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World report on promoting the health of refugees and migrants

Monitoring progress on the WHO global action plan



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Global Displacement and Migration

304 M **International Migrants**
(2024- UNDESA)

36.8 M **Refugees**
(mid-2025 – UNHCR)

167.7 M **International Migrant Workers**
(2022- ILO)

8.4 M **Asylum seekers**
(mid-2025- UNHCR)

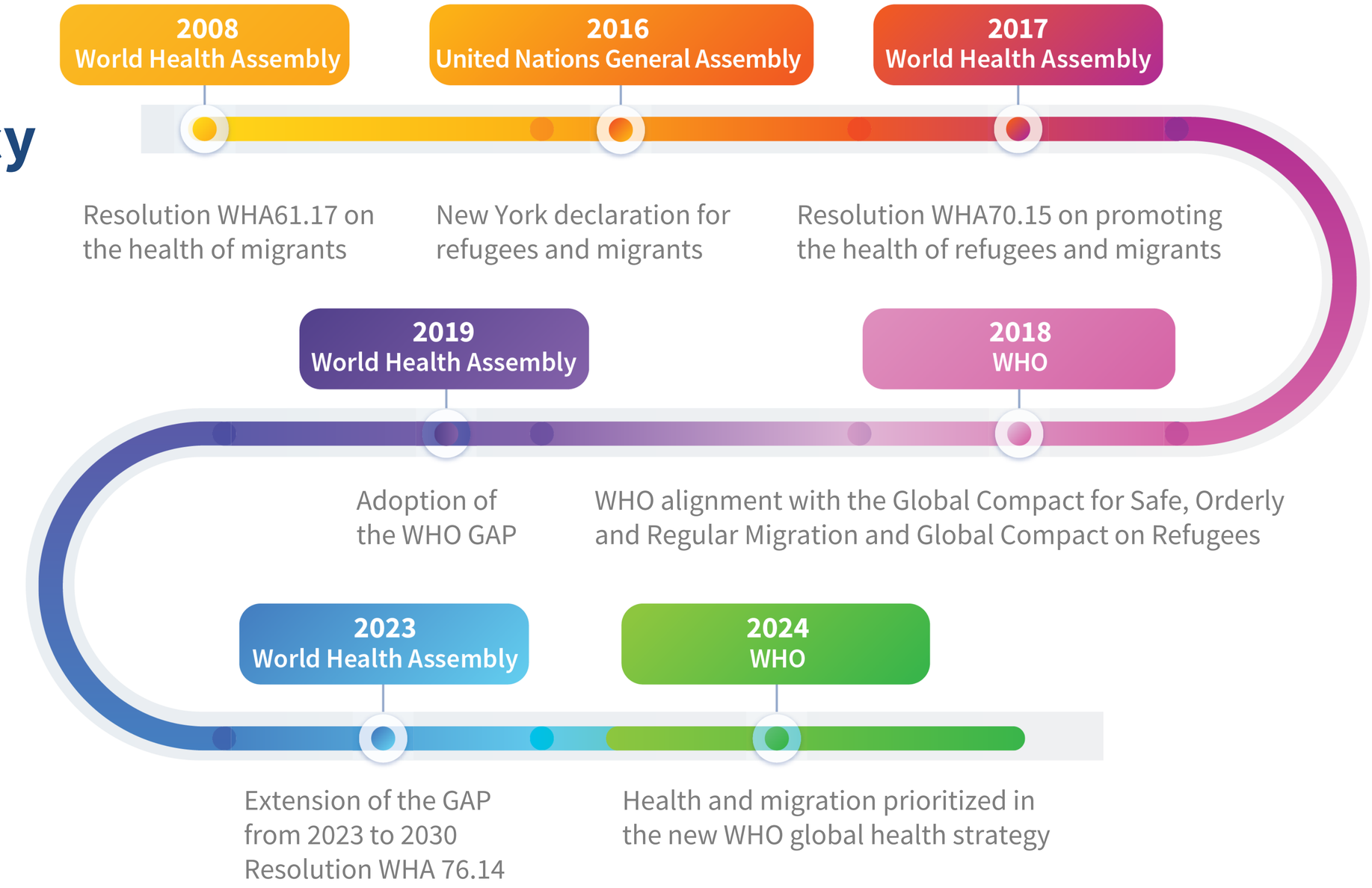
763 M **Internal Migrants**
(2005- UNDESA)

83.4 M **Internally Displaced People**
(2024- UNHCR)

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Health and migration policy landscape:

Progress towards action



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A snapshot of the report

What the Report Represents

- Global assessment of how countries are advancing refugee and migrant health promotion.
- Coverage across all six WHO regions.
- Indicator Global Monitoring Framework used to track progress.

