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The Political Determinants of Health and Migration Research

Refugees' Health Workshop First Panel

Tuesday
20th June 2023
8:30-10Am Tehran Time

School of Public Health,
Tehran University of
Medical Sciences



Dr Amirhossein Takian
Professor & Chair of Global Health
Policy, Tehran University of
Medical Sciences, Iran



Dr Syed Jaffar Hussain
WHO Representative and Head of
Mission in Islamic Republic of Iran



Dr Nidhi Yadav
International Institute of Health
Management Research (IIHMR),
Delhi, India



Dr Farin Fatemi
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Dr Abbas Ostadtaghizadeh
Associate Professor, School of Public
Health, Tehran University of Medical
Sciences, Iran



Dr Debashis Basu
Head of Public Health Medicine,
Steve Biko Academic Hospital,
University of Pretoria, South Africa

Amirhossein Takian
MD MPH PhD FHEA

Professor & Head

Department of Global Health & Public Policy

 **Santino Severoni** · 1st
Director of the Health and Migration Programme at World He...
1d · 

Ministers and government representatives adopted the Rabat Declaration at the Third Global Consultation on the Health of Refugees and Migrants organized by [World Health Organization](#) [Ministère de la Santé et de la Protection Sociale - Maroc](#) [IOM](#) - [UN Migration](#) [UNHCR](#), the [UN Refugee Agency](#)
The political declaration reaffirms the growing commitment and advancement of the work of countries on [#refugee](#) and [#migrant](#) [#health](#) 🙌
[#3GCHRM](#) [#HealthForAll](#)



Rabat Declaration adopted to improve refugee and migrant health

DATE: 20 JUNE 2023
World Refugee Day 2023

Each year on 20 June, the world celebrates the strength and courage of people who have been forced to flee their home country to escape conflict or persecution.

The 2023 theme of World Refugee Day is “hope away from home.”



HOPE AWAY FROM HOME

A world where refugees are always included

 **UNHCR** | Iran
The UN Refugee Agency

What is World Refugee Day?

World Refugee Day is an international day designated by the United Nations to honour refugees around the globe. It falls each year on June 20 and celebrates the strength and courage of people who have been forced to flee their home country to escape conflict or persecution.

What is the theme of World Refugee Day 2023?

This year, World Refugee Day focuses on the power of inclusion and solutions for refugees.

Hope away from Home. A world where refugees are always included.

Including refugees in the communities where they have found safety after fleeing conflict and persecution is the most effective way to support them in restarting their lives and enable them to contribute to the countries hosting them. It’s also the best way to prepare them to return home and rebuild their countries, when conditions allow them to do so safely and voluntarily, or to thrive if they are resettled to another country.

“Now we are witnessing the largest number of refugees ever. But it is important to say that refugee protection is not a matter of solidarity or generosity, refugee protection is an obligation under international law — the ‘51 Convention and many regional instruments of binding nature.”

António Guterres

United Nations EX Secretary General (20 JUNE 2017)

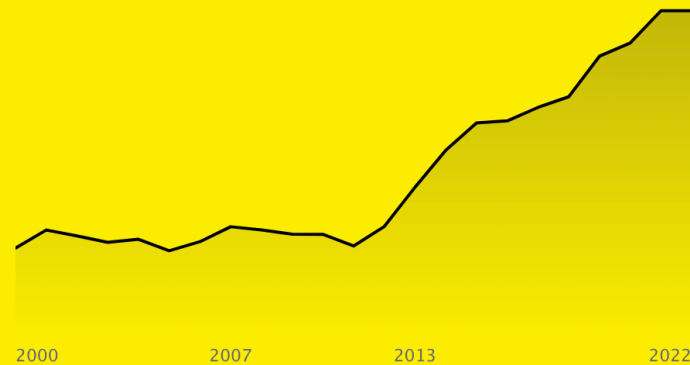
“We can't deter people fleeing for their lives. They will come. The choice we have is how well we manage their arrival, and how humanely.”



