

La salute dei migranti nel mondo e in Europa, drivers della migrazione, strategie e policy

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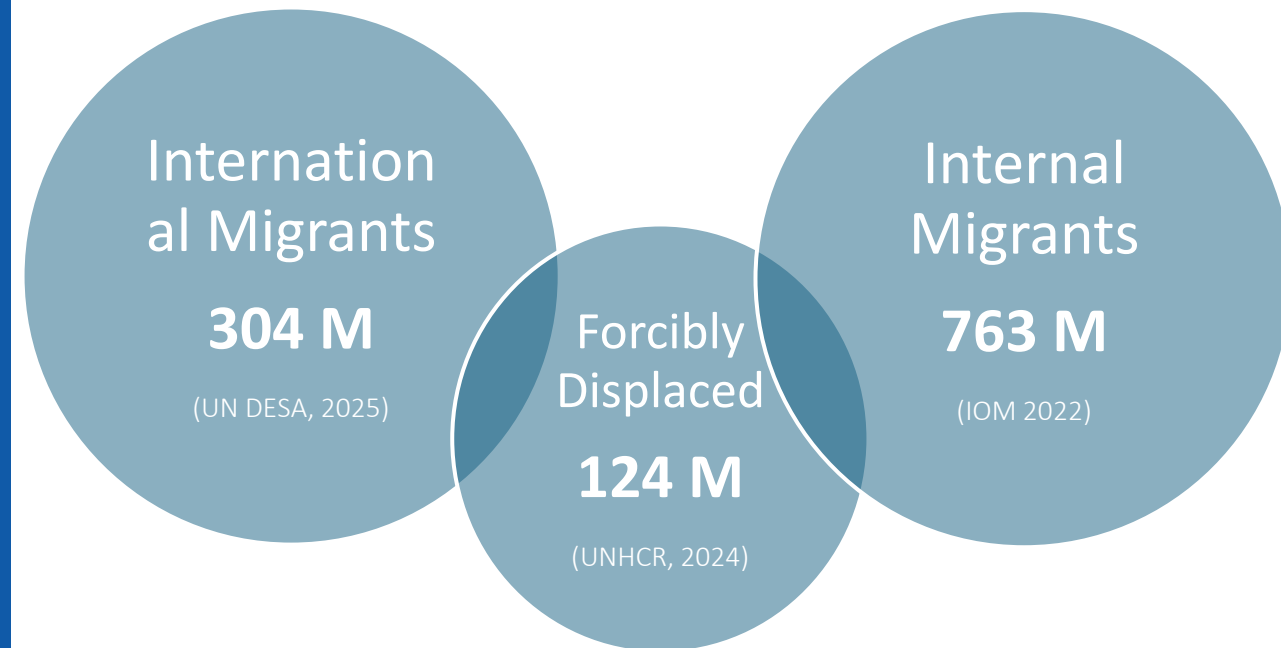
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Global Migration and Displacement: Understanding the Scale and its Components

An estimated more **1 billion people (or 1 in 8)** globally have migrated or been forcibly displaced