Participatory and Evidence-Driven Process

- 300 contributors across Member States, WHO offices, expert groups and partners.
- Inputs and validation from WHO regional and country offices.
- Technical design-methodological support from the WHO Collaborating Centre at Uppsala University.

Consultation & Expert Engagement

- 4 rounds of internal and external consultations.
- 35 Member States engaged during consultation phase (including Chile, which piloted the survey).
- 50 external experts involved through the Expert Review Group, Technical Advisory Group and UN/academic/civil society partners.
- Peer review by Collaborating Centres (Italy's INMP & Chile's Universidad del Desarrollo) and other expert reviewers.

Case Studies & Comparative Analysis

- 22 country case studies illustrating practical and scalable solutions from all regions.
- Comparative analysis of policy and health-system approaches across WHO regions.

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WHO GPW14 Health and Migration – Baseline Indicator.

"Equal access to emergency and/or essential health services to refugees and migrants as compared to host population"

Timeline and Processes of the Elaboration of the World Report 2025

First World Report

Jul 20 2022



Conceptualization

May – July 2024

Content Generation

Jan– June 2025

GAP Monitoring Framework Development

Report Writing

Mar – June 2025

Finalization and Validation

Jun – Aug 2025

Internal and External consultations

TEN/TAG/Review Groups

Jun 2025

Technical and Copy Editing

Jul – Aug 2025

Peer-review Amendments and final changes

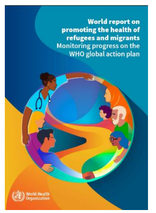
Jul 2025

Revisions and Clearance

Sept 2025 – Feb 2026

Publication and Dissemination

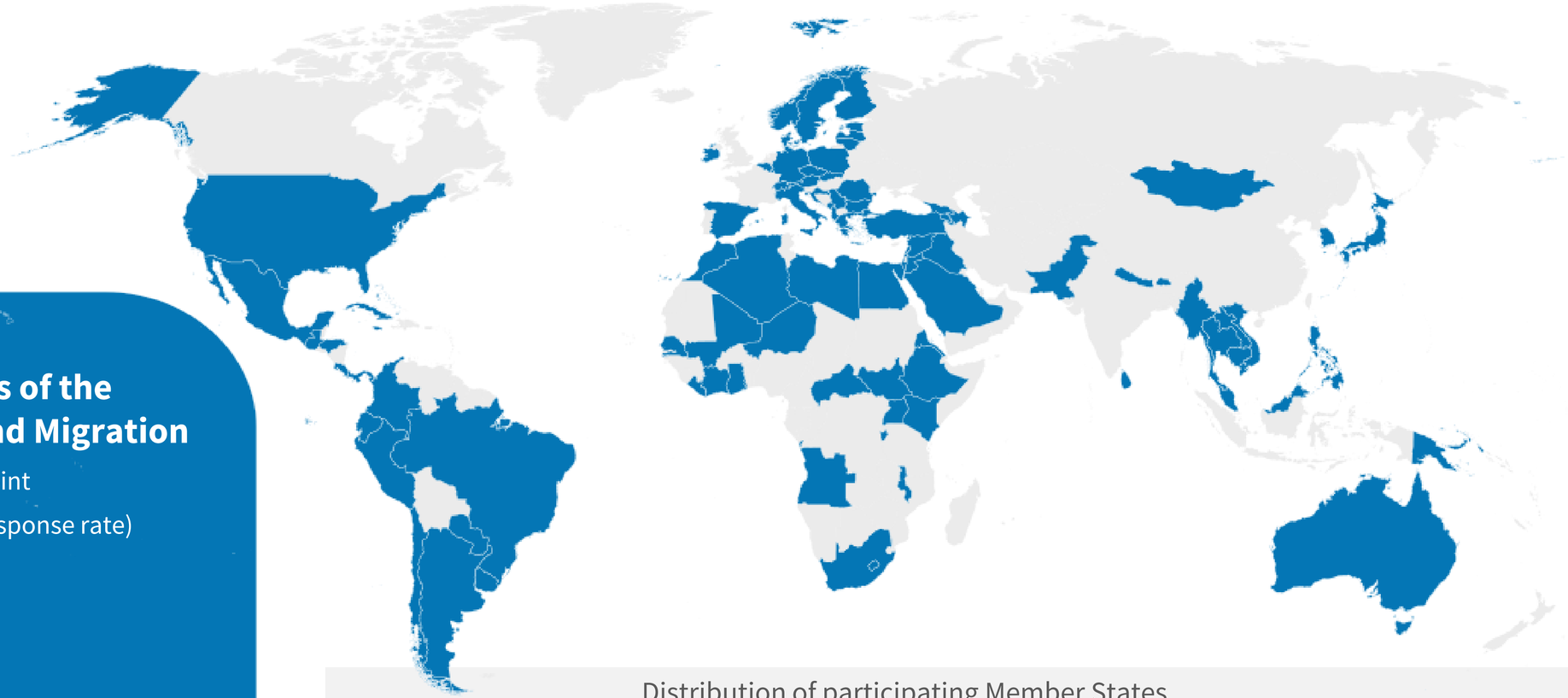
March 2026



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Input from Member States:

First ever global baseline for Global Action Plan implementation



Distribution of participating Member States

Report built on the findings of the Global Survey on Health and Migration

- **111 countries** designated a focal point
- **93** completed the survey (83.07% response rate)
- Among the respondent:

EURO: 30	AMRO: 16	EMRO: 8
AFRO: 21	WPRO: 12	SEARO: 6

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Structure of the Survey

The survey consists of **12 main questions grouped within the 6 GAP priorities** developed in consultation with MS and RO.



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1 Does the national health policy/legislation/strategy/plan include any component on refugees and migrants?

2 Does the national disaster risk reduction plan have at least one component on the health of refugees and migrants?

3 Does the national emergency preparedness and response plan have at least one explicit component on the health of refugees and migrants?

4 Since 2019, has there been at least one assessment of the national health system conducted to assess quality or acceptability or availability or accessibility of health services for refugees and migrants?

5 Are refugees and migrants included in the national occupational health and safety policy/legislation/strategy/plan?

6 Are refugees and migrants included in the governance, including planning, of health care service delivery?

7 Are there government-led multisectoral coordination mechanisms to promote the health of refugees and migrants, addressing social determinants of health?

8 Is data on migratory status and/or other related variables routinely collected, analyzed, and disseminated, as part of the national health information system?

9 Are there safeguards in place to prevent misuse of migrant/refugee health data?

10 Do healthcare providers receive training on culturally responsive care for refugees and migrants?

11 Have there been communication or information campaigns* to counter misperceptions about migrant and refugee health?

12 Are refugees and migrants included in community engagement strategies and plans?



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Key findings



1. Public-health interventions

- **Limited inclusion** of refugees and migrants in **disaster risk reduction** plans **(42%).**
- Limited inclusion in **national emergency preparedness** and response plans **(42%).**
- **Very few** countries link these plans to **climate-related health risks**.



2. Continuity and quality of essential health care

- Only **37% have assessed** how **national health systems** meet the needs of refugees and migrants. Rarely included all migrant groups in the assessment.
- Assessments **rarely** cover **all migrant subgroups.**



3. Mainstreaming refugee and migrant health into national policies and legal frameworks

- **67% include refugees and migrants** in health **policies or strategies**, but subgroup inclusion varies widely.
- **Migrants in irregular** situations are almost universally **excluded**.
- Only **40% include refugees and migrants in health governance,** mainly in planning.
- **Occupational health** and safety references exist (**42%**) but are mostly generic.

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Key findings



4. Addressing the social determinants of health

- **Policies rarely reflect** the specific working and living conditions of refugees and migrants.
- **Measures are insufficiently tailored** to migrant workers' vulnerabilities.



5. Strengthening health monitoring and information systems

- Only **37% routinely collect and analyze** data disaggregated by migratory status.
- **53% report data safeguards**, but most are general protections rather than migration-specific.
- **Significant gaps in quality, comparability**, and routine capture persist.



6. Improving communication and countering misperceptions

- Only **48% include refugees and migrants in community engagement strategies**.
- Only **30% have run communication campaigns** addressing misperceptions about migrant and refugee health.
- Only **39% train health workers in culturally responsive care**, mostly through continuing education rather than pre-service training.

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Second World Report: what is new?

