



*American Model United Nations*  
**World Health Organization Executive Board**

WHO/I/7

SUBJECT OF RESOLUTION: Promoting the health of migrants

SUBMITTED TO: The World Health Organization Executive Board

*The World Health Organization Executive Board,*

1 *Recognizing* the current lack of access to previous health records of migrants,

2 *Emphasizing* the importance of accurate medical information in maintaining continuity of care and ensuring  
3 appropriate care for migrants,

4 *Noting* the measures taken by the International Organization for Migration (IOM) and the European Union  
5 (EU) to provide Personal Health Records (PHR) to incoming migrants,

6 *Acknowledging* the necessity of accessible healthcare and mental health resources, especially for refugees and  
7 internally displaced persons (IDPs),

8 *Recognizing* the need for both small-scale and large-scale outreach in encouraging migrants to access and  
9 utilize health resources,

10 *Further noting* that though the World Health Organization budget for the Emergency Health Program  
11 recognizes migrant health as part of the program, it does not currently focus on migrant health issues as urgent  
12 concerns,

13 1. *Recommends* the creation of a new form of health documentation for migrants, called the Migrant Medical  
14 Information Document (MMID), that would:

15 (a) Be based on the IOM and EU collaboration on the PHR initiative;

16 (b) Serve as a standardized document managed by the World Health Organization and IOM;

17 (c) Aim to ensure appropriate health care by;

18 (i) Providing as much health history as possible to migrant health providers;

19 (ii) Increase efficiency of migrant health systems by;

20 A. Reducing the costs of duplicated tests and treatments;

21 B. Streamlining intake and treatment of migrants;

22 (iii) Prioritize migrant autonomy, control, and privacy over their health information;

23 2. *Emphasizes* that the MMID would seek to encompass a comprehensive health record, including medical  
24 history and mental health;

25 3. *Suggests* that MMIDs be issued and maintained by the following guidelines:

26 (a) Economic migrants;

27 (i) Apply for and are issued MMIDs in their countries of origin;

28 (ii) Self-report the documents and have them certified by a qualified health professional at an exit  
29 visit;

30 (iii) Carry their MMIDs along with all other paperwork required for international travel and work  
31 authorization;

32 (b) Refugees and IDPs;

33 (i) Are able to receive guidance and support in filling out their MMIDs at;

- 34 A. Health checkpoints at primary border crossings;
- 35 B. Refugee camps and centers;
- 36 C. Mobile health units;
- 37 (ii) Self-report to the best of their ability and have the option of being evaluated by health profes-
- 38 sionals present at refugee camps and centers;
- 39 (iii) Use numerical identifiers instead of names so as to protect the identities of refugees and migrants;
- 40 4. *Further recommends* that Member States enact legislative measures that would support the implementa-
- 41 tion of MMIDs as national documents that can be integrated into their own healthcare systems;
- 42 5. *Recommends* the utilization of volunteer healthcare workers via non-governmental organizations (NGOs)
- 43 such as Doctors Without Borders and local nonprofits at primary border crossings via:
- 44 (a) Partnering with both government volunteers and nonprofit volunteers;
- 45 (b) Holding workshops to educate future volunteers on the procedures needed for migrants to develop
- 46 their MMIDs;
- 47 (c) Educating these volunteers via cultural sensitivity training so as to ease the transition into
- 48 receiving countries;
- 49 6. *Encourages* the allocation of mobile health units to refugee camps and centers, such that:
- 50 (a) Migrants will have the ability to receive and develop MMIDs even when they are not stationed
- 51 at border crossing health checkpoints;
- 52 (b) Health resources at refugee camps are bolstered by additional supplies and personnel;
- 53 (c) Resources addressing specific issues being faced by migrant populations can be dispatched effec-
- 54 tively;
- 55 7. *Suggests* the implementation of a Migrant Health Advocate program at refugee camps and centers in
- 56 order to:
- 57 (a) Organize community-centered outreach and encourage refugees and IDPs to seek healthcare
- 58 through a peer education program;
- 59 (b) Support first wave asylum-seekers in leading incoming migrants to navigate and access health
- 60 resources at camps and center;
- 61 (c) Educates migrants in recognizing mental health concerns of their peers and supporting them in
- 62 reaching out to appropriate mental health professionals;
- 63 (d) Help host country governments in monitoring the general health condition of refugee camps;
- 64 8. *Urges* collaboration between government health departments and employers of economic migrants such
- 65 that economic migrants are:
- 66 (a) Encouraged to access health resources tailored to them;
- 67 (b) Trained in financial literacy as it relates to medical bills and payments;
- 68 (c) Informed in navigating the health systems of their new countries such that they are able to;
- 69 (i) Make appointments with physicians and primary care providers;
- 70 (ii) Manage referrals and make appointments with specialists;
- 71 (iii) Access pharmacies and pharmacists;
- 72 9. *Strongly recommends* that the World Health Assembly (WHA) allocates more resources in the Emergency
- 73 Health Program budget towards addressing migrant health, as this funding has already been approved for use towards
- 74 the health of displaced populations.

Passed, Yes: 18 / No: 0 / Abstain: 1