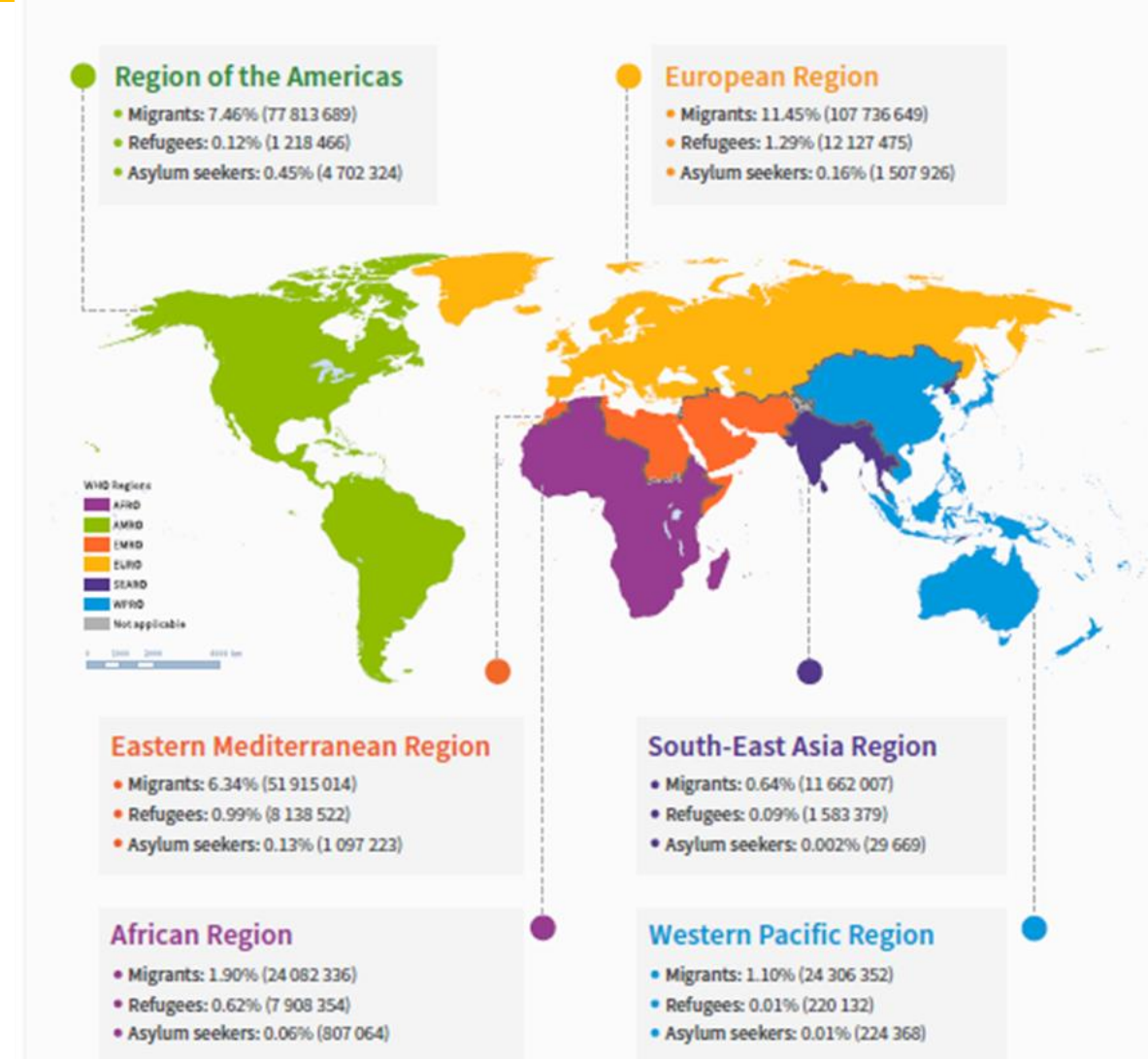
it's the sum of very different groups, shaped by legal, political, and structural contexts that influence their **health access, risks, and rights.**



Regional Perspective

WHO region	Migrant labour force (millions)
WHO African Region	13.162
WHO Region of the Americas	45.718
WHO Eastern Mediterranean Region	26.163
WHO European Region	57.741
WHO South-East Asia Region	7.620
WHO Western Pacific Region	14.572
Global (180 countries)	164.976

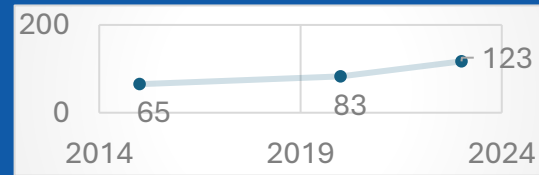
- 36.9 million refugees
- 8.4 million asylum seekers
- 6.9 million international students



