Call for Good Practices in Health and Migration in the Americas

Pan American Health Organization (PAHO/WHO)

January 2024

Background

Given the dynamic intra- and extra-regional population movement in the Americas, migration continues to be a priority topic on the agendas and in policy discussions of many countries in the Region. Migration flows mostly comprise of people heading toward North America, primarily from Guatemala, Ecuador, Honduras, and Mexico. According to the International Organization for Migration (IOM), the border between Mexico and the United States is the largest migration corridor in the world.[1] The displacement of Venezuelan citizens in recent years has also continued to rise and is now considered the second largest displacement event worldwide, with over 7.7 million refugees and migrants— over 6.5 million of them have resettled within the Americas, mainly fleeing to neighboring countries.[2] People on the move from Venezuela as well as the Caribbean, notably Haiti and Cuba, and other countries, have also gone to various countries in South America. Of particular concern is the high number of children and adolescents on the move, often time making the journey on their own. In total, the Americas alone hosts approximately 26 per cent of all international migrants.

Most migrants decide to leave their homes in search of better economic opportunities. They often aim to leave behind poverty, socio-political turmoil, violence (including gender-based, gang, and political violence, and others), as well as the impact of environmental degradation, including slow- and rapid-on set climate change events that make their homes unlivable and/or threaten their livelihoods. Many of the drivers of migration were further exacerbated by the long-lasting social, health and economic impacts of the recent COVID-19 pandemic, which further exposed structural inequalities and disproportionately impacted migrants across the Region.

Whether people decide to migrate for economic reasons or because they are forced to do so, millions of them regularly face a multitude of challenges at every stage of the migratory process – departure, transit, arrival, and return. They are often exposed to an array of factors that jeopardize their physical and mental health including trafficking, kidnap, sexual and other violence, theft, and the need to travel through perilous natural terrain, among other factors that also lead to many dying in route. In addition, along the migratory process, migrants are frequently left with no, or limited, access to primary health care, medicine, vaccines, and emergency health services. As such, the health needs of migrants are often neglected, especially in maternal and child health, emergency care, prevention and control of communicable and

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[1] McAuliffe, M. and A. Triandafyllidou (Eds.), 2021. World Migration Report 2022. International Organization for Migration (IOM), Geneva. Available from : https://publications.iom.int/books/world-migration-report-2022.

[2] Refugees and Migrants from Venezuela [Internet]. Available from: https://www.r4v.info/en/refugeeandmigrants; UNHCR. [Internet]. Emergency Appeal: Venezuela Situation. Available from: https://www.unhcr.org/emergencies/venezuela-situation

non-communicable diseases, sexual and reproductive health, and mental health and psychosocial support.

In addition, many migrants (especially undocumented) are precariously integrated into destination countries, especially in terms of the entering the labor market and places of residence. Consequently, migrants tend to be placed into lower quality jobs in which they are vulnerable to confronting forced labor, without the right to social protection and health coverage. They are also more exposed to working conditions that are detrimental to their physical and mental health. At the time of arrival, most migrants in situations of vulnerability, often including temporary migrant workers, tend to live in informal settlements and marginalized neighborhoods. In these areas, migrants are more exposed to violence, poor water and sanitation, traffic accidents, and natural disasters such as floods or landslides, among other harmful conditions.

The multitude of legal, economic, socio-cultural, and other barriers to accessing essential health services and other social services, such as those providing food and nutrition, housing, etc., increases already existing inequities in the Region. This leaves migrants in compounded situations of vulnerability. To address the issue, and in line with commitments made by Member States on achieving Universal Access to Health and Universal Health Coverage, it is imperative to provide access to comprehensive, efficient, and quality health services for the migrant population (including refugees, asylum-seekers, internally displaced people, seasonal workers, and irregular or regular migrants), in addition to host populations. As a result, Member States have made further regional and international commitments through several frameworks including, among others, the adoption of the [WHO Global Plan on the Promotion of Refugee and Migrant Health](#) (renewed this year, 2023-2030) and the development of the 2019 [PAHO Guidance Document on Health and Migration](#) which provides five strategic lines of actions on which this call for good practices is based.

Please refer to ANNEX I (pg.15) for the Full Conceptual Framework.

The term Good Practices (GPs) has varying definitions. Still, at its core, it involves the documentation of methods, processes, and aspects that could be beneficial for another institution or country as a means of knowledge sharing.

The Pan American Health Organization (PAHO) will define GPs as the initiatives, interventions, solutions, methodologies, or procedures undertaken during the implementation of activities and projects at regional, sub-regional and local levels, that have yielded results that could be adapted and/or replicated in different contexts and by different countries and territories or organizations.

The present Call for GPs aims to contribute to knowledge sharing among Members States and different actors in the Region of the Americas on the topic of health and migration in the Americas.

PAHO's intention is not to validate (or guarantee) the success of an experience, initiative, or lesson learned but to ensure that GPs are systematically documented using a validated methodology.

To submit a GP, a comprehensive documentation process must be followed that covers all the necessary elements for its assessment against the criteria outlined in PAHO's GP methodology. A Technical Review Committee, composed of members experienced in the field and represented by different geographical sub-regions of the Region of the Americas or worldwide, will evaluate the proposed GPs and only those that meet the specific criteria will be published on PAHO's GP Portal.

While many actors from policymakers to civil society organizations have moved forward to address the health needs of migrants, there remains much to be done. For example, there is a need to better address the social determinants of health to understand the root causes of migration, as well as the impact migration itself has as a determinant of health and well-being. This requires addressing the socio-cultural barriers that lead to creating poor migrant health conditions along the migratory route. It also requires robust intersectoral collaboration and coordination in topic areas that need to be highlighted in addressing underlying causes of migrant health issues. In addition, health systems lack comprehensive data collection methods within their information systems to better address migrant needs, as well as capacity building in data collection to strengthen data on migrant health and access to health services. Capacity building of health personnel on migrant data collection, intercultural awareness and migrant rights represent another area for improvement. Additionally, there is a need to strengthen cross-border collaboration for improved epidemiological surveillance and the provision and coordination of health services in emergency situations at the point of entry for migrants, while also maintaining proper access to services for host communities.

Successful examples related to migration and health should be recognized and capitalized on to facilitate the implementation of effective action more broadly in the Region. This call will foster knowledge-sharing on lessons learned and good examples, acting as a catalyst for replicating similar short-, medium-, and long-term solutions in other contexts throughout the Region.

Purpose

The purpose of this call is to identify good practices in the Region that have demonstrated the successful implementation of an intervention under one, or more, of the five strategic lines of action outlined in the [PAHO Guidance Document on Health and Migration](): 1) Strengthen health surveillance, information management and monitoring, 2) Improve access to health services for the migrant and host population, 3) Improve communication and exchange of information to counter xenophobia, stigma and discrimination, 4) Strengthen partnerships, networks, and multi-country frameworks to understand the status and promote and protect the health of migrants, and 5) Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of migrants. These strategic lines of action are further detailed in table 1.

The call seeks to especially gather experiences related to the delivery of emergency health services to address migrant health needs, the social determinants of migrant health (notably for migrant workers), and interventions related to strengthening health systems to include consideration of migrant populations as well as increased access to health services for people on the move and host populations.

This Call is a joint initiative of the Departments of Health Emergencies (PHE), Social and Environmental Determinants for Health Equity (DHE), and Health Systems and Services (HSS) of the Pan American Health Organization.

Submission of a Good Practice

To submit a proposal, follow the instructions outlined in ANNEX II. PAHO uses a framework of eight Core Attributes to guide the documentation and assessment of GPs:

- **Effectiveness:** Evidence of successfully achieving its objectives. This evidence may include results sustained over time, tangible products, and methodologies.
- **Cost-Effectiveness:** Evidence of an economic approach that is financially realistic and accessible to the necessary actors.
- **Efficiency:** Evidence of a responsible and fiscal approach to implementing resources toward achieving the desired results.
- **Sustainability:** Evidence of maintaining the results achieved over time. It should generate the essential tools needed to confront future challenges.
- **Replicability/Adaptability:** Evidence of the potential to replicate or adapt to other contexts and situations.

- Innovation: Evidence of taking, promoting, or creating an entirely new technology or approach to a problem or encouraging innovation by its users to collaboratively develop new solutions to common issues.
- Participation: Evidence of the involvement of key stakeholders and partners (particularly the primary beneficiaries) in important decisions and actions related to the intervention and the adoption of a participative approach.
- Focus on Cross-Cutting Themes (equity, gender, ethnicity, and human rights): PAHO's Strategic Plan 2020-2025 addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Given the centrality of the themes to PAHO's technical cooperation, the Good Practice should demonstrate the capacity to analyze and propose changes in the vulnerabilities, diversities, or gaps that interfere with the population's health conditions. The Cross-Cutting Themes will be updated in accordance with each iteration of PAHO's Strategic Plan.

Additionally, this Call will make use of specific Technical Attributes that outline important characteristics of a practice within the subject of health and migration as follows:

- Alignment with PAHO Guidelines on Health and Migration: Evidence of alignment with PAHO Guidelines on Health and Migration[3], and its five lines of action.

More details on the relevant information expected to be submitted for each Attribute can be found in ANNEX II. Understanding the Attributes (pg. 17-18).

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[3] PAHO Guidelines on Health and Migration: https://www.paho.org/en/documents/guidance-document-migration-and-health.

Who can submit a Good Practice?

National Authorities

National Authorities from PAHO Member States (Region of the Americas) are invited to submit their experiences related to health and migration.

National Authorities, including at the sub-national and local levels, may include:
1. Public health institutions, and other related sectors (i.e. health, finance, labor, etc.)

2. Academic institutions

3. Civil society organizations

Additionally, the participation of international agencies, international organizations, including at the sub-regional level, as well as strategic stakeholders:

1. Non-governmental Organizations (including Foundations, Religious Institutions, Charities, etc.)
2. Media Agencies
3. Research Institutions

Experts

Experts in the Region are invited to submit their experiences. Experts may include:

1. Professionals

2. Policymakers

3. Researchers with publications or involved in research on migration and

health topics

Note: PAHO's Member States require that engagements with non-State actors undergo due diligence review and risk assessment under the Framework of Engagement with Non-State Actors (FENSA). In general, FENSA does not apply to engagements with governmental entities or intergovernmental organizations. However, engagements with state-owned companies, foundations or state universities remain subject to FENSA. Consequently, non-State actor participants of this Call are requested to review and fill out the "Information Requested from Non-State Actors for Engagement with PAHO/WHO" and "Tobacco/Arms Related Disclosure Statement for Non-State Actors" forms (ANNEX III) and submit these in the "Institutional Review" step of Portal's submission form.

Main topics and subtopics

The main topic of interest of this Call for Good Practices is Health and Migration in the Americas, divided into five strategic lines of action.

To assist in preparing submissions, proposed subtopics have been provided below for each strategic line of action (Table 1).

The subtopics mentioned are not exhaustive. Even if the submissions do not match the mentioned topics, they should still be relevant to the main topic of the Call. This includes the health needs of all forced and economic migrants such as temporary migrant workers, among others, in addition to health and social service systems response, gaps to addressing needs, as well as the role that local governments play in implementing policies towards specific groups of migrants.

All good practices shared would ideally be related to interventions that fit under the five PAHO strategic lines of action (Table 1) and be associated with health emergencies, social determinants of health, and/or health systems and services. Strong considerations will also be given to health care and health policies and/or programs that address the intersection of migration with other social determinants of health such as labor, employment, housing, and other determinants.

The presented subtopics include the abridged versions of the key interventions for each strategic line of action. For the full version, please refer to the [Guidance Document on Migration and Health](#).

Table 1. Strategic lines of action and subtopics of the Call.

Strategic line of action 1	**Strengthen health surveillance, information management, and monitoring**
	This strategic line of action focuses on ensuring that national surveillance systems integrate considerations for both host and migrant populations. It seeks to **ensure that information and disaggregated data are generated** at regional and country levels (national and sub-national), and that adequate, standardized, and **comparable** records on the health of migrants are available to support policy- and decision-makers to **develop more evidence-informed policies, plans and interventions**. This will, amongst other things, support the adaptive **capacity of health systems** of destination countries and **guide health interventions** to address migrants' specific health needs.

	Subtopics:
	❖ Establishment and/or fortification of early warning alert and response practices on:
	    • Health risk identification, and
	    • Guidance for prevention and control interventions.

	❖ Strengthening of capacities for migrant data collection by national and decentralized health surveillance and information systems. Including:
	• Development of sentinel surveillance system, and
	• Collection of disaggregated data (e.g. on health-seeking behaviors, and access to/use of health services).
	❖ Strengthening of epidemiological surveillance and information management.
	❖ Strengthening reporting capacities of host countries within the framework of the International Health Regulations (IHR).
	❖ Development and dissemination of health profiles of key migrant populations, to:
	• Support the adaptive capacity of health systems of host countries, and
	• Support targeted interventions by host countries on migrant health needs.
	❖ Promotion of international portability and accessibility of health data for migrants.
Strategic line of action 2	**Improve access to health services for the migrant and host population**
	This strategic line of action focuses on increasing **equitable access to comprehensive, timely, quality health services** for all people, including the migrant population, without discrimination and with a **people- and community-centered approach**. It is essential to determine specific barriers to access and define specific interventions, for example, facilitating linguistic, intercultural, and financial support to improve access to health services for migrant and host populations. Existing mechanisms in place should be strengthened to increase health services capacity in areas with a high influx of migrant populations. Services should cover the **continuum of care**, including **promotion, treatment, rehabilitation, and palliation** based on the health needs ascertained.
	In general, migrants do not pose an additional health security threat to host communities.[4] **Initial screening— not limited to infectious diseases—can be an effective public health instrument**, but should be **nondiscriminatory and non-stigmatizing**, and carried out to the benefit of the individual and the public; it should also be linked to accessing treatment, care, and support. It is unlikely to be necessary if health systems are strong and capable.[5]
	Subtopics:
	❖ Identification of health needs of migrants and health systems gaps.
	• Includes gaps related to healthcare access and coverage in communities along border areas.

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[4] The UCL–Lancet Commission on Migration and Health: the health of a world on the move, Vol.392, Issue 10164, P2606-2654, December 15, 2018.
[5] EUR/RC66/8 Strategy and action plan for refugee and migrant health in the WHO European Region.

- ❖ Incorporation of migrant health needs in country plans, policies, and programs related to migration.

- ❖ Enhancement of Ministries of Health participation in the development of migration-oriented country plans, policies, and programs.

- ❖ Development of migrant-inclusive health contingency plans, ensuring access to package of essential services in emergency situations for all.

- ❖ Scaling-up of short and long-term prevention and control of migrant-inclusive interventions with consideration of key determinants of health (e.g. age, gender, education, cultural sensitivity, trauma) in the fields of:

  - Communicable diseases,

  - Non-Communicable diseases (NCDs), and

  - Mental health.

- ❖ Development of protocols and measures for the monitoring and provision of sexual, reproductive, and maternal-child health care for migrants.

- ❖ Development of protocols and measures for the monitoring and provision of specialized care for the survivors of trauma and violence for migrants.

- ❖ Implementation of strategies within national immunization plans to increase vaccination coverage for hard-to-reach populations, including migrant communities.

- ❖ Provision of resources for continuous, comprehensive, and high-quality healthcare inclusive of populations with mental, physical, and sensory impairments.

- ❖ Provision of access to comprehensive, sustainable and multi-stakeholder (healthcare provides, NGOs, civil society organizations) health services through the implementation of:

  - Referral processes, and

  - Integrated Health Service Delivery Networks (IHSDN).

- ❖ Development of primary care inter-professional teams and provided with capacity building in:

  - Comprehensive care and health approaches with a focus on interculturality and social determinants,

  - Health equity, and

  - Human rights-based approaches to health, including for non-health actors.

- ❖ Inclusion of qualified migrant health workers in the design, implementation and evaluation of migrant-sensitive health services and educational programs.

- ❖ Inclusion of core capacities within national and international implementations of the IHR.

	❖ Ensure availability of multi-stakeholder (national authorities, NGOs, civil society organizations) national and local strategies for the visibility and accessibility to information on health care services to migrants and relevant actors.
Strategic line of action 3	**Improve communication and exchange of information to counter xenophobia, stigma, and discrimination**
	This strategic line of action focuses on the **provision of accurate information and dispelling of fears and misperceptions** among migrant and host populations about the health impacts of migration and displacement on mobile populations, and on the health of local communities and health systems. It also seeks to build a **culture of inclusion, solidarity and diversity, promoting the exchange of information** (including epidemiological information), **protocols, communication material and strategies, national plans, and relevant policy instruments** among Member States.

Subtopics:

- ❖ Implementation of strategies for information exchange on migrants' health to promote collaborative health actions.
  - Special focus on strategies implemented by neighboring countries with active human mobility along the borders.
- ❖ Implementation of strategies for local and regional knowledge exchange on promotion and protection of migrants' health, among countries, agencies, and other relevant actors.
- ❖ Development of gender and culturally-sensitive material for awareness-campaigns that inform migrants and host communities about the rights of migrants (including their right to health), while dispelling negative perceptions surrounding this population.
- ❖ Carrying out capacity building for health care providers and government officials on migrant health needs, culturally-sensitive standards of care, and referral procedures.
- ❖ Development of progress reporting and country profile development strategies in the context of the Sustainable Development Goals (SDG), with a focus on monitoring:
  - Health-related aspects of the movement of people, and
  - Disease-risk distribution and risk reduction.
- ❖ Development of cross-border approaches and databases compliant with national contexts and legal frameworks, focused on:
  - Health risks in countries of origin, transit, and destination, and
  - Portable health records and health cards (including cards for population groups in movement to ensure continuity of care).

Strategic line of action 4	**Strengthen partnerships, networks, and multi-country frameworks to understand the status and promote and protect the health of migrants**
	This strategic line of action seeks to ensure that the **determinants affecting migrants' health are addressed through joint action** and coherent **multi-sectoral public health policy responses**, including differentiated impacts among **women and girls**, **children, and indigenous and afro descendant communities**. It promotes synergy and efficiency through **partnerships and intersectoral, intercountry, and interagency coordination and collaboration mechanisms**, including with agencies within the United Nations System, such as PAHO, IOM, UNHCR, and UNWomen.

Subtopics:

- ❖ Implementation of strategies for inter-sectoral collaboration (including education, social welfare, amongst others) for response intervention planning and resource allocation.

  - Preference to strategies with a comprehensive short-, medium-, and long-term vision.

- ❖ Improvement of multi-country dialogues and cooperation, aimed at:

  - Identifying common interests,

  - Creation of common protocols and treatment schemes,

  - Avoiding duplication of efforts, and

  - Effective use of resources.

- ❖ Implementation of strategies for the establishment or reactivation of international partnerships and alliances, with a focus on:

  - Strengthening ongoing efforts to address trans-border health issues related to migration, and

  - Fostering multi-sectoral (particularly health and education) cooperation along borders.

- ❖ Development of binational coordination mechanisms and plans of action to effectively address shared health challenges related to a migratory crisis.

- ❖ Implementation of regional assessment and prioritization efforts, directed to:

  - Planning of response interventions, and

  - Resource allocation with a comprehensive short-, medium-, and long-term regional vision.

- ❖ Identification of solutions and financing mechanisms, aimed at resource mobilization to support host countries' increased healthcare demands related to large-scale international migration.

Strategic line of action 5	**Adapt policies, programs, and legal frameworks to promote and protect the health and well-being of migrants**
	This strategic line of action targets the **mainstreaming of migrant's health in national agendas** and promotes **migrant-sensitive health policies and legal and social protection**, and the health and well-being of women, children and adolescents living in migrant settings. Given that **gender and ethnicity** can affect the reasons for migrating, as well as the social networks migrants use to move in host countries, there is a need to ensure equality approaches in national programs and policies, including the **empowerment of migrant women and girls and gender equality**.
	It also advocates for the inclusion of migrant health in national and local policies and programs, as well as the **development or modification of legal frameworks to address migrants' right to the highest attainable standard of physical and mental health**, in accordance with international human rights obligations, relevant international and regional instruments, and by working **to lower or remove physical, financial, information and discrimination barriers in accessing health care services**, in synergy with WHO's partners, including non-state actors.

Subtopics:

- ❖ Implementation of strategies for the strengthening/scaling up of interventions aimed at:
  - • Effective promotion, respect, and fulfillment of the human rights of migrants, and
  - • Upholding migrant's right to health and principles of non-discrimination.
- ❖ Preparation and review with a gender sensitive, intercultural, and rights-based approach to national policies, strategies, and action plans at national or subnational aimed at:
  - • The protection of migrant human rights, including their right to health, and
  - • Responding to the health needs of migrants.
- ❖ Incorporation of provisions within legal frameworks to uphold the principles of the right to health and non-discrimination towards migrants.
- ❖ Incorporation of provisions within legal frameworks to address discriminatory processes and health barriers affecting migrants.
- ❖ Development of social protection policies and actions, aimed to address:
  - • Health inequalities and barriers to access services throughout the migration process.
- ❖ Generation of evidence on:
  - • the impact on health systems if the health needs of migrants are not tackled, and
  - • Targeted interventions to reduce health risks and health inequities among migrants.
- ❖ Establishment of a research agenda on migration, mobility, and health.

Timeframe

Proposals must be submitted between 29 January 2024 9h00 and 29 March 2024 23h59 EST.

Decisions are expected to be finalized by April 2024 through PAHO's Good Practices Portal. All participants will receive updates through their email and the Portal regarding these decisions. Only the GPs that have passed the evaluation process will be published on the Portal.

Languages

Proposals can be submitted in English, Spanish or Portuguese.

Evaluation of proposals

The Portal (https://portalbp.paho.org) enables PAHO entities, Member States, and stakeholders to document experiences, initiatives, and lessons learned using a standardized process that evaluates proposed GPs against specific criteria. A GP may serve as an example for interested parties to learn, share, and apply practices to their initiatives.

The evaluation process consists of two steps: Basic Screening and Technical Assessment.

Basic Screening will be conducted to ensure all requirements outlined by the Call are met. GP proposals will first be checked for compliance with the FENSA requirement (see Who Can Submit). All fields will be reviewed to verify that all information provided is valid and to ensure that the proposal includes all necessary basic details such as the title, alignment to the Call's theme, language, and name of the institution. Further information and/or revisions may be requested of the participants to proceed with the Technical Assessment.

Technical Assessment aims to evaluate a proposed GP based on the eight attributes specified by PAHO's GP methodology. The Technical Assessment will be conducted by the Technical Review Committee, which is composed of the following members:

- **Bambaren, Celso**: Pan American Health Organization
- **Bojórquez**, **Ietza, acting on an individual capacity**: El Colegio de la Frontera Norte (COLEF), Mexico
- **Cortinois, Andrea, acting on an individual capacity**: University of Toronto; Dalla Lana

School of Public Health, Canada

- **Gastal Fassa, Anaclaudia**: Pan American Health Organization
- **Houghton, Natalia**: Pan American Health Organization
- **Issa, Julie**: Pan American Health Organization
- **Mendez, Fabrizio**: Pan American Health Organization
- **Obach, Alexandra, acting on an individual capacity**: Universidad del Desarrollo, Chile
- **Solar, Orielle**: Pan American Health Organization

If any issues are found, or additional information is required, the submitter will receive an email notification. After providing the necessary information, the proposed GP can be resubmitted for a new evaluation.

ANNEX I. Conceptual Framework

The 2019 PAHO Guidance Document on Migration and Health[6] was developed as a consequence of the increasing need in the region to respond to the rapidly growing displacement of people in the Americas. Most significant were migration flows coming from Venezuela and Central America. The document was built upon several previous global and regional efforts to address migration and health issues. Commitments at the global level include, among others, the 2008 WHO Resolution WHA61.17 on the Health of Migrants[7], the 2016 UN General Assembly's adoption of the New York Declaration for Refugees and Migrants, Resolution A/RES/71/1[8], as well as the 2018 Global Compact for Safe, Orderly and Regular Migration[9]; the 2017 WHO adoption WHA70.15 on Promoting the Health of Refugees and Migrants[10], and subsequent adoption of the 2019 WHO Global Action Plan for Promoting the Health of Refugees and Migrants[11] (recently renewed until 2030). The several commitments within the region and sub-region include, among others, the 2014 Strategy for Universal Access to Health and Universal Health Coverage[12]; the 2016 PAHO Resolution on the Health of Migrants, CD55.R13[13]; the 2018 Quito Declaration on the Human Mobility of Venezuelan Citizens[14], with the health sector identified as a key sector in related plans to address the issue within the framework; and the Ministerial Declaration in Mesoamerica (2017)[15] and Resolution of the Andean Countries on Health and Migration (2018).

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[6] PAHO. 2019. Guidance Document on Migration and Health. Available from: https://www.paho.org/en/documents/guidance-document-migration-and-health.
[7] WHO. 2008. WHO Resolution WHA61.17 on the Health of Migrants. Available from: https://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf.
[8] WHO 2016. 2016 UN General Assembly's adoption of the New York Declaration for Refugees and Migrants, Resolution A/RES/71/1. Available from: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf.
[9] OHCHR. 2018. Global Compact for Safe, Orderly and Regular Migration. https://www.ohchr.org/en/migration/global-compact-safe-orderly-and-regular-migration-gcm.
[10] WHO. 2017. Promoting the Health of Refugees and Migrants, WHA70.15. Available from: https://www.who.int/publications/i/item/WHA70.15.
[11] WHO. 2019. WHO Global Action Plan for Promoting the Health of Refugees and Migrants. Available from: https://www.who.int/publications/i/item/WHA72-2019-REC-1.
[12] PAHO. 2014. Strategy for Universal Access to Health and Universal Health Coverage. Available from: https://www.paho.org/hq/dmdocuments/2014/UHC-ConsultationsCD53English.pdf.
[13] PAHO. 2016. Resolution on the Health of Migrants, CD55.R13. Available from: https://www.who.int/publications/i/item/paho-resolution-cd55.r13-health-of-migrants.
[14] UNHCR. 2018.
Quito Declaration on the Human Mobility of Venezuelan Citizens. Available from: https://data.unhcr.org/es/documents/details/68099.
[15] PAHO. 2017. Mesoamerica Ministers of Health Agree to Work Together to Meet Migrant Health Needs. https://www3.paho.org/hq/index.php?option=com_content&view=article&id=13191:ministros-salud-mesoamerica-acuerdan-trabajar-juntos-para-atender-necesidades-salud-migrantes&Itemid=0&lang=en#gsc.tab=0.

ANNEX II. Instructions for Submitters

Before Submitting

Please ensure you have the necessary authorization(s) before documenting your proposed GP. This includes obtaining permission to use institutional data and any copyrighted material.
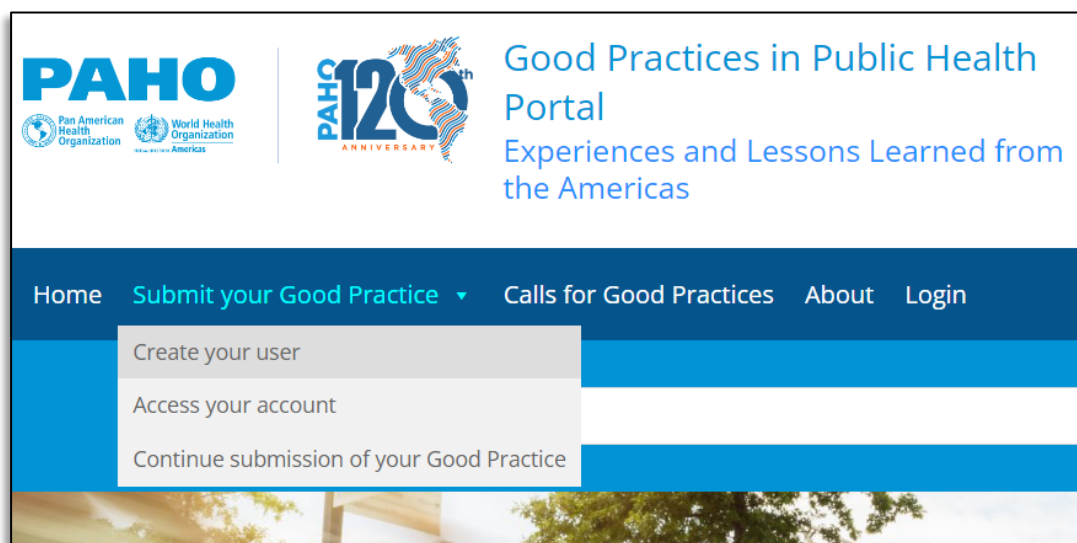
The Terms and Conditions of PAHO's Good Practices in Public Health Portal are here: https://portalbp.paho.org.

How To Submit Your Proposal

Create an account (Fig. 1) on PAHO's Good Practices in Public Health Portal (https://portalbp.paho.org). Once your account has been activated, you can document and submit your proposed GP.

For a detailed guide on how to use the Good Practices Portal and submit your proposal, please refer to the Submitter Guide (click here).

Figure 1. PAHO's Good Practices Portal homepage.

Understanding the Attributes

The Initiative has identified eight attributes that a proposal must display for it to be considered a Good Practice to be documented. To better understand the task ahead, Table 2 outlines what information per attribute will be of use to shape your Good Practice proposal and ease the evaluation process. However, this does not mean the information that can be presented is exclusively limited to what's outlined in the table. Please feel free to highlight unlisted aspects of your Good Practice proposal that you consider important.

The information submitted on a Good Practices proposal is expected to be supported by evidence as a result of scientific literature review and/or the data generated by the activities of the proposal as applicable.

Table 2. Expected information per attribute.

Attribute	Description	Information
Core attributes		
Effectiveness	Evidence of successfully achieving its objectives. This evidence may include results sustained over time, tangible products, and methodologies.	• Level of achievement of the proposal based on its objectives. • Proposal's activities. Impact of the proposal.
Cost-Effectiveness	Evidence of an economic approach that is financially realistic and accessible to the necessary actors.	• Proposal's financial management structure. • Budgeting process of the proposal. • Self-assessment of the budget's ability to reach objectives.
Efficiency	Evidence of a responsible and fiscal approach to implementing resources toward achieving the desired results.	• Proposal's resource management. • Strategies to augment/ensure efficiency.
Sustainability	Evidence of maintaining the results achieved over time. It should generate the essential tools needed to confront future challenges.	• Solutions to mitigate recidivist and/or new issues in the future. • Monitoring and evaluation strategies. • Evaluation of the scalability potential of the proposal. • Strategies to secure the required resources during the intended lifespan of the

		proposal.
Replicability/ Adaptability	Evidence of the potential to replicate or adapt to other contexts and situations.	• Evaluation of the proposal's potential to be replicated and/or adapted to other contexts. • Limitations on the replicability and/or adaptability potential of the proposal.
Innovation	Evidence of taking, promoting, or creating an entirely new technology or approach to a problem or encouraging innovation by its users to collaboratively develop new solutions to common issues.	• Description of any innovation – defined as any product, action, service, partnership that has the potential to enhance health outcomes. • How the proposed elements are to be considered innovative either in the national and/or international context.
Participation	Evidence of the involvement of key stakeholders and partners (particularly the primary beneficiaries) in important decisions and actions related to the intervention and the adoption of a participative approach.	• Participation of key stakeholders and/or partners. • Engagement strategy. • Level of engagement of the primary beneficiary.
Focus on Cross-Cutting Themes (Equity, Gender, Ethnicity, and Human Rights)	PAHO's Strategic Plan 2020-2015 addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Given the centrality of the themes to PAHO's technical cooperation, the Good Practice should demonstrate the capacity to analyze and propose changes in the vulnerabilities, diversities, or gaps that interfere with the population's health conditions.	• How the practice addresses any of these cross-cutting themes. • Impact that the practice might have had on cross-cutting themes.
Technical Attribute		
Alignment with PAHO Guidelines on Health and Migration	Evidence of alignment with PAHO Guidelines on Health and Migration[16], and its five lines of action.	• How the practice addresses any of the 5 PAHO Lines of action in the Guideline • The impact that the practice might have on improving and/or increasing the implementation of one, or more, of the 5 lines of action in the PAHO Guideline

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[16] Link to PAHO Guidance Document on Migration and Health: https://www.paho.org/en/documents/guidance-document-migration-and-health

ANNEX III. FENSA Documentation

During the "Institutional Review" step, the Portal submission form will require Non-State Actors, state-owned companies, foundations, and state universities to upload two forms in PDF format. These forms will also be downloadable from the Portal during this step. All submitted information will remain confidential and shared only with PAHO's Legal Office for review.

You may use the links below to download the form in your preferred language.

Information Requested from Non-State Actors for Engagement with PAHO/WHO

English | Español | Português | Français

Tobacco/Arms Related Disclosure Statement for Non-State Actors

English | Español | Português | Français