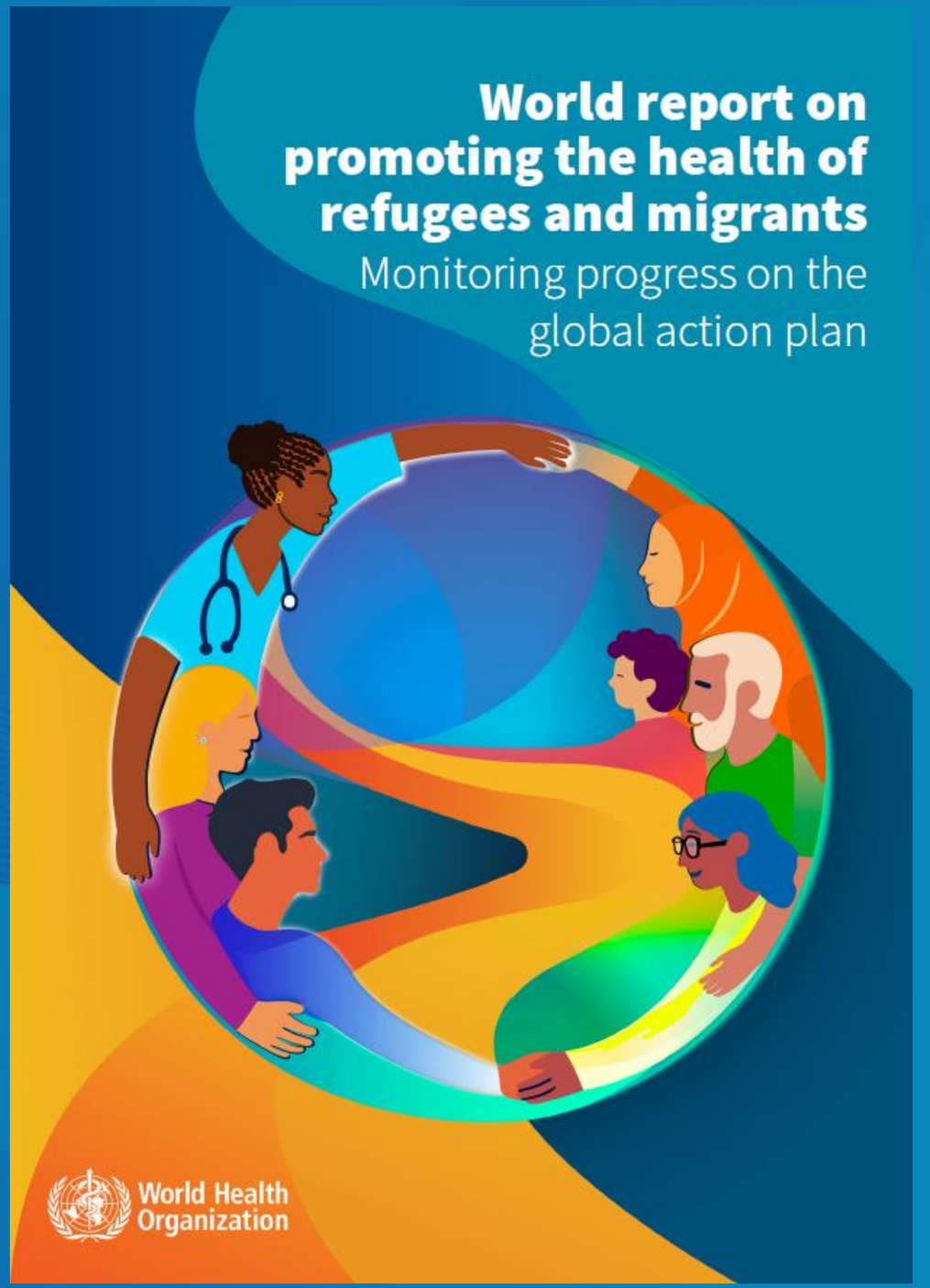
GAP Implementation: Progress & Gaps
Notable progress:

- Inclusion of refugees and migrants in national health **policies, legislation, strategies**, and **plans**
- **Multisectoral coordination mechanisms** exist in most responding countries

Persistent gaps remain:

- Refugees and migrants often **excluded from emergency policies**, including disaster risk reduction
- Most countries **do not systematically assess** how health systems serve these populations
- **Limited data** collection on migratory status, with few safeguards against data misuse
- **Few health professionals** receive training in culturally responsive care for refugees and migrants
- **Information campaign** designed to counter misperceptions

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Discussion:

Bridging gaps in inclusion, coordination and data

Uneven Inclusion of Subgroups	**Refugees are more consistently** included than migrants in irregular situations, some labour migrants, student/family migrants, and IDPs.
Generic vs. Tailored Interventions	Many countries **rely on broad "vulnerable populations"** frameworks, resulting in insufficient tailoring to the specific needs of different migrant subgroups.
Multisectoral Coordination Exists, but Delivery Lags	**Coordination mechanisms are widespread**, but often limited to dialogue, with weak implementation and follow-through.
Political Priorities Shape Progress	**Changes in national priorities** can affect continuity of migration-health efforts, highlighting the need for more institutionalized and durable frameworks.
Significant Data Gaps	**Migration-related health data remain fragmented**, inconsistent or absent, and ethical safeguards and interoperability vary widely across countries.

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Meeting the challenges ahead: What can be done?



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Data & Evidence

- Global assessment of how countries are advancing refugee and migrant health promotion.
- Coverage across all six WHO regions.
- Indicator Global Monitoring Framework used to track progress.

Policy & Programme Design

- Migrant-responsive approaches, not one-size-fits-all
- Needs assessments across migrant subgroups
- Mainstream migration health into universal health coverage & national strategies

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Governance & Partnerships

- Develop national AP implementation roadmaps
- Strengthen MoH capacity
- Strengthen multisectoral coordination mechanisms
- Ensure meaningful participation of refugees and migrants

Financing & Sustainability

- Invest in data systems, emergency inclusion, community engagement
- Explore pooled, blended, innovative financing mechanisms

Knowledge Sharing

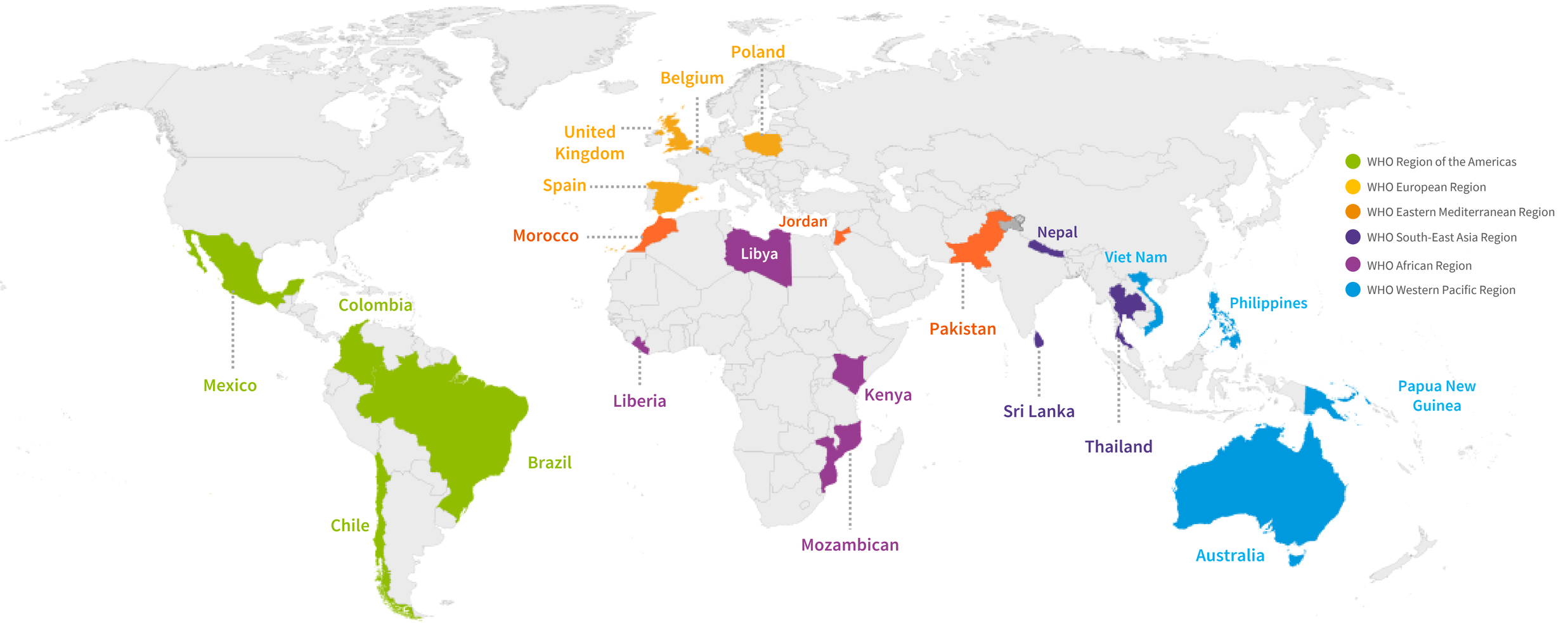
- Enhance inter-regional and cross-regional learning
- Align action with SDGs, Sendai Framework, Global Compact for Safe, Orderly and Regular Migration, and the Global Compact on Refugees

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Country experiences



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PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS:

VOLUNTARY CONTRIBUTIONS TO A LIVE REPOSITORY OF PROMISING PRACTICES

Fourth call for submissions

Share your experience!

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GLOBAL SCHOOL

ON REFUGEE AND MIGRANT HEALTH

Advancing equity and inclusion: future directions in refugee and migrant health

Web streamed from Madrid, Spain

23-27 NOVEMBER 2026

Scan to pre-register!

Thank you!

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