

# JOINT CALL

## Reinforcing the Commitment to Addressing Migration & Health as a Global Public Health Priority



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Migration and health are inextricably linked, and this nexus is essential to all aspects of public health<sup>1 2 3 4 5 6 7</sup>. Inclusion of the over 1 billion people globally who are migrants, refugees or displaced<sup>8</sup>, are essential to achieving all global health-related and development targets, such as the United Nations 2030 Agenda Sustainable Development Goals (SDGs), ensuring Universal Health Coverage (UHC), and strengthening preparedness and response to health emergencies. It is also integral to advancing the broader UN80 Initiative<sup>9</sup>, which emphasizes peace, development, humanitarian action, and human rights.

The health of migrants and refugees is often treated as a humanitarian issue and associated with crises, but it is, in fact, a strategic imperative for global health, and essential for longer term health system responses. Addressing the health needs of these populations embodies the core values of global health, providing a powerful and practical model for how health systems can become more equitable, just, resilient, and globally responsive. Migrant health intersects with various social determinants, and migration and displacement have been highlighted themselves as determinants of health<sup>7</sup>. Tackling these determinants fosters an integrated, upstream approach to health – a blueprint for how global health must tackle complex and interconnected health determinants globally.

Global migration is on the rise, with over 304 million international migrants<sup>10</sup>, 123 million displaced people including 32 million refugees and 83 million internally displaced people<sup>11</sup>, and 763 million internal migrants. The growing health needs of these populations require urgent and coordinated responses. Current data highlights significant inequalities in health access and outcomes for migrants and refugees, underlining the need for comprehensive policy attention and action.

**At this critical moment for global health, with the changing geopolitical and funding environment when those most vulnerable are at risk of being left behind, we therefore call on governments and global health leaders to:**

- **Ensure health systems are equipped to address the public health challenges of migration and displacement, supported by robust research and evidence-based policy<sup>12</sup>.**
- **Recognize migrants and refugees as integral to the health systems of many high-income countries<sup>13</sup>.**
- **Monitor and mitigate the health and development impacts of shifting migration policies.**
- **Maintain or increase support for migration and health and ensure that it remains a priority in the global health agenda, including within WHO.**

### **Background and Urgency**

Equitable access to health services contributes to social stability and prosperity. Ensuring migrants and displaced persons are included in health systems is both a moral imperative and a pragmatic strategy for building resilient societies. However, current rhetoric and policy changes in some countries as well as significant cuts of global health funding and ODA risk undermining global health principles and excluding vulnerable populations. The rise in climate-related displacement, conflict, and economic instability is expected to put additional strain on health systems and to increase demand for technical support. Migrants are often integral parts of health service provision themselves, even more considering that 4 out of 5 continents show an ageing and shrinking population, with severe gaps in workforce seen especially in the healthcare sector. In addition, they are essential to development and many economies. Remittances already contribute USD 656 billion to economies in low- and middle-income countries<sup>14</sup>.

## **The need for global leadership within public health and from the WHO**

WHO's continued leadership and capacity in this area will be essential: as the United Nation's specialized agency and thus global authority on public health, WHO's corresponding role in promoting the health of refugees and migrants worldwide remains key. Health & migration is prioritised in the WHO Fourteenth General Programme of Work 2025-2028 (GPW14)<sup>15</sup>. It has been strongly supported by Member States through the WHO Global Action Plan (GAP) on promoting the health of refugees and migrants<sup>16</sup> extension until 2030<sup>17</sup>. During the 78th World Health Assembly in May 2025, multiple member states again outlined their full support for the GAP and reiterated its important role in achieving UHC, and over 15 countries co-sponsored a side event on health and migration, demonstrating the sustained country commitment to promoting the health of refugees and migrants. This further highlighted health system strengthening as a prerequisite for equitably delivering health for all.

WHO's key global role on this topic includes working closely with ministries of health on integration of refugees & migrants into health systems<sup>18</sup>, as well as on global and national research agenda setting<sup>19</sup> to strengthen evidence informed policy making. Recent reporting (Health Policy Watch<sup>20</sup>) suggests that the "Health and Migration" program may be significantly diminished or removed in WHO's upcoming organizational restructuring. If accurate, this development could significantly reduce WHO's technical capacity and global leadership on this topic, thus leading to challenges to respond effectively to the global trends of increasing need for country level guidance and coordination on the topic, especially the long-term health system responses to migration and displacement. Similarly, funding cuts affecting the International Organization for Migration (IOM)<sup>21</sup> and UNHCR compound concerns about a potential decline in global institutional support for migration and health.

## **Urgent Actions Needed**

The deprioritization of migration and health – amidst increasing global migration, political shifts, and funding constraints – poses serious risks to public health and human rights. A weakening of focus could exacerbate existing inequalities, with the most vulnerable populations bearing the greatest burden. We thus urge Global Health Leaders, the UN system, Ministries of Health, and broader stakeholders to reaffirm and strengthen their commitment to migration and health by:

- Sustaining and elevating migration and health within WHO's organizational structure to reflect the growing global public health priority of the topic.
- Leveraging reform processes to reinforce, not reduce, institutional capacity in this area.
- Promoting innovative partnerships across the UN system and with non-state actors.
- Strengthening the UN's early warning signs for conflict and humanitarian crises so health and health system interventions can take place earlier and address more effectively the drivers and health impacts of migration and displacement.
- Ensuring sufficient resources are allocated to uphold the right to health for all, including migrants, refugees and other displaced populations.