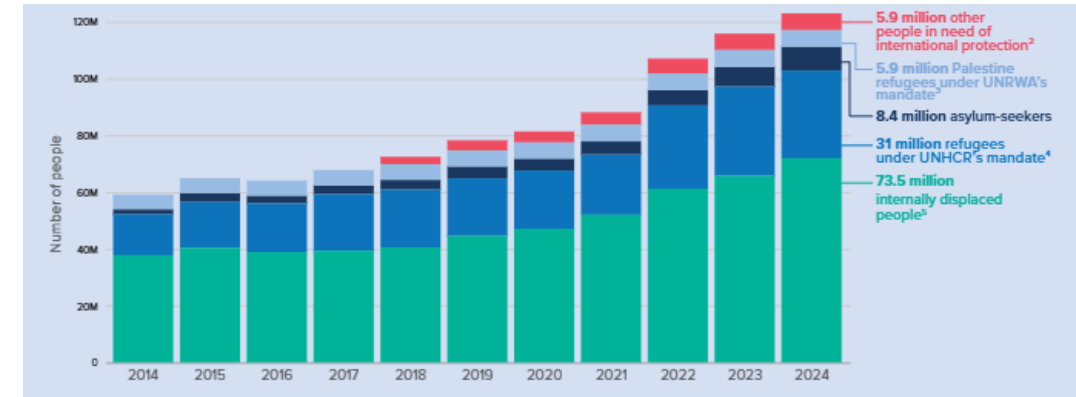
Global Displacement: Trends in Perspective

124 M

forcibly displaced



- **Climate and conflict** remain major drivers of displacement
- **73%** of forcibly displaced are hosted in **low- and middle-income countries**
- **67%** hosted in **neighboring countries**, not far-off destinations
- **3.1 million new asylum claims** in 2024, majority in the U.S., Germany, Spain, and Mexico
- Displacement rates highest (per capita) in **Lebanon, Jordan, Armenia and Chad**



*Global Trends
Report 2024
UNHCR*

Climate change is a risk multiplier, affects health directly and indirectly, and impacts health systems



In 2023 alone, an estimated **20.3 million people** globally **were internally displaced** by sudden-onset extreme weather events such as droughts, cyclones or floods.



It is estimated that, **by 2050**, climate change will cause the **internal displacement of over 216 million people globally**, with migration hotspots in rural, urban and coastal areas.



TRANSFORMATION OF HEALTH SYSTEMS – PERSPECTIVES ON MIGRATION AND HEALTH

What need or is changing

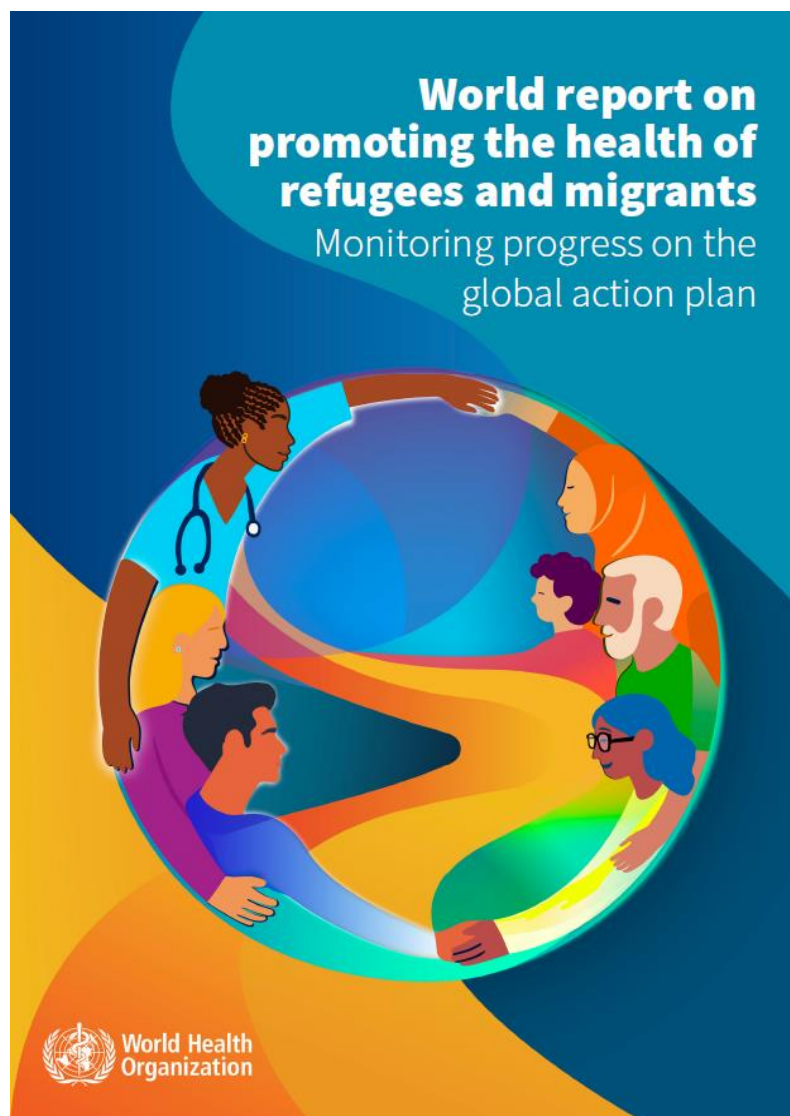
Migration and Health: What We Know, What We Don't



