barroso Vieira**, General Coordinator of Family and Community Health, Ministry of Health

Burkina Faso

- **Théophyle Guéré**, Second Adviser responsible for questions of Humanitarian Affairs and Migration, Permanent Mission of Burkina Faso in Geneva
- **Oumarou Kologo**, Permanent Secretary of the National Commission for Refugees, Ministry of Foreign Affairs and Cooperation, Regional and Abroad
- **Simon Sanou**, Project Manager, Incident Manager, Ministry of Public Health and Hygiene Placide Tindano, General Practitioner at the Service for Epidemiological Surveillance, Ministry of Health and Public Hygiene

Chad

- **Mahamat Hamit Ahmat**, Deputy Secretary General of the Ministry of Public Health

Chile

- **Alicia Arias Schreiber Muñoz**, Head of the Department of Health and Indigenous Peoples and Interculturalism, Division of Healthy Public Policies and Promotion, Ministry of Health

Colombia

- **Jose Salazar**, Ambassador of Colombia to the Kingdom of Morocco
- **Francisco Alejandro Torres Muñoz**, Second Secretary, Embassy of Colombia to the Kingdom of Morocco

Czechia

- **Omar Djedidi**, Assistant for Economic Diplomacy at the Embassy of the Czech Republic in the Kingdom of Morocco
- **Jana Svobodova**, First Secretary, Economic Affairs and Development Cooperation, Embassy of Czech Republic to Kingdom of Morocco

Egypt

- **Hatem Amer**, Assistant Minister of Health and Population for International Relations
- **Demiana Kamel**, Technical Officer, Ministry of Health and Population

El Salvador

- **Jerson Amaya**, Consul of El Salvador to the Kingdom of Morocco
- **Ignacio de Cossio Pérez de Mendoza**, Ambassador of the Republic of El Salvador to the Kingdom of Morocco

Ethiopia

- **Hirut Habtamu Worku**, Counsellor, Ministry of Foreign Affairs
- **Tamiru Tola**, Team Lead, Ministry of Health

Fiji

- **Sainimili Bulatale**, Senior Medical Officer, Border Health Protection Unit, Ministry of Health and Medical Services

Georgia

- **David Peikrishvili**, Head of Integration, Reintegration and Economic Support to the Displaced Persons Service

Greece

- **Athanasios Thanopoulos**, President, Hellenic Statistical Authority

Guatemala

- **Erick Estuardo Escobedo Ayala**, Ambassador of Guatemala to the Kingdom of Morocco
- **Mario Rodriguez**, Counsellor, Permanent Mission of Guatemala to the United Nations in Geneva

Honduras

- **Carlos Roberto Aguilar Pineda**, Permanent Representative of Honduras to the United Nations Office at Geneva

India

- **Neha Garg**, Director, Ministry of Health and Family Welfare

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- **Nadeen Hilal**, Adviser to the Minister of Public Health

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Madagascar

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Morocco (Kingdom of)

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- **Fouzi Lekjaa**, Minister Delegate to the Minister of Economy and Finance in charge of the Budget
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- **Tedros Adhanom Ghebreyesus**, Director-General (video contribution)
- **Hafid Hachri**, National Professional Officer, Health System Adviser, WHO Country Office in Morocco
- **Rifat Hossain**, Technical Officer, Department of Health and Migration
- **Zsuzsanna Jakab**, Regional Director a.i., WHO Western Pacific Region (video contribution)
- **Joowon Kim**, Technical Officer, Department of Health and Migration
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