## **Conclusion**

The intersection of migration and health is a global public health priority. Ensuring access to health for migrants and refugees is not only a matter of equity – it is a cornerstone of effective public health. The current momentum offers an opportunity to reinforce, rather than retreat from, commitments in this field. There is no public health without migrant and refugee health and continued investment and leadership are therefore essential. The current changes within the geopolitical, global health and funding spaces must not be used as an excuse to exclude further those who are already marginalised. We who have voices have the responsibility to raise these on behalf of the voiceless. Therefore, we call on global leaders, ministries of health, and the broader global health community to demonstrate both solidarity and action at this critical time, to uphold the right to health for all, especially those most vulnerable within society, and to ensure no one is left behind.

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## REFERENCES

### Citation from WHO

*“Refugees and migrants often come from communities affected by war, conflict or economic crisis, with vulnerabilities related to the condition of their journeys such as inadequate access to food and water, sanitation and other basic services. They are at risk of communicable diseases, accidental injuries, hypothermia, burns, unwanted pregnancy and delivery-related complications, and various noncommunicable diseases. Moreover, refugees and migrants are at risk of poor mental health outcomes.*

*Refugee and migrant health are also strongly related to the social determinants of health in host communities (e.g., employment, income, education and housing). To promote public health protection for them and the host populations, refugees and migrants should have equitable access to quality health services, free of discrimination, exclusion and stigma. In addition, appropriate multisectoral public policy responses are required to address the social determinants. Refugees and migrants also play a key employment role in the provision of health and social services, and access to health services for the populations recognizes this contribution and contributes to social well-being and cohesion.*

*The WHO Health and Migration Programme (PHM) works with countries to promote the human right to health and access to quality and culturally appropriate health services, with adequate social and financial protection.”*

– Source: [WHO Website as of May 23, 2025](#) –

### References with hyperlinks

- <sup>1</sup> [Common health needs of refugees and migrants: literature review | WHO Health and Migration Programme | 2021](#)
- <sup>2</sup> [1st „Report on the health of refugees and migrants in the WHO European Region”, released by the WHO Regional Office for Europe | 2019.](#)
- <sup>3</sup> [WHO on Refugee and Migrant Health | Website as of May 21, 2025](#)
- <sup>4</sup> [Langlois, Etienne V et al. Refugees: towards better access to health-care services. The Lancet, Volume 387, Issue 10016, 319-321.](#)
- <sup>5</sup> [Shetty AK. Infectious Diseases among Refugee Children. Children \(Basel\). 2019 Nov 27;6\(12\):129. doi: 10.3390/children6120129. PMID: 31783605; PMCID: PMC6955676.](#)
- <sup>6</sup> [Global Sepsis Alliance | 2030 Global Agenda for Sepsis](#)
- <sup>7</sup> [Abbas, M., Aloudat, T., Bartolomei, J. et al. Migrant and refugee populations: a public health and policy perspective on a continuing global crisis. Antimicrob Resist Infect Control 7, 113 \(2018\).](#)
- <sup>8</sup> [WHO: World report on the health of refugees and migrants | 2022](#)
- <sup>9</sup> [UN Secretary-General Briefing on UN80 Initiative of peace and security, development, humanitarian response, and human rights in context to “The United Nations at 80 – Building our future together” | May 14, 2025](#)
- <sup>10</sup> [UN Department of Economic and Social Affairs, International Migrant Stock 2024 | January 2025](#)
- <sup>11</sup> [Global Report on Internal Displacement 2025 published by the Internal Displacement Monitoring Centre \(IDMC\)](#)
- <sup>12</sup> [Ho S, Javadi D, Causevic S, et al Intersectoral and integrated approaches in achieving the right to health for refugees on resettlement: a scoping review BMJ Open 2019;9:e029407. doi: 10.1136/bmjopen-2019-029407](#)
- <sup>13</sup> [UCL – Lancet Commission on Migration and Health: the health of a world on the move. Lancet. 2018](#)
- <sup>14</sup> [World Bank, 2024a, Ratha et al., 2024 | The Global Migration Data Portal | Global Migration Data Analysis Centre \(GMDAC\) | UN Migration – International Organization for Migration \(IOM\)](#)
- <sup>15</sup> [WHO Fourteenth General Programme of Work 2025-2028 \(GPW14\)](#)
- <sup>16</sup> [WHO Global Action Plan on promoting the health of refugees and migrants \(GAP\)](#)
- <sup>17</sup> [WHO Draft Programme Budget 2026/2027, based on GPW 14](#)
- <sup>18</sup> [WHO Report „Refugee and migrant health system review: challenges and opportunities for long-term health system strengthening in Uganda“ | September 2024](#)
- <sup>19</sup> [WHO Technical Document “Global research agenda on health, migration and displacement: strengthening research and translating research priorities into policy and practice” | October 2023](#)
- <sup>20</sup> [Article in Health Policy Watch | May 14, 2025](#)
- <sup>21</sup> [UN Migration – International Organization for Migration \(IOM\) | Website](#)

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