Key Findings 1st World Report on the Health of Refugees and Migrants (July 2022)

- Refugee and migrant **health outcomes are highly heterogeneous** and shaped by the conditions of migration and displacement.
- Migration is not only linked to health risks, but is itself a **major social determinant of health**.
- **Health vulnerabilities are strongly influenced by:**
 - legal status
 - living and working conditions
 - access to health services
 - discrimination, exclusion, and social protection gaps
- **Refugees and migrants often face barriers to:**
 - primary health care
 - mental health services
 - continuity of care
 - financial protection and health coverage
- **The report highlighted the need to shift the narrative:**
 - from migration as a health security issue
 - to migration as a public health, equity, and health systems issue linked to UHC and SDGs.

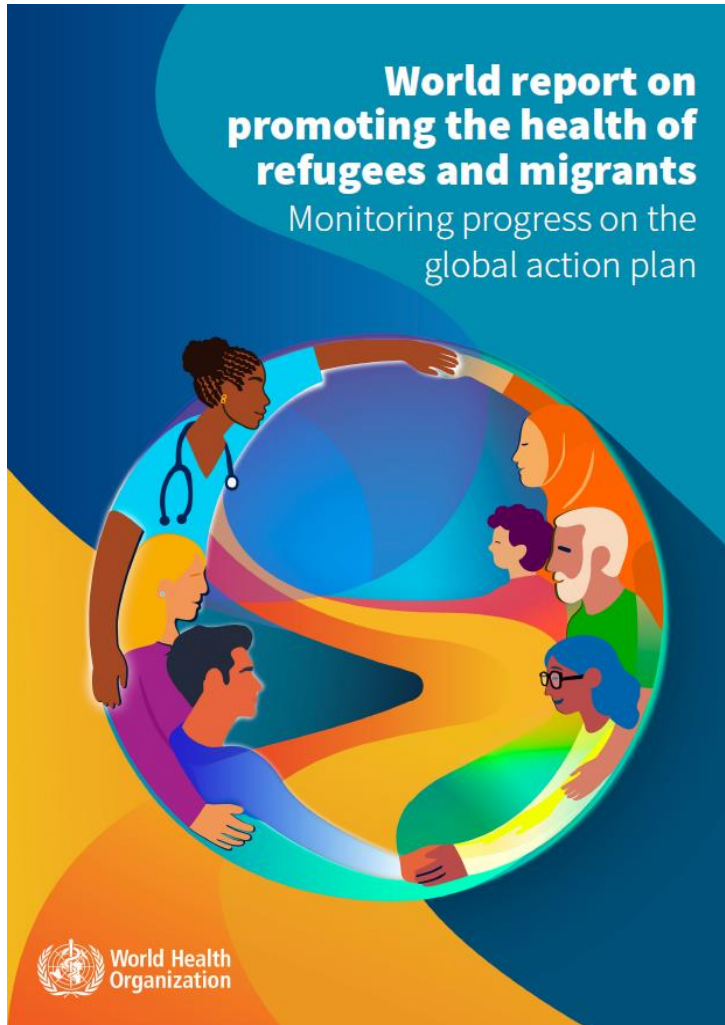
New Evidence: Second World Report



- 93 Member States participated in the 2025 WHO Global Survey on Health and Migration, providing the first global baseline for monitoring implementation of the WHO Global Action Plan (GAP):

- **82%** of countries reported providing **equal access to emergency** health services for refugees and migrants.
- **75%** of countries reported **including refugees and migrants in national health policies** or strategies.
- **70%** reported **access to communicable disease prevention** and treatment services irrespective of migration status.
- **68%** reported **access to primary health care services** for refugees and migrants.
- **63%** reported access to **routine immunization** services.
- **58%** reported **inclusion** of refugees and migrants in **maternal, newborn and child health services**.
- **Less than 50%** of countries reported mechanisms for **financial protection or systematic health coverage** for refugees and migrants.
- **35%** of countries reported **routinely collecting health data** disaggregated by migration status, highlighting a major gap in monitoring and evidence generation.