108.4 MILLION

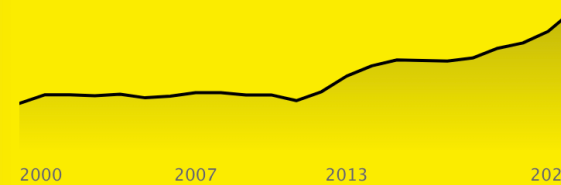
Forcibly displaced people worldwide

at the end of 2022 as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



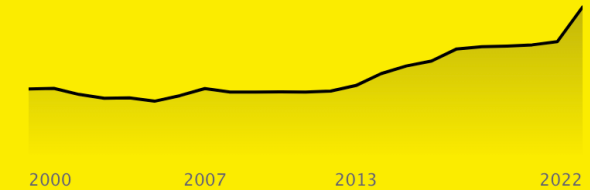
62.5 MILLION

are internally displaced people (Source: IDMC)



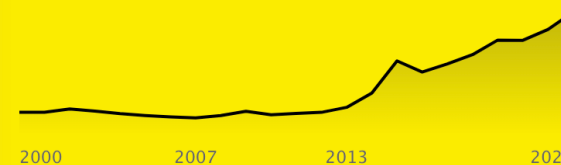
35.3 MILLION

are refugees



5.4 MILLION

are asylum-seekers



5.2 MILLION

are other people in need of international protection

Last update: 14 June 2023

Welcome to UNHCR's Refugee Population Statistics Database

52%

originate from just three countries

Over half of all refugees under UNHCR’s mandate and other people in need of international protection come from just three countries.

Syrian Arab Republic 6.8 million

Ukraine 5.7 million

Afghanistan 5.7 million

38%

hosted in five countries

Türkiye hosts the largest number of refugees, with 3.6 million people, followed by the Islamic Republic of Iran with 3.4 million people. Colombia is third with 2.5 million, including other people in need of international protection.

Türkiye 3.6 million

Islamic Republic of Iran 3.4 million

Colombia 2.5 million

Germany 2.1 million

Pakistan 1.7 million

43.3 million
are children

At the end of 2022, of the 108.4 million forcibly displaced people, an estimated 43.3 million (40 per cent) are children below 18 years of age.

453,600
refugees returned or were resettled

Some 339,300 refugees returned to their countries of origin during 2022 while 114,300 were resettled (with or without UNHCR’s assistance).

4.4
million stateless people

1.9 million
children were born as refugees

Between 2018 and 2022, an average of 385,000 children were born as refugees per year.

76%
hosted in low- and middle-income countries

Low- and middle-income countries host 76 per cent of the world’s refugees and other people in need of international protection. The Least Developed Countries provide asylum to 20 per cent of the total.

70%
hosted in neighboring countries

Screenshot



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Promoting the health of refugees and migrants: Global action plan, 2019–2023

When people move across an international border to live outside their own country, **their access to rights and services in general and to health-related aspects in particular**, is heavily influenced by their status as **'documented'** or **'undocumented'** and whether they are recognized as being **'migrants'**, **'refugees'** or **'asylum seekers'**

Achieving **Universal health coverage** and **the highest attainable standard of health** for refugees and migrants, as well as for host populations, through full and **equal inclusion of migrants in health systems**



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The myriad of economic and non-economic forces behind the decision to migrate

- Migrants can be “pushed” out of their home countries due to:
 - Deteriorating economic conditions or political unrest.
- Conversely, migrants are often “pulled” into destinations that offer:
 - high wages, good health care, strong educational systems, or linguistic proximity.*
- In making their decision, individuals compare the net benefits of migration to the costs.
- Better understanding what forces affect specific migrant flows (*e.g. demographic characteristics, migrant networks, and economic conditions*), policymakers can set policy to target (or reduce) certain types of migrants.



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Political determinants of Migration

Figure 1. Push and pull factors of migration

Push factors

Economic

Poverty/low wages
High taxes
High unemployment
Overpopulation

Non-economic

Discrimination
Poor health care
War or oppression
Corruption
Crime
Compulsory military service
Environment/climate
Famine
Pandemic
Attitudes



Pull factors

Economic

Demand for labor
High wages
Generous welfare benefits
Good healthcare and education systems
Strong economic growth
Technology
Low cost of living

Non-economic

Family and friends/networks
Rights and freedoms
Property rights
Law and order
Amenities
Culture and language

Source: Adapted from Bansak, C., N. Simpson, and M. Zavodny. *The Economics of Immigration*. Oxford: Routledge, 2020; Figure 3 [2].

I Z A
World of Labor



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Original Article

Refugees and Sustainable Health Development in Iran

Mohammad Mehdi Kiani, PhD Candidate^{1,2}; Khatere Khanjankhani, PhD Candidate¹; Afsaneh Takbiri, PhD¹; Amirhossein Takian, MD, PhD^{1,2,3*}

¹Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences (TUMS), Tehran, Iran

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³Department of Global Health and Public Policy, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

Abstract

Background: Refugees' access to quality healthcare services might be compromised, which can in turn hinder universal health coverage (UHC), and achieving Sustainable Development Goal (SDG), ultimately.

Objective: This article aims to illustrate the status of refugees' access to healthcare and main initiatives to improve their health status in Iran.

