

Improving the collection of and access to information on the health status of refugees and migrants

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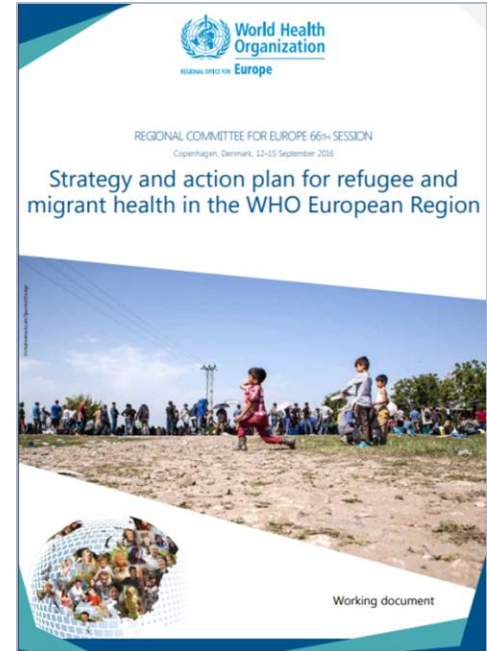




Strategy and action plan for refugee and migrant health in the WHO European Region (2016)

Strategic Area 9: improving health information and communication

“Priorities include improving the collection of and access to information on the health status of refugees, asylum seekers and migrants”



Sustainable Development Goals

Goal 17: Partnerships for the Goals

17.18 : “enhance capacity-building support to developing countries [...] to increase significantly the availability of **high-quality, timely and reliable data** disaggregated by income, gender, age, race, ethnicity, **migratory status**, disability, geographic location”



WHO Global Action Plan to promote the health of refugees and migrants (2019)

- **Priority 3. Mainstreaming of refugee and migrant health**
[...] providing support for the **development of intercountry surveillance tools and mechanisms for the exchange of data on the health of refugees and migrants** and exchange of information on steps taken and methods used in collecting and analysing data disaggregated by age and gender to inform gender-responsive programmes and services.
- **Priority 5. Strengthen health monitoring and health information systems**
To ensure that information and disaggregated data at global, regional and country levels are generated and that **adequate, standardized, comparable records on the health of refugees and migrants** are available to support policy-makers and decision-makers to develop more evidence-based policies, plans and interventions.



World Health Organization
SEVENTY-SECOND WORLD HEALTH ASSEMBLY
Provisional agenda item 12.4

A72/S
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Promoting the health of refugees and migrants

Draft global action plan, 2019–2023

Report by the Director-General

1. The Executive Board at its 144th session, in January 2019, considered and noted an earlier version of this report,¹ which has been extensively revised in light of the discussion at the Board.
2. At its 140th session in January 2017 the Executive Board in decision EB140/9 on promoting the health of refugees and migrants requested the Director-General, *inter alia*, to prepare, in full consultation and cooperation with Member States and, where applicable, regional economic integration organizations, and in cooperation with the International Organization for Migration and the United Nations High Commissioner for Refugees and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants. The framework should be a resource for Member States in meeting the health needs of refugees and migrants and contributing to the achievement of the vision of the 2030 Agenda for Sustainable Development.
3. In May 2017, the Health Assembly in resolution WHA70.15 on promoting the health of refugees and migrants noted with appreciation the framework of priorities and guiding principles and urged Member States, in accordance with their national contexts, priorities and legal frameworks, *inter alia* to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants.² In addition, the Health Assembly requested the Director-General, *inter alia*, to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region in order to contribute to the development of a draft global action plan on the health of refugees and migrants for consideration by the Seventy-second World Health Assembly. A version of the draft plan was considered by the Executive Board at its 144th session,³ and a revised text is submitted in this document.

¹ See document EB144/27 and the provisional summary records of the Executive Board at its 144th session, thirteenth meeting.

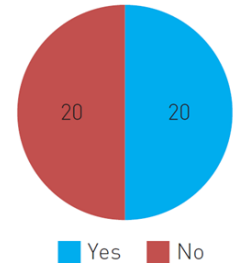
² United Nations General Assembly resolution 71/1 (2016) New York Declaration for Refugees and Migrants (<http://unhcr.org/refugees/71/1>), accessed 28 March 2019.

³ Contained in document EB144/27. For purposes of clarity, this global action plan on the health of refugees and migrants is voluntary; its acceptance by the Health Assembly would not change the voluntary nature of the plan. The plan is intended solely for the Secretariat and will not have any financial implications for Member States. The Secretariat will provide support to Member States only upon request and in accordance with national legislation and country contexts.

Current gaps in migrant health data in the European Region I

- Lack of **scientifically valid & comparable migrant health data** throughout the European Region
- Lack of **data disaggregated by sex, migration status and age**
- Lack of **data on sub-groups** such as irregular migrants
- Lack of **data on overall health status** (often only specific diseases)

Does the Member State routinely collect and include data on migration-related variables in the existing local/regional/national datasets?



cf. WHO EURO (2018) Progress report on the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region.

Current gaps in migrant health data in the European Region II

- Only in **25 of 53 Member States** of the WHO European Region refugee & migrant health data are available
- Differences exist in
 - **availability,**
 - **data type,**
 - **sources of data collection.**

Cf. HEN Report 66 (2019)

HEN Report 66

- **Availability and integration of data on refugee and migrant health in health information systems in the WHO European Region: a scoping review**
- **Published 7 October 2019**



Challenges & barriers for migrant health data collection/sharing

- Differences in national surveillance systems
- Protecting data confidentiality & privacy
- Lack of human and financial resources
- Joint definition of methodology and terminology
- Responsible authorities for collection & management of database
 - national, regional, global?
- Access to/of the population & language barriers
- Non-representative sample sizes
- Ethnic and racial sensitive data collection (participation)
- Cultural sensitivity in data collection

Country Example Serbia

- **Transit country**
 - Difficulty to track identity
 - Fear of identification
 - Intentional provision of wrong personal data
 - **Unreliable data on registered conditions & patients**
- Health information system for refugee and migrant health
 - Includes all healthcare providers (incl. NGOs)
 - Daily data available (National Institute of Public Health)

Country Example Turkey

- **Large Syrian refugee community**
 - Granted free healthcare access
 - Reliable data available at Migrant Health Department (MoH), collection through national health information system
- **Unreliable data on irregular migrants**
 - Barrier of legal status
 - Fear of identification
 - Limited collection of health data

Possible ways forward

- **Common European migrant health database**
 - + Evidence for policy making
 - + Transparency
 - Issues of data protection
 - Funding
- **Strengthening of national systems and coordination**
 - Harmonization of markers and definitions
 - Mutual exchange between states & relevant stakeholders
 - Strengthen data linkages in health information systems

References

- WHO (2016) Strategy and action plan for refugee and migrant health in the WHO European Region.
- WHO EURO (2018) Report on the health of refugees and migrants in the WHO European Region.
- WHO EURO (2019) HEN Report 66: Availability and integration of data on refugee and migrant health in health information systems in the WHO European Region: a scoping review.
- WHO (2019) Global Action Plan to promote the health of refugees and migrants.
- EC (2017) Analysis and comparative review of equality data collection practices in the European Union. Data collection in the field of ethnicity.