Second World Report: what is new?



GAP Implementation: Evidence, Communication & Policy Uptake

Strong progress in evidence generation and knowledge sharing:

- **75%** of countries reported **mechanisms for health information sharing and coordination** on refugee and migrant health.
- **70%** of countries reported **multisectoral coordination and communication mechanisms** involving ministries, local authorities, UN agencies, civil society, and health actors.
- **65%** of countries reported using evidence, monitoring data, or assessments **to inform** refugee and migrant **health policies and planning**.
- More than **60%** reported **public communication or risk communication** activities targeting refugees and migrants, particularly during health emergencies and vaccination campaigns.

Second World Report: what is new?

World report on promoting the health of refugees and migrants

Monitoring progress on the
global action plan



Persistent gaps remains:

- Less than half of countries systematically **assess how health** systems perform for refugees and migrants.
- Significant gaps persist in **data governance**, interoperability, and safeguards against misuse of migration-related health data.
- **Evidence** generation remains **uneven across regions**, with limited research capacity in many low- and middle-income countries despite hosting large displaced populations.
- 📌 The report highlights that stronger evidence, communication, and information-sharing mechanisms are increasingly influencing national health policy development, inclusion in health plans, and more migrant-responsive health systems.



TRANSFORMATION OF HEALTH SYSTEMS – PERSPECTIVES ON MIGRATION AND HEALTH

How Change Is Happening

Promoting The Health Of Refugees And Migrants: Global Action Plan And Who Core Functions



Global leadership
in health and
migration policy,
advocacy and
diplomacy



Setting norms
and standards
and promoting
research



Monitoring
trends,
documenting
progress and
developing tools



Technical
assistance to
countries and
partners



Multilateral,
interregional
collaboration
and strategic
partnerships

WHO Health and Migration's five core functions.



1 Promote the
health of refugees
and migrants
through a mix
of short-term and long-
term public health
interventions.



3 Advocate the mainstreaming of
refugee and migrant health into
global, regional and country
agendas and the promotion of:
refugee-sensitive and migrant-sensitive
health policies and legal and social
protection; the health and well-being of
refugee and migrant women, children
and adolescents; gender equality and
empowerment of refugee and migrant
women and girls; and partnerships
and intersectoral, intercountry
and interagency coordination and
collaboration mechanisms.



5 Strengthen health
monitoring and
health information
systems.



2 Promote
continuity
and quality
of essential
health care, while
developing, reinforcing
and implementing
occupational health and
safety measures.

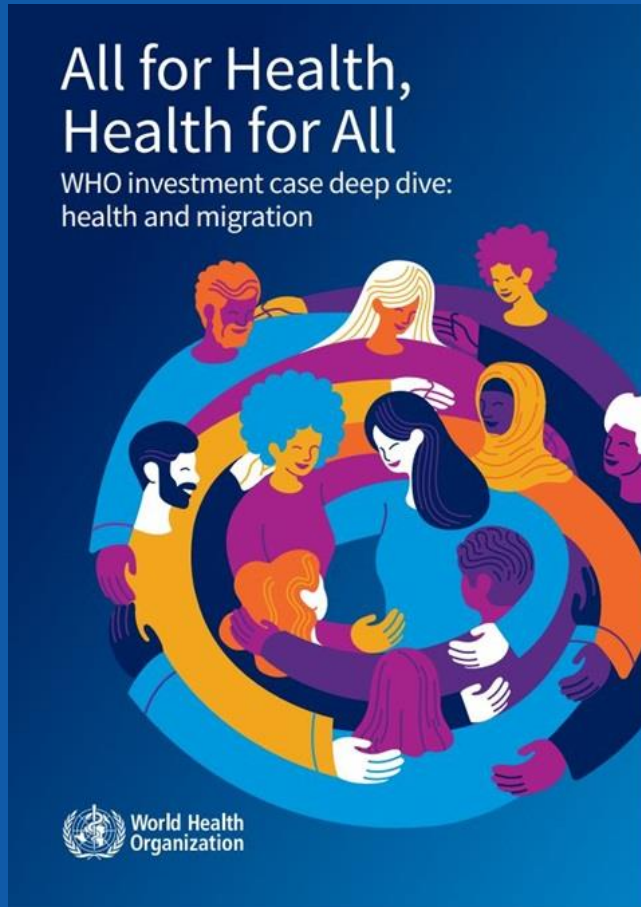


4 Enhance capacity to tackle
the social determinants of
health and to accelerate
progress towards achieving
the Sustainable Development Goals,
including universal health coverage.



6 Support measures
to improve
evidence-
based health
communication and to
counter misperceptions
about migrant and
refugee health.

**WHO Global Action Plan on Promoting the Health of
Refugees and Migrants 2019-2030**



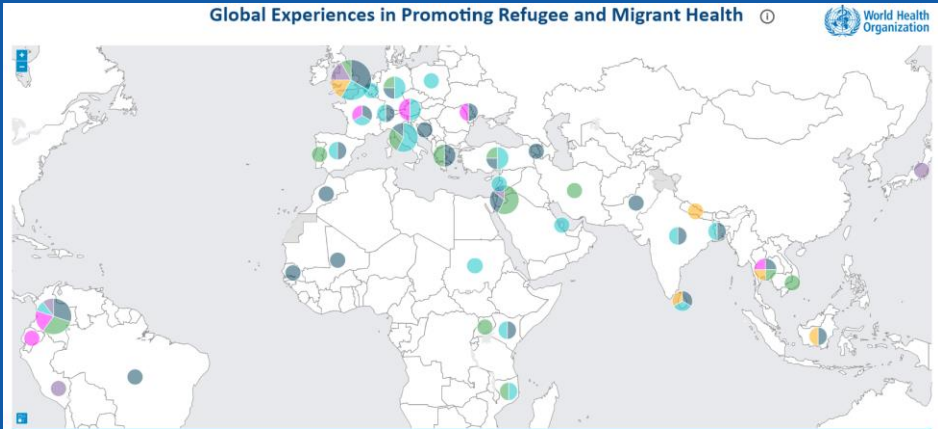
GPW14 and Policy Progress

- **First-ever inclusion** of health and migration in WHO global strategy (GPW14).
- **135 countries** prioritized health and migration in **Programme Budget 2026-2027** prioritization exercise.
- WHO prioritization guiding **WHO work on health and migration.**
- Investment case and deep dive on health and migration **support resource mobilization.**
- **Regional frameworks/guidelines** in place in AMRO, EMRO and EURO.

Countries Taking Action

Dashboard on global experiences in promoting refugee and migrant health

- Since 2022, **140 promising practices** from **63 Member States** showcasing progress.
- **Live platform**- an updated repository of best practices.
- Provides stakeholders with **data-driven insights**.



- **Ireland** and **Panama** have integrated migrant and refugee health into national health plans.
- **Uganda**, hosting 1.6 million refugees, delivers a comprehensive health package; offering access equal to that of nationals and transitioning services into public systems.
- **Colombia** issued health insurance cards to 1.5 million Venezuelan migrants, using healthcare as a tool of stabilization.
- **South Africa**: with WHO's support, conducted a national system review for its 2.4 million migrants, resulting in a dedicated research agenda to guide evidence-based policymaking.
- **Latvia, Nigeria, Senegal, Romania, and Thailand**: advanced in training health workers to better serve mobile populations.

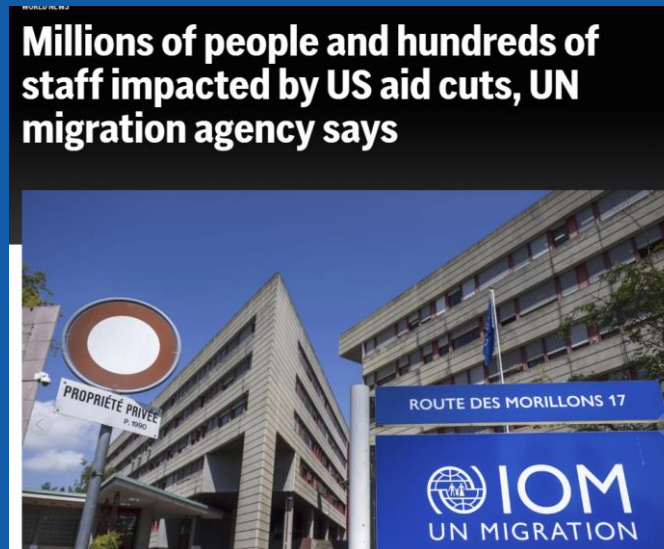
Throwback Warnings

Shrinking Space for Migration & Refugee Support

30% WHO Cuts

UNHCR 40% budget cut

IOM 30% budget cut



Political will and prioritizing

THE LANCET

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www.thelancet.com

“Political narratives that rely on hate and division, further fuelled by the media, are...the great challenge to making gains to protect and support refugee and migrant health.”

See Editorial page 2103

EDITORIAL · Volume 405, Issue 10495, P2103, June 14, 2025

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The uncertain future of migrant and refugee health

[The Lancet](#)

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Global migration is an inescapable reality. Whether by choice or by force, **1 billion people** (one in eight of the total world population) are on the move today, driven by economic, political, demographic, environmental, and sociocultural forces. In 2024, there were an estimated 304 million international migrants. Particularly alarming is the continual rise of forced displacement because of conflict, violence, persecution, human rights violations, and events that seriously disturb public order. By mid-2024, a record **122.6 million**

The Financing Gap in Migrant and Refugee Health: a call for solutions

Universal health coverage in the context of migration and displacement: a cosmopolitan perspective

Santino Severoni, Claudia Marotta, Josephine Borghi



- Financing for migrant and refugee health remains **deeply inadequate**
- Reliance on **national willingness, resources and ad hoc aid** = unsustainable
- Refugee health = **only 5% of ODA**, ≈ \$23 per person/year
- Donor retrenchment → **widening financing gap**
- Migrants & refugees remain **excluded from most UHC schemes**

Panel: Cosmopolitan approach to universal health coverage

- 1 Global solidarity mechanisms: countries contribute based on ability to pay with resources pooled at the supranational level to maximise efficiency and redistribution. Resources are allocated to host countries based on need, and covering a universal essential benefit package for migrant populations.
- 2 Integrated health networks: cross-border health-care cooperation to ensure continuity of care for mobile and displaced populations.
- 3 Universal access policies: harmonised legal frameworks guaranteeing health coverage for migrants and refugees across jurisdictions.
- 4 Long-term investments: resources allocated to preventive care, mental health services, and infrastructure addressing immediate and structural health needs.



WALKING THE TALK: KEY HIGHLIGHTS FROM WHO SPECIAL INITIATIVE ON HEALTH AND MIGRATION

Supporting Evidence Informed Policymaking

Global Evidence Review Series (GEHMs) on health and migration

- Evidence-based normative products addressing global evidence gaps on priority topics related to health, migration, and displacement for policy action
- Published GEHMs on COVID-19, NCD, Immunization, Access to antibiotics, Mental health, Dementia, Health System Strengthening for migrants and displaced population in the context of Climate Change

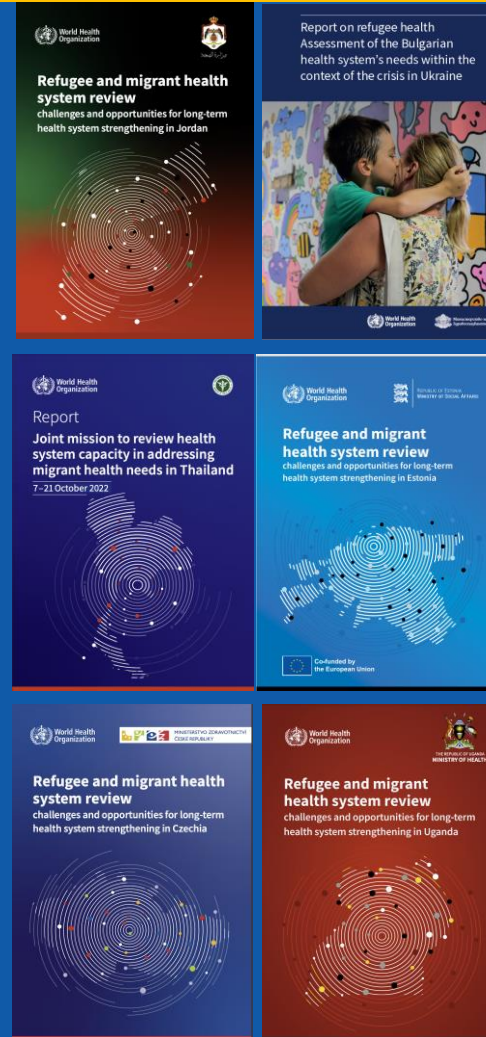


Technical Assistance To Countries And Partners

Refugee and Migrant Health System Reviews

Placing refugee and migrant health at the core of multi-sectoral-national policies.

- Evidence-based baseline for tailored country support.
- Policy change and result-oriented actions for health system strengthening in: Bulgaria, Czechia, Estonia, Jordan, Thailand, Uganda.



Competency Standards

Benchmark for the health workforce in providing culturally-sensitive, quality care to refugees and migrants.

- **90 policy makers and 355 health workers** trained (Mali, Niger, Nigeria, Senegal).
- **30 health mediators** trained (Bulgaria, Estonia, Latvia, Lithuania, Moldova, Poland, Romania).
- **27 policy makers** oriented (Egypt, Estonia, Iraq, Italy, Jordan, Kenya, Uganda).
- E-learning course launched: enrollments from **113** countries and over **49,000** platform visits.



ENROLL NOW!

Health Workforce: Catalysts of System Transformation

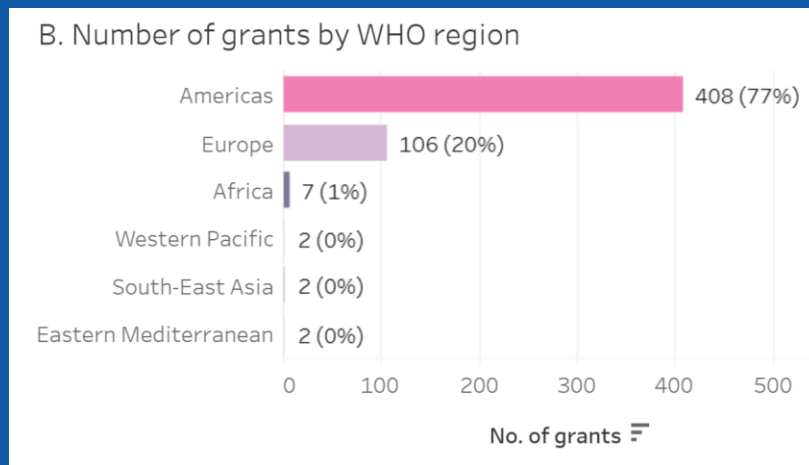
Healthcare workers are on the frontline of delivering inclusive, culturally-sensitive care and key for resilient health systems.

- **Culturally competent** care is needed but often hampered by resource shortages.
- **Engaging migrants & refugees** addresses staff shortages and improves service delivery.
- **Future workforce:** Medical, health and public health students play a critical role through training, internships, and community engagement.



Funding Research on Health And Migration

Number of grants for research on health, migration and displacement for the years 2016–2020 by WHO region: *WHO, 2024*.



- 527 grants awarded (USD 396.4 million) by 9 major funders (2016–2020).
- **97% of grants directed to the Americas & Europe (89% from US, Canada, UK).**
- Funding stagnated across this period.



Building Capacity for Inclusive Systems

Global school on refugee and migrant health

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Keynote
speeches



Live panel
discussion



Video
reportages



Q&A
sessions

The fifth Global School at a glance



+3600
PARTICIPANTS



100
IN-PERSON
PARTICIPANTS



22
SPEAKERS



5
DAY EVENT



+7500
VIEWERS OF OUR
LIVE SESSIONS



+500
QUESTIONS
SUBMITTED BY PAR-
TICIPANTS



970
CERTIFIED
PARTICIPANTS



4
NATIONAL
SIDE-EVENTS

Thank you

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