Methods: This is a mixed-method study with two consecutive phases: qualitative and quantitative. In the qualitative phase, through a review of documents and semi-structured interviews with 40 purposively-selected healthcare providers, the right of refugees to access healthcare services in the Iranian health system was examined. In the quantitative phase, data on refugees' insurance coverage and their utilization from community-based rehabilitation (CBR) projects were collected and analyzed.

Results: There are international and upstream policies, laws and practical projects that support refugees' health in Iran. Refugees and immigrants have free access to most healthcare services provided in the PHC network in Iran. They can also access curative and rehabilitation services, the costs of which depend on their health insurance status. In 2015, the government allowed the inclusion of all registered refugees in the Universal Public Health Insurance (UPHI) scheme. Moreover, the mean number of disabled refugees using CBR services was 786 (± 389.7). The mean number of refugees covered by the UPHI scheme was 112,000 (± 30404.9).

Conclusion: The United Nations' SDGs ask to strive for peace and reducing inequity. Along its pathway towards UHC, despite limited resources received from the international society, the government of Iran has taken some fundamental steps to serve refugees similar to citizens of Iran. Although the initiative looks promising, more is still required to bring NGOs on board and fulfill the vision of leaving no one behind.

Keywords: Iran. Refugees. Sustainable health development. Universal health coverage



Advanced search

Home / Journals / International Journal of Human Rights in Healthcare / Volume 13 Issue 3
/ The challenges of providing primary health care to Afghan immigrants in Tehran: a key global human right issue

The challenges of providing primary health care to Afghan immigrants in Tehran: a key global human right issue

Afsaneh Takbiri, AmirHossein Takian, Abbas Rahimi Froushani, Ebrahim JaafariPooyan

Rahimitabar et al.

International Journal for Equity in Health (2023) 22:16

https://doi.org/10.1186/s12939-023-01832-7

International Journal for
Equity in Health

SYSTEMATIC REVIEW

Open Access

Health condition of Afghan refugees residing in Iran in comparison to Germany: a systematic review of empirical studies



Parisa Rahimitabar^{1*}, Alexander Kraemer², Kayvan Bozorgmehr^{3,4}, Fatemeh Ebrahimi⁵ and Amirhossein Takian^{6,7,8}

Abstract

Background The re-emerging dominance of the Taliban in Afghanistan in 2021 caused a new wave of Afghan refugees heading Iran and neighboring countries. Iran in the Middle East and Germany in Europe are two major host countries to the largest populations of Afghan refugees. In both countries, several studies have been done to assess the health condition of refugees.

Objectives To systematically review the existing literature to identify similarities and differences of health conditions of Afghan refugees living in the two countries, and to synthesize evidence on the health status and health care access of these populations.

Methods Related electronic databases and grey literature of Iran and Germany on the health of Afghan refugees were scanned and searched up for the period 2000–2020. Key terms were formed by combining “Afghan refugees or

Iranian Journal of Health Sciences

Summer 2022, Vol 10, Issue 4

Research Paper

Serving the Vulnerable Towards Universal Health Coverage in Iran: Afghan Refugees' Health and Social Wellbeing in the Capital City of Tehran



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Citation Rahimitabar P, Kraemer A, Takian AH. Serving the Vulnerable Towards Universal Health Coverage: Afghan Refugees' Health and Social Wellbeing in Tehran. *Iranian Journal of Health Sciences*. 2022; 10(4):73-78. <http://dx.doi.org/10.32598/ijhs.10.4.897.1>

<http://dx.doi.org/10.32598/ijhs.10.4.897.1>

Challenges of Providing Healthcare Services to Refugees in Iran

Socioeconomic features of the refugees:

- Financial problems
- Illegal residence
- The lack of valid identification documents
- Unsuitable accommodation and work conditions
- The low level of education
- The high prevalence of mental illness
- Specific cultural beliefs and poor health behaviors



Organizational level:

- The lack of insurance coverage for all refugees
- The lack of a screening system upon arrival from the borders
- Inadequate organizational support for the staff working in refugees'-populated regions
- Low coordination among different providers

Personal level

Communication problems:

- Language differences
- Limitations in benefitting from interpreters
- Afghans' mistrust in the healthcare staff

Challenges of providing healthcare services

Social level:

- The negative attitudes of some Iranians and health care providers towards refugees

Health system building blocks & public health functions



LG, HF, HIS, HP, HPM, PPHR, HW, MPVT, HSD



WHO GAP to Promote the Health of Migrants and Refugees, within the GPW13 2019-23 (WHA 72.14)

LG, HF, HP, MPVT, HSD



GAP/PR1. Priority 1. **Reduce mortality and morbidity** among refugees and migrants through short- and long-term health interventions

LG, HP, HPM, PPHR,



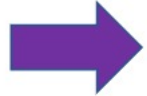
GAP/PR2. Priority 2. **Promote continuity and quality of care**, while developing, reinforcing and implementing **occupational health** and **safety measures**

LG, HF, HIS, HPM, HCSP, HW, RS



GAP/PR3. Priority 3. **Advocate mainstreaming refugee and migrant sensitive health policies, legal and social protection, and gender equality**, including interventions to protect and improve the **health and well-being of women, children and adolescents living in refugee and migrant settings**; and promote **partnership and intersectoral, intercountry and interagency coordination and collaboration** mechanism in global, regional and country agendas

LG, HCSP, HW, RS



GAP/PR4. Priority 4. Enhance the capacity to **tackle the social determinants of health** and accelerate progress towards achieving the **Sustainable Development Goals**, including **Universal Health Coverage**

LG, HF, HIS, PPHR



GAP/PR5. Priority 5. Support measures to **improve communication and counter xenophobia**

GAP/PR6. Priority 6. **Strengthen health monitoring and health information systems**

Linking the GAP, and the Tool's analytical framework



Country Assessment Tool on Health and Migration

Unit 1. General questions (GQ)

Unit 2. Leadership, governance and partnership questions (LG), stewardship, policy framework, Inter-Sector, Inter-Country Cooperation and Partnership, Migration/Refugee Health Programmatic Aspects, including continuity of care

Unit 3. Health System Financing (HF)

Unit 4. Health workforce for effective service delivery for refugees and migrants (HWF)

Unit 5. Access to essential medical products and technology (MPVT)

Unit 6. Health information systems and human mobility (HIS), surveillance and monitoring of health determinants, risks, morbidity and mortality amongst migrants

Unit 7. Health protection (HP), management of environmental, food, toxicological and occupational safety, health of migrants in detention, victim of trafficking, other migrants and displaced in vulnerable conditions

Unit 8. Health promotion and disease prevention and control, and social determinants of health (HPM), through population-based interventions, including actions to address social determinants of health (SDHs) and health inequities

Unit 9. Preparedness and public health response to disease outbreaks, natural disasters and other emergencies (PPHR)

Unit 10. Communication and social mobilization for health (HCSP)

Unit 11. Research in health and migration (RS)

Unit 12. Health Service Delivery: general questions for interviews at health facility level

Annex I. Guide to interviews for focus group discussions with refugees, migrants and community members



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Review

COVID-19: Marking the Gaps in Migrant and Refugee Health in Some Massive Migration Areas

Stephen A. Matlin ^{1,2}, Ozge Karadag ^{3,*}, Claudio R. Brando ⁴, Pedro Góis ⁵, Selma Karabey ⁶,
Md. Mobarak Hossain Khan ⁷, Shadi Saleh ⁸, Amirhossein Takian ⁹ and Luciano Saso ¹⁰

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 - ¹⁰ Department of Physiology and Pharmacology Sapienza University of Rome, 00185 Rome, Italy; luciano.saso@uniroma1.it
- * Correspondence: ok2267@columbia.edu

Citation: Matlin, S.A.; Karadag, O.; Brando, C.R.; Góis, P.; Karabey, S.; Khan, M.M.H.; Saleh, S.; Takian, A.; Saso, L. COVID-19: Marking the Gaps in Migrant and Refugee Health in Some Massive Migration Areas. *Int. J. Environ. Res. Public Health* **2021**, *18*, 12639. <https://doi.org/10.3390/>

Abstract: The health of migrants and refugees, which has long been a cause for concern, has come under greatly increased pressure in the last decade. Against a background where the world has

Structural factors

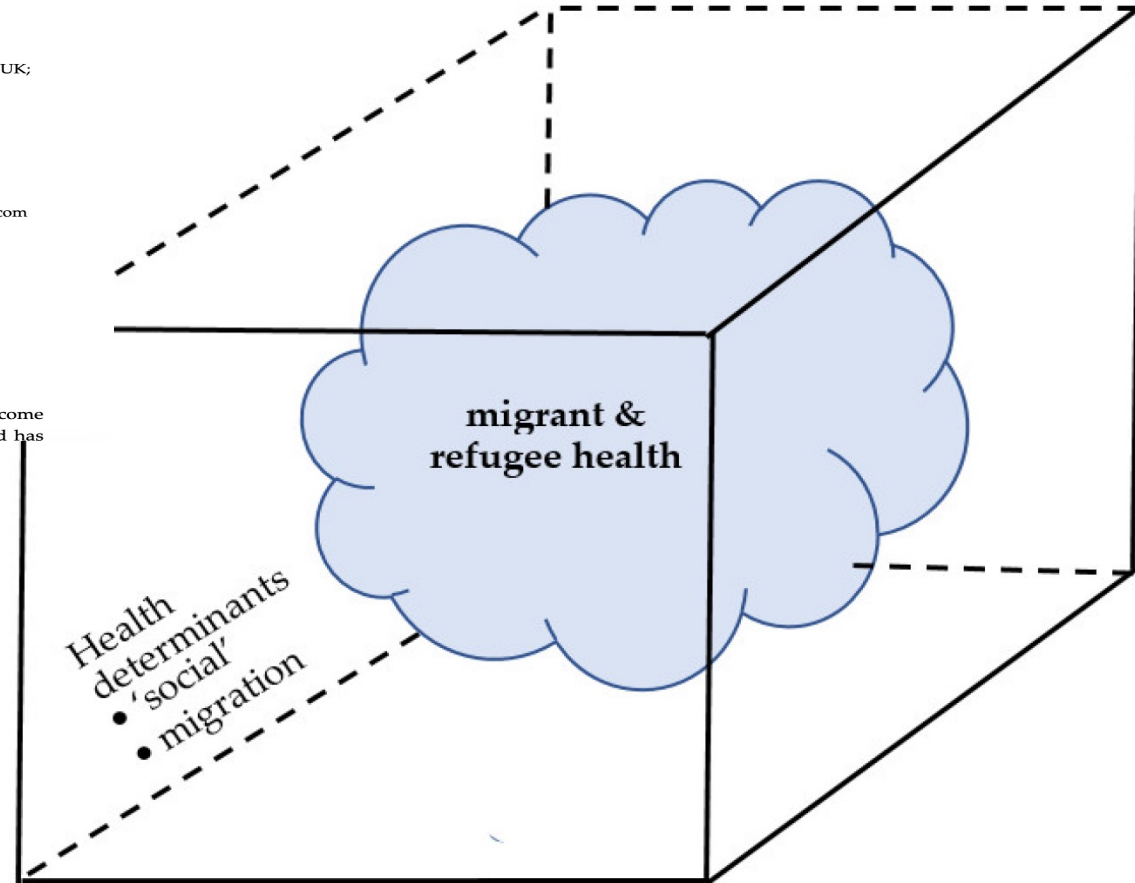
- rights
- governance
- policy
- practice

Health determinants

- 'social'
- migration

Human security

- freedom from want & fear
- freedom to live in dignity



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Priorities in addressing Political Determinants of Migration Research

- 1- **General lack** of research funding opportunities
- 2- **Translation of research into policy and practice**
- 3- **Global lack of comprehensive and high-quality contextualized research**
- 4- **Measuring the economic impact** of migrants in labour markets and the inclusion/exclusion of migrants in healthcare
- 5- **Improved political diplomacy** and greater investment the field of health and migration
- 6- **Data and robust monitoring systems** as relates to migration and health
- 7- **Supporting the use of participatory approaches**
- 8- **Social determinants of health and migration**



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The Rabat Declaration of the Third Global Consultation on the Health of Refugees and Migrants, 13–15 June 2023

Co-hosted by Morocco, WHO, IOM, the UN Migration Agency, and UNHCR, the UN Refugee Agency, representatives from 48 UN Member States

- Aimed to promote the inclusion of refugees and migrants in national health systems as part of the global movement for UHC, and work towards **resilient and sustainable health** emergency prevention, preparedness and response capacities.

- The countries supporting the Rabat Declaration committed to:

- accelerate efforts to improve the health of refugees, migrants and their host communities;
- address the root causes that negatively influence their health; and
- work towards including health and social protection considerations in national policies related to refugees and migrants.

-The declaration also reaffirms **the right of every human being**, including refugees and migrants, to **enjoy the highest attainable standard** of physical and mental health.

- Countries supporting it **commit to including refugee and migrant populations** and their host communities in policies and plans for prevention, preparedness, response and recovery.

- Stakeholders also pledge to foster inclusive financing mechanisms to reduce budget pressures on national systems and promote the meaningful **participation of refugees** and migrants in health policy discussions to identify and design appropriate interventions for their health needs.



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*Human beings are members of a whole,
In creation of one essence and soul.
If one member is afflicted with pain,
Other members uneasy will remain.
If you've no sympathy for human pain,
The name of human you cannot retain!*

Saadi Shirazi, Iranian Poet, 13th AD

Thank you!

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