



Stepping up action on refugee and migrant health

Towards a WHO European framework for collaborative action

1. Rationale for action

- 1.1. We, the Member States of the WHO European Region, have gathered with a sense of urgency in Rome, Italy, on 23–24 November 2015, for a High-level Meeting on Refugee and Migrant Health. We have convened to raise awareness of the large numbers of avoidable deaths associated with forced displacement, to discuss how to address the health needs of refugees and migrants and to assess the public health implications of migration across the WHO European Region.
- 1.2. The large-scale arrivals of refugees and migrants into the European Region may eventually raise a public health concern for some countries of the Region that would constitute a humanitarian crisis and require solidarity amongst Member States and other relevant stakeholders with urgent action and a concerted and coordinated response.
- 1.3. The provision of adequate care, ensuring universal health coverage and leaving no one behind, is a central tenet in connection with the influx of refugees, asylum seekers and migrants arriving in the WHO European Region. This is important not only for overall population health but also as an acknowledgement of the fundamental human right to health for all. Solidarity and humanity are the principles that ought to inspire the pan-European collaborative response to the current crisis.
- 1.4. The current surge in refugees and migrants arriving in Europe creates challenges that may require adequate preparedness, rapid humanitarian responses and increased technical assistance. It also causes unexpected pressure on health systems, especially at the local level where influx is first managed. Responding quickly and efficiently to the arrival of large groups of people in a country can be complex, resource intensive and challenging, especially when host countries are affected by economic crisis or are not fully prepared and local systems are not adequately supported.
- 1.5. The Member States of the WHO European Region are taking many steps to respond to the health needs of refugees and migrants and are showing solidarity, particularly with frontline Member States that bear the greater burden of arrival. Notwithstanding, there are challenges and many demands that can exceed the capacity for rapidly mobilizing public health measures and access to health services. It is important to preserve the fiscal sustainability of the health system and to address the general need for improving quality and cost-effectiveness in health care. The refugees and migrants risk or lose their lives, endure tremendous hardship and suffering, have often undergone a dangerous and sometimes traumatic journey, do not speak the local language and are fearful. Migrant-sensitive health systems should aim to overcome barriers to health care such as language, administrative hurdles and lack of information about health entitlements, and answer the needs of all people, without discrimination, including on cultural and religious grounds.
- 1.6. The Member States of the WHO European Region see a need for a common framework for collaborative action on refugees and migrant health, acting with a spirit of solidarity and mutual assistance. This is firmly based in the recent adoption of the 2030 Agenda for Sustainable Development, where countries pledged that “no one should be left behind”;

in the Sustainable Development Goals 3 on health, 5 on gender equality and 10 on reducing inequalities within and among countries; in the European policy framework for health and well-being, Health 2020; and in the 2008 World Health Assembly Resolution on the Health of Migrants.

- 1.7. It is time to work together in a true spirit of solidarity and to align political will with sound health and social policies and technical capacities for implementing public health interventions in order to prevent avoidable morbidity and mortality and to mitigate human suffering among refugee and migrant populations by ensuring cross-national collaboration and access to quality services. The Member States of the WHO European Region stand ready to work together in this endeavour supporting those that bear the greater burden in coping with this unprecedented challenge.

2. An agenda for action

- 2.1. Short- and longer-term public health interventions should be available aimed at protecting and promoting the physical and mental health of refugees and migrants, as well as the host community. Health systems need to be migrant sensitive as well as gender sensitive and take into account cultural diversities and the different needs of women and men, girls and boys.
- 2.2. Refugees and migrants should be assisted in overcoming the difficulties associated with arriving in a new environment. Health systems need to be prepared to respond to the immediate health needs of refugees and migrants at the initial stages of arrival. In the medium and long term, to the extent possible, they should be fully integrated into the existing national health structures or have access to similar levels of health care as the rest of the population.
- 2.3. Member States need to assess whether the health system and public health interventions are meeting the needs of refugees and migrants, and whether health system capacity and public health interventions are sufficient. These assessments, to be conducted periodically by national and local governmental institutions, can be supported by WHO and other international relevant partners.
- 2.4. Emphasis should be placed on human rights and non-discrimination in meeting the health needs of refugees and migrants. Health system capacity may need strengthening, especially in the frontline Member States, to provide migrant-sensitive health care. Sustainable models of health care financing to cover migrant health needs should be identified. In this respect, migrant health needs should be included in local, regional and global funding mechanisms.
- 2.5. Adequate capacity is essential to address communicable diseases and all other hazards in order to ensure effective health protection in transit and destination countries. Epidemiological surveillance capacities need to be strengthened to include migrant-sensitive data, particularly in health districts with greater presence of refugees and

migrants, and should be able to identify the most vulnerable. Systems that collect data in respect of migrant health also need to be reinforced so that outcomes and access issues may inform further planning around appropriate target interventions. Appropriate immunization programmes for refugees, asylum seekers and other migrants should be ensured. Systems should be set in place for these and other relevant health data and records to be available, as appropriate, as an individual moves around.

- 2.6. Migrants and refugees do not pose an additional health security threat to the host communities. Screening – not limited to infectious diseases – can be an effective public health instrument but should be non-discriminatory, non-stigmatizing and carried out to the benefit of the individual and the public; it should also be linked to access to treatment, care and support. Screening should respond to appropriate risk assessments, and its effectiveness be evaluated. It should ultimately serve the true needs of the refugees and other migrants.
- 2.7. Limited access to immediate care during the transit and arrival phases may increase the burden of untreated chronic conditions. It is, therefore, important to integrate the health needs of refugees and migrants within the national action plans for the prevention and control of noncommunicable diseases.
- 2.8. Efforts should be directed to the groups in most vulnerable situations within the migrant and refugee population, such as children, pregnant women, the elderly, people with disabilities and victims of torture. Sexual and reproductive health issues, gender-based violence and mental health and care should receive top priority for attention. There is also an increased need for care for physical and psychological trauma and injury among refugees coming from countries affected by conflict and violence.
- 2.9. The effective provision of health care, health promotion and preventive measures requires health systems that can adapt and respond to the needs of a changing population and take account of cultural, religious, linguistic and gender diversity. Training of health professionals and relevant non-health actors is a key element to achieve this purpose. Appropriate measures should also be taken to enable involvement and employment of migrating health professionals in the service provision.
- 2.10. Appropriate measures should be taken to promote continuity and quality of care for migrants, including the health care delivered by public institutions, private providers, nongovernmental organizations (NGOs) and other providers, and equal quality standards of care defined, delivered and monitored.
- 2.11. Migrant-sensitive health systems may benefit from fostering active participation and empowerment of refugees and migrants through all stages of health service provision.
- 2.12. National health policies, strategies and plans should be inclusive, taking into account all relevant aspects of refugee and migrant health and having a broad intersectoral approach. As indicated in the Health 2020 policy framework, whole-of-government and whole-of-society approaches based on shared values, evidence and multisectoral policy dialogue

are required in order to ensure policy coherence and appropriate intersectoral actions across all relevant actors.

- 2.13. Communication efforts should receive priority attention to dissipate fears and false perceptions among refugees, asylum seekers and migrants as well as among host populations. Appropriate information on health care in transit and destination countries should be made available to refugees and migrants to facilitate their access to health care.

3. Towards a WHO European framework for collaborative action

- 3.1. This outcome document represents a basis for progressing towards a coordinated and collaborative action across the WHO European Region.
- 3.2. To achieve these goals, strengthened national and international sectoral and intersectoral collaboration is needed across the WHO European Region and with the main countries of origin and transit of the Eastern Mediterranean and African Regions. There is a particular need for broader cross-country information exchanges in order to ensure smooth health information transfer while people are moving across borders. Enhancement of coordination on data collection and relevant communication between countries and all stakeholders are critical to the success of all efforts to secure and promote refugee and migrant health. We should move fast in developing trans-border approaches, transnational databases, respecting privacy of information, and portability of health records/health cards.
- 3.3. Collaboration should also be strengthened with and among United Nations agencies (particularly WHO, UNHCR, UNICEF, UNFPA and UNAIDS), the European Commission, the International Organization for Migration and other national and international organizations having roles in the migration and health landscape. To ensure effectiveness in support for Member States and to avoid duplication of efforts and tools developed, coordination should be strengthened among the different international stakeholders involved.
- 3.4. It is imperative to prevent the unacceptable deaths of migrants and refugees, particularly across dangerous sea routes, and to implement a coherent and consolidated national and international response to the health needs of the refugee and migrant populations in the countries of transit and destination. To this end, coordination of the health sector stakeholders and capacity building of the key actors should take place, especially at country level, including national and international relevant stakeholders and NGOs as appropriate. Better coordination of the refugee and migrant health issue within the United Nations' system and with other relevant international actors to support Member States facing the larger influx of refugees and migrants is of the essence. NGOs should be involved in activities for addressing the health needs for refugees and migrants at national and international level. Leadership and a broad consensus to move towards a common European approach for coordinating the health sector response are necessary.

- 3.5. It will be important that these deliberations inform global policy documents and inter-regional work based on a "one WHO" approach. It is very important to build bridges of collaboration between the European, African and Eastern Mediterranean WHO Regions to foster platforms of common action in origin, transit and destination countries.
- 3.6. The agreed approach emanated from the deliberations in Rome in connection with the health needs of refugees and migrants, and the efforts to prevent avoidable deaths in this group across the WHO European Region, will have to be brought into a European framework on migration and health. With the agreement of the Standing Committee of the Regional Committee for Europe, it will be submitted to the 66th session of the WHO Regional Committee for Europe.