

Contribution - Global Compact on Refugees - Zero draft, 31/01/2018 ahead of First Formal Consultation, 13-14 February, Geneva

Text = Add ~~Text~~ = Remove

Gavi, the Vaccine Alliance welcomes the Zero Draft Global Compact on Refugees dated 31 January, 2018 and makes the following suggestions to strengthen the next draft.

Main asks

- Recognise the **right to health** as key for refugees and host communities.
- **§ 67** - Include the importance of building **resilient health system** to absorb the influx of refugees without collapsing
- **§ 8** - Recognise health as a **key investment in human capital** and include reference to the importance of **reducing the mortality and morbidity** among refugees through **short and long term public health intervention**.
- **§ 34** - Include "**disease surveillance in refugee camps**".
- **§ 37** – Add "**access to shelter, clean drinking water and sanitation, health and nutrition**"
- **§ 63** – Add "**access to essential health service package**"

1. Specifically:

- 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 frameworkⁱ, and in the World Health Organization's (WHO) ⁱⁱ constitution. Subsequent international declarations emphasize that health is interlinked with **peace, development and the environment**.^{iii,iv,v,vivii}
- **§ 8** - "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";
- **§ 8** - **ADD: "Reducing mortality and morbidity among refugees through short and long term public health interventions"**^{viii}
- **§ 26-32** - 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**"
- **§ 34** - **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.
- **§ 37** - "assist with initial registration and identification of specific needs, **ADD: including health needs**, including of unaccompanied and separated children (see sections 1.4 and 1.5 below);"
- **§ 37** – **ADD** under "support essential services in reception areas": "**including access to shelter, clean drinking water and sanitation, health and nutrition**"
- **§ 43** - **ADD: "assessing health status, including immunisation status and providing services, as appropriate"**

- § 49 - "For refugees, fostering their self-reliance, **ADD: protecting health and wellbeing**, and enhancing their skills and education while in exile also better prepares them for solutions, notably voluntary repatriation, and can make these solutions more sustainable"
- §53 - "overcome obstacles to their enrolment and attendance (e.g. **ADD: health status**, safe transport; documentation; language and literacy support; and bridging programmes)
- § 57 – include "**ADD: provision of shelter, water and sanitation**"^{ix}.
- § 63 - "Women and girls may experience particular challenges **ADD: gender related barriers** that call for an adaptation of responses, including in areas such as livelihoods, education, health, and solutions"
- § 63 - "States and relevant stakeholders will work to adopt and tailor policies and programmes to meet the specific needs and requirements of women and girls **ADD: in order to promote equity of access to services and opportunities**".
- § 63 – **ADD: "provide gender responsive social services, such as recruitment and deployment of female health workers, flexibility in timing of immunisation services"**
- § 63 - **ADD: "Access to essential health service package, including immunisation."**
- § 65 "One of the primary objectives of the global compact is to increase the availability of durable solutions, including by ~~planning for solutions from the onset of the 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**."

2. We welcome:

- 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;
- § 55 on health that highlights the need to support host countries to **include refugees in national health systems** and to **expand and strengthen health systems** for the benefit of both local communities and refugees, including, in particular, women, children and youth, and people with disabilities.
- § 55 that stresses the importance of engaging reference **stakeholders** including specific references to WHO, The Global Fund and Gavi.
- § 56 that lists key health support including:
 - **expanding service delivery**, including by improving or increasing health facilities;
 - **strengthening national health data systems**, including disaggregation of key health indicators by refugee status;
 - defining a **basic package of health services**;
 - ensuring sufficient **healthcare workers** are available, and have access to training opportunities where needed;

- facilitating **affordable and equitable access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities**; and
- reviewing **health financing** and ensuring proper resourcing of systems.
- **§ 49** that highlights the need to "**expand and strengthen national systems for education, health, jobs, and other services**"
- **§ 9** that mentions the "**recognition that humanitarian, development and peace efforts are complementary and reinforce each other**"
- **§ 11** 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**".
- **§ 21** that highlights the role of "**Development actors, including international financial institutions**" in engagement in support of refugees and host communities and formulating policy recommendations.
- **§ 41** 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
- **§ 61** that mentions efforts to "**strengthen the capacity of civil registries**"
- **§ 34** that refers to "development of common standards for the collection, analysis, and dissemination of **age and gender-disaggregated data** on refugees and asylum-seekers, including making primary population and socio-economic data (and underpinning collection methodologies) accessible to relevant stakeholders as appropriate"
- **§ 1 and 16** that refers to "true spirit of international cooperation" and the need for "more predictable and **equitable burden and responsibility sharing** among States, together with relevant stakeholders"
- **§ 21** that refers to "**primacy of country ownership and leadership**, and the importance of **partnerships** with the private sector and civil society"
- **§ 28, 29, 30** that refers to the key role played by **civil society organizations, faith-based organizations and public private partnerships**
- **§ 27** that includes "sharing of good practices and innovative approaches to responses in urban settings" to help highlight and advance the urban health agenda

3. Principles to include:

The SDGs embody a renewed commitment to **equality, non-discrimination and "leaving no one behind"** and this requires **explicit focus on the poorest and the most vulnerable**. It is therefore critical for **national health systems and policies to champion the equity agenda, and address refugees' right to health**, regardless of gender race, religion, political belief, economic, social condition or legal status.

Good health depends on, and enables, the realisation of rights.^x Desired health outcomes should be achieved by applying **human rights-based, gender responsive and equity driven approaches to policy making and programme implementation.**^{xi}

Refugee specific vulnerabilities intersect with health outcomes in a number of ways. **Poor health outcomes and higher mortality for refugee newborn and children under 5 are often related to vaccine preventable diseases**, which result from compromised health status, overcrowding in low-quality housing, poor sanitation (in both host communities and refugee camps), substandard health care, inadequate diets and stresses from the refugee and movement experience. With the certainty of further and more severe outbreaks in the future, with increasing number of refugees and changing environment condition; it is important to put in place scalable and cost-efficient prevention measures as early as possible. This can best be accomplished by early immunisation for vaccine preventable diseases.

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

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

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

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

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

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

^{vii} [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.

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

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

^x [Leading the realization of human rights to health and through health](#): report of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. Geneva: World Health Organization; 2017.

^{xi} WHO, [Bulletin of the World Health Organization](#) 2018;96:42-50. doi: