

## POLICY BRIEF

# AN AGENDA OF SOLUTIONS ON THE HEALTH OF MIGRANTS AND REFUGEES

Despite the greatly increased numbers of migrants and refugees worldwide in recent years, insufficient attention has been paid to addressing their health needs. While a variety of international instruments assert the right to health, in practice migrants and refugees – especially those awaiting clarification of their status, such as asylum seekers and those without documentation – often fall in cracks between service providers and humanitarian relief programmes at national and regional levels.

The M8 Alliance of Academic Health Centres, Universities and National Academies (a network of 25 leading research institutions which acts as an academic think-tank for the World Health Summit) held its first ever Expert Group Meeting in Rome on 23-24 June 2017. Attended by participants from around the world, the meeting examined the health of migrants and refugees. Results from discussions and from the literature were synthesised to develop an ‘agenda of solutions’<sup>1</sup>. The agenda, which bridges humanitarian, ethical and rights-based imperatives, aims to provide a comprehensive framework for action to tackle this crucial area. This Policy Brief summarises the main conclusions from the Expert Group Meeting.

## A crisis of solidarity

The period 2014-15 witnessed the largest and most rapid escalation ever in the number of people being forced from their homes. Millions of people fled areas of conflict and persecution, creating the highest level of displacement since World War II. The issue was elevated to the highest position on the political agenda of many countries and, for the first time, on 19 September 2016 the UN General Assembly hosted a High-Level Summit to address large movements of refugees and migrants. UN Secretary-General, Ban Ki-moon, wrote<sup>2</sup> that “this is not a crisis of numbers; it is a crisis of solidarity. Almost 90 per cent of the world’s refugees are hosted in developing countries. Eight countries host more than half the world’s refugees. Just ten countries provide 75 per cent of the UN’s budget to ease and resolve their plight.”

At the UN Summit, 193 Member States signed up to the New York Declaration<sup>3</sup>, in which health is referred to at several points, encouraging States to address health vulnerabilities and the specific health-care needs of migrants and refugees. The onus of responsibility rests with States and, to date, it appears that solidarity from the international community has lagged far behind the commitments made in New York. As observed by the World Health Organization (WHO), “The right of everyone to enjoy the highest attainable standard of physical and mental health is established in the WHO Constitution of 1948. Ratified international human rights standards and conventions exist to protect the rights of migrants and refugees, including their right to health. Nevertheless, many refugees and migrants often lack access to health services and financial protection for health.”

## Tracing pathways to migrants' and refugees' health

Migration often occurs over months or years with several steps along the way and a number of contributory factors involved. The World Bank's analysis<sup>4</sup> recognises a number of drivers of migration, including income gaps and inequality, demographic imbalances, and environmental change; and suggests that migration pressures will continue for the foreseeable future. Fragility, conflict and violence are also drivers of migration.

There is also an important nexus between climate change, migration and health. Increased drought and desertification, rising sea levels, repeated crop failures and more intense and frequent storms are likely to increase internal migration and, to a lesser extent, international migration. Climate change has direct and indirect effects on population movement and also on health, while migration is itself a risk factor for adverse health events. The multiple, diverse factors are all connected together in complex ways.<sup>5</sup>

It is evident that a comprehensive approach is needed, in which the health of the migrant is considered across disciplines, sectors and geographies and within contexts framed by political, social, economic and cultural factors as well as biological and medical ones. Risks to the health of migrants arise at every stage along their journeys, from before the migration process starts, during travel and at transit and destination points (Box 1). There are also health risks for those migrants who return home, including loss of ties and social networks, social attitudes to returnees and re-exposure to old risks factors. A dynamic analysis that considers temporal events and cumulative impacts of different determinants at different stages and phases is therefore necessary.

