



Contribution - Global Compact on Refugees - First draft, 09/03/2018 ahead of Second Formal Consultation, 21-22 March, Geneva

Text = Add ~~Text~~ = Remove

Gavi, the Vaccine Alliance welcomes the First Draft Global Compact on Refugees dated 9 March, 2018. Gavi welcomes a strong focus on **gender** and promoting **equity of access to services and opportunities**. Gavi also welcomes the inclusion of **education, jobs and livelihoods, health, accommodation, civil registries and gender** as areas of key importance to meet the needs of refugees and supporting communities. Gavi further welcomes the references made to the **2030 Agenda for Sustainable Development**, in particular for **measuring the progress of the global compact**.

Vaccine preventable diseases and unequal access to health services are strong contributors to poor health outcomes. Therefore, we would suggest stronger articulation in the document of **access to health services as key for both refugee and host communities**. As well as the inclusion of the **importance of building resilient health system** and **recognition of the health as the key investment in human capital**.

We propose the following specific suggestions to strengthen the text:

Main asks

- § 7 - Include mention of health as a **key investment in human capital** in bullet 3
- § 75 - Include the importance of building **resilient health system** to absorb the influx of refugees without collapsing
- § 40 - Include "**disease surveillance in refugee camps**".
- § 64 – Add "**access to essential health service package**"

1. Specifically:

- § 7 - "Increased investments in building human capital and resilience through support to education, **ADD: health** and livelihood opportunities for host communities and refugees, pending the realization of durable solutions";
- § 7 - **ADD: "Reducing mortality and morbidity among refugees through short and long term public health interventions"**ⁱ
- § 31-38 - Include health stakeholders "**health clusters who will play a crucial role in facilitating and coordinating the engagement of health partners in countries to deliver quality programmes and services**"
- § 40 - **ADD: "disease surveillance within refugee camps"** as it has a crucial role to play in district-level early warning and response in refugee hosting areas.
- § 46 - "assist with initial registration and identification of specific needs, including protection risks **ADD: and health needs**, notably of women under certain circumstances and those of unaccompanied and separated children (see sections 1.4 and 1.5 below);"

- **§ 51 - ADD: "assessing health status, including immunisation status and providing services, as appropriate"**
 - **§ 56 - "For refugees, fostering their self-reliance, ADD: protecting health and wellbeing, and enhancing their skills and education also better prepares them for solutions, notably voluntary repatriation, and can make these solutions more sustainable"**
 - **§ 63 - promote health financing through, ADD: domestic resource mobilisation, as well as bilateral and multilateral assistance to host countries, to and ensure proper resourcing of systems.**
 - **§ 70 – Birth registration helps establish legal identity and prevent the risk of statelessness; while legal identity is key for a wide variety of activities, including enrolling in school and obtaining employment, housing, ADD: health medical care, and other services.**
 - **§ 74 "One of the primary objectives of the global compact (see para 5) is to increase the availability of durable solutions, including by ~~planning for solutions from the outset of emergencies~~ ADD: supporting mainstreaming of emergency preparedness in the strengthening of routine systems (such as health system strengthening); ensuring the resilience of health system to absorb the influx of refugees without collapsing "**
 - **§ 77 – ADD new bullet: access to health services**
 - **§ 78 – ADD: access to health services, livelihoods programming and economic opportunities in areas of return that will benefit returnees, the internally displaced, and receiving communities alike;**
 - **§ 89 - strengthen capacity of relevant State institutions, local communities and civil society more broadly to support the local integration process (e.g. to address documentation issues; ADD: access to health services; facilitate language and vocational training);**
 - **Recognise the **right to health** as key for refugees and host communities. The **right to the highest attainable standard of health for all people**, is enshrined in the United Nations' (UN's) human rights frameworkⁱⁱ, and in the World Health Organization's (WHO)ⁱⁱⁱ constitution. Subsequent international declarations emphasize that health is interlinked with **peace, development and the environment**.^{iv,v,vi,vii,viii}**
- 2. We welcome the following mentions in the text and support their retention in the future iteration of the text:**
- The inclusion of **education, jobs and livelihoods, health, accommodation, civil registries and gender** as areas of key importance to meet the needs of refugees and supporting communities;
 - **§ 46** Inclusion of "**clean drinking water and sanitation, health and nutrition**"
 - **§60** Inclusion of **health** to among the services from which obstacles to their enrolment and attendance need to be overcome
 - **§ 66** Inclusion of "accommodation, water and sanitation"^{ix}

- § 62 on health that "other States and relevant stakeholders will contribute resources and expertise "to **expand national health systems** to facilitate **access by refugees** and host communities, including, in particular, women, children and youth, and people with disabilities."
- § 62 that stresses the importance of engaging reference **stakeholders** including specific references to WHO, the Global Fund and Gavi.
- § 63 that lists key health support including to:
 - **expand service delivery**, including by improving or increasing health facilities;
 - **strengthen national health data systems**, including disaggregation of key health indicators by refugee status;
 - define and support a **basic package of health services, including maternal and infant health**;
 - ensure sufficient **healthcare workers** are available, and have access to training opportunities where needed;
 - facilitate **affordable and equitable access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities through agreements/waivers as appropriate.**
- § 8 that mentions averting and resolving large movements of refugees "require improved cooperation and complementarity among political, **humanitarian, development and peace efforts**"
- § 12 that highlights "**Age, gender, and diversity considerations**" as guiding principles for all aspects of the programme of action, "informed by the imperatives of promoting **gender equality and empowering women and girls**" as well as by "the **best interests of the child**".
- § 28 that highlights the role of "**Development actors, including international and regional financial institutions**" in engagement in support of refugees and host communities and formulating policy recommendations.
- § 49 the highlights the use of **digital systems** for individual registration, documentation and biometrics, while also establishing protocols for the sharing of personal and biometric data in line with data protection and privacy principles
- § 71 that mentions efforts to "**strengthen the capacity of national civil registries**"
- § 40 that refers to "development of common standards for the collection, analysis, and dissemination of **age, gender and diversity disaggregated data** on refugees and returnees"
- § 2-3 that refer to "achievement of international cooperation" and the need for "more predictable and **equitable burden- and responsibility sharing** among all United Nations Member States, together with other relevant stakeholders"
- § 28 that refers to "**primacy of country ownership and leadership**, and the importance of **partnerships** with the private sector and civil society"
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- § 34, 35, 36 that refers to the key role played by **civil society organizations, faith-based organizations and public private partnerships**
- § 33 that includes sharing of “good practices and innovative approaches to responses in urban settings” to help highlight and advance the urban health agenda
- § 78 that includes the "inclusion of returnees, and their reintegration, in national development plans, as part of overall rehabilitation, reconstruction and development efforts and in line with the 2030 Agenda".

ⁱ [This follows WHO's framework of priorities and guiding principles to promote the health of refugee and migrants](#)

ⁱⁱ [Constitution of the World Health Organization](#). Forty-fifth edition, Supplement. Geneva: World Health Organization; 2006.

ⁱⁱⁱ [The international human rights framework](#). Geneva: United Nations Office of the High Commissioner for Human Rights; 2017.

^{iv} [Report of the World Commission on Environment and Development](#): our common future. New York: United Nations; 1987.

^v [The Ottawa Charter for Health Promotion](#). Geneva: World Health Organization; 1986.

^{vi} [Libreville declaration on health and environment in Africa](#). Libreville, 29 August 2008. Libreville: World Health Organization Regional Office for Africa; 2009.

^{vii} [Declaration of Alma-Ata](#). International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Geneva: World Health Organization; 1978.

^{viii} [1951 Refugee Convention](#) which states that refugees should enjoy access to health services equivalent to that of the host population, while everyone has the right under international law to the highest standards of physical and mental health.

^{ix} Inadequate access to water and sanitation are the main causes of outbreaks for diseases such as cholera in refugee camps