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WHO Statement Formal Consultations on the Global Compact on Refugees  
Geneva, 9 May 2018

WHO welcomes the 2<sup>nd</sup> draft of the global compact on refugees in referring to health in a more comprehensive manner.

In regard to the cooperation between UN agencies and organizations, we would like to strengthen the need for better defined mechanisms for burden and responsibility-sharing in view of the recognition of the respective mandates and responsibilities, and therefore to support to Member States and partners in promoting the health of refugees as per WHA resolution 70.15 on "Promoting the health of refugees and migrants".

We would welcome more coordination and complementarity between the Global Compact on Refugees and the Global Compact on Safe, Orderly and Regular Migration and the, considering health as a common guiding principle in acknowledging refugees and migrants on the basis of the "one-population" concept in the immediate reception.



# World Health Organization

With the aim to support comprehensive response capacity and sharing of knowledge and good practices, WHO sees its role working in concert with UNHCR in encouraging Member States and all relevant stakeholders to reach intercountry collaboration for promoting and implementing homogenous and harmonized first health border checks based on available scientific evidence.

Re-establish the currently broken or non existing referral chain from point of arrival to Primary Health Care and secondary hospitals care by developing and enforcing screening and SOPs.

Prioritize diagnostics and treatment capacity for such diseases as HIV, TB, hepatitis, but also for diabetes, hypertension, cancer.

Establish and support cross border multi-country operations, by promoting the networking and collaboration in such countries that share borders or that are the immediate interested countries in the regional movement of refugees, migrants and IDPs.



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WHO fully embraces the inclusion of the networks of cities and municipalities into the global compact. An increasing number of asylum seekers and refugees live for lengthy periods in urban settings.

Societal trust and community cohesion is needed to ensure inclusive, safe and sustainable cities, and both individual and collective resilience, migrating population and host communities. As such, it is important to have a multi-stakeholder approach to improve the health of refugees and host communities, reduce segregation and marginalization, and promote human rights, based on the principle that all people have health rights without differentiating between refugees, asylum-seekers and migrants.

In this regard it will be paramount to prevent any parallel activity in an already fragile health systems that needs to be strengthened rather than neglected or challenged. Prevent also direct access and support to local municipalities bypassing the MoH coordination and standard procedures establishment role.

Finally, WHO will continue to collaborate with UNHCR to strengthen and enhance the quality and timing of preparedness, including coordinated contingency planning and joint needs assessment undertaken in full cooperation with the national authorities, and by using existing joint



# World Health Organization

toolkits for assessing health system capacity to manage large influxes of refugees and asylum-seekers.

Thank you Mr Chair.