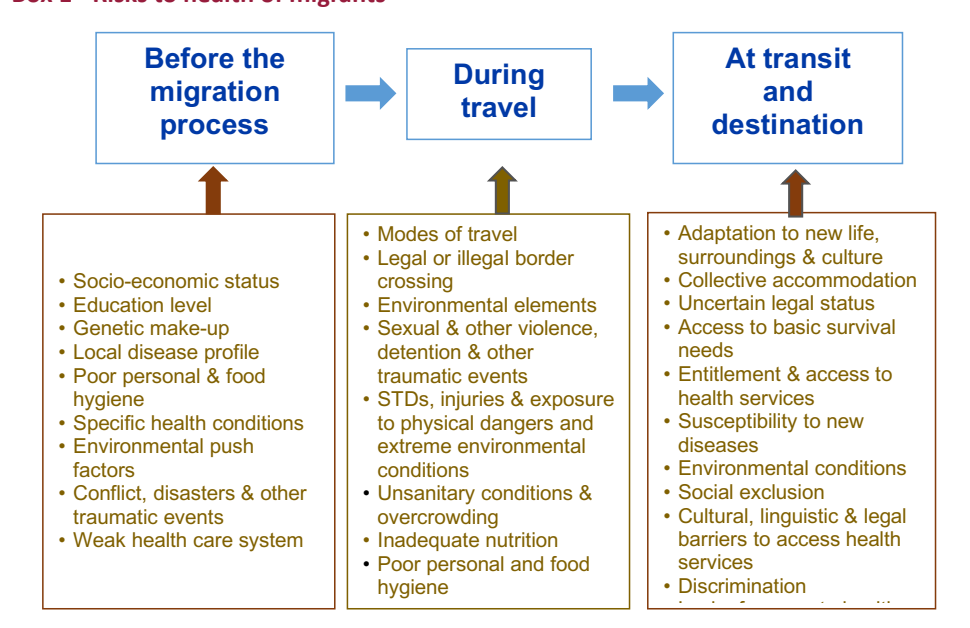
The approach to addressing the health needs of migrants and refugees therefore needs political, strategic and technical measures that work along two tracks:

- i. Coping with the incoming people and adapting in periods when there are exceptionally high numbers arriving at borders. This should include prophylaxis, screening, and triage at the borders and in reception centres; and involve health assessment and vaccines for people coming from countries affected by endemic infections, and/or because of exposure to infectious agents in different contexts during their journey.
- ii. Providing longer term equitable access to health promotion, disease prevention and care, including health care in camps and transit or detention centres for migrants as well as provisions for access to health services in the community.

Ensuring equitable access to health promotion, disease prevention and care requires identifying and removing barriers, which may be associated with legal status and entitlement, or economic, social or cultural factors. These may be compounded by additional issues such as poor disease surveillance or political opportunism. The impact of the operation of these barriers may not only be seen in the equity and quality of healthcare received by the migrants and refugees, but also in the avoidable use of emergency care, which has economic consequences.



**Box 1 - Risks to health of migrants**





# Towards an agenda of solutions

During the M8 Alliance meeting in Rome, as well as in recent papers and other meetings, emphasis was placed on the need to reset the agenda and turn the focus of attention regarding migrants' and refugees' health from an agenda of conflicts and problems into one of solutions – rejection the prospect of a bleak future as the only option.

A combination of points from the M8 Alliance Expert Meeting and from the literature suggests that an agenda of solutions should include the following:



## Framing

The available evidence indicates that substantial migration movements are going to remain a major and long-term facet of the globalised world in the 21<sup>st</sup> century, driven by a diverse array of nature- and human-related causes. By contrast, much of the current framing of migration, seen in the press, social media and policies in many countries, remains rooted in a paradigm of immobility as the norm and migration as an exceptional circumstance to be responded to as a short-term emergency.

An essential component of the transformation of the perspective to an agenda of solutions is therefore a metamorphosis that shifts the framing of migration:

- so that migration and diversity is perceived as normality, as a long-term, if not permanent, structural process that the world as a whole needs to accommodate – including the framing of ‘environmental migration’ as a necessary and positive adaptation to climate and environmental changes and extreme weather events that are being made more frequent by global warming;
- to promote understanding that, as humanitarian action to settle those displaced by disasters, environmental changes, conflict, persecution or inequity is developed, policies and practices need to be adopted, in accord

with international instruments, that enable migrants and refugees to move safely without persecution or abuse, be accorded protection, care and essential health services at transit and short-term settlement points, and given affordable access to a full range of health services to meet their physical and mental health needs where they are hosted in the longer-term;

- to raise awareness that migrants and refugees, including economic migrants, can bring significant benefits to the countries that host them, including improved demographics and heightened economic activity and productivity; and
- to promote recognition that the adaptation of health (and other) services to make them inclusive and migrant-friendly not only ensures that migrants' health problems are adequately treated, but also has positive impacts on the quality, efficiency and effectiveness of the services for all in the society.

Shifting the framing of discussion about migrants and refugees in general, and about their health needs as one of the essential elements, depends on several inter-related factors, including policy, evidence and communication, each of which is discussed below.



## International collaboration and support

International cooperation to address the immediate health needs of migrants and refugees on the move and in temporary transit locations and those residing in longer-term facilities close to their country of origin is necessary to meet humanitarian requirements. International cooperation is also important, along with taking other measures such as ensuring opportunities for safe and decent living, education and earning livelihoods, in efforts to reduce the incentives to undertake long and potentially perilous journeys to seek refuge elsewhere. Collaboration and support, driven by political will and commitment, needs to ensure that there are plans and material and financial resources in place that can be rapidly drawn on to meet the immediate needs of sudden crises; and that adequate provision is made for the ongoing needs of migrants and refugees in longer term residence facilities, including for a full range of health services.

Among the key elements that should be included in the international cooperation are:

- Development and implementation of standardised procedures for health assessment and care.
- Strongly intersectoral approaches that take into account the all-round wellbeing of the migrants and refugees, including attention to factors such as nutrition, clean water, sanitation, shelter, transport and education facilities, as well as to medically and culturally appropriate health services.
- Cross-border collaboration in research, education and training, as discussed below.

## Policy

Migration is a major social, political and public health challenge and policy-makers need to develop specific and coherent policies addressing the health needs of migrants independently from their legal status. Emphasis should be placed on the approaches required to meet the diverse needs of refugees, asylum seekers and migrants at different stages, addressing the immediate and long-term health requirements, as well as public health aspects.

In achieving this, it is important that policy makers are encouraged to:

- Recognize migration as a structural phenomenon in the 21st century, which requires policies to prepare for both ongoing migration and for crises;
- Understand the totality of reasons for migration;
- Act in accordance with the shared responsibility of the international community expressed in the conventions, charters and resolutions to which they are signatories, including recognising rights to health and health care; and implement the New York Declaration for refugees and Migrants and, as relevant, regional instruments such as the Strategy and action plan for Refugee and Migrant Health in the WHO European Region;

- Develop and implement national policies based on principles of equity that ensure entitlement to affordable health care for all those in need in society, including migrants, refugees and asylum seekers;
- Accept the evidence for the benefits that accrue from the inclusion of migrants and refugees into mainstream societies, including providing entitlement to the full range of health services accessible to the general population; and plan and implement systems to disseminate this information;
- Support work to study the health of migrants and refugees, including the systematic, routine collection of data and research to understand health issues and to develop and explore the effectiveness of prevention, treatment and rehabilitation approaches.
- Promote an intersectoral approach and cross-border cooperation, including in approaches to public health and action on the social determinants of health;
- Engage in communicating these positions and understandings to the public and media, disseminating and explaining them and undertaking efforts to increase public awareness about rights and responsibilities; and
- Demonstrate the political will and commitment to translating them into evidence-based policies, strategies and practices.





## Health services and the health and wellbeing of migrants and refugees

Areas where attention and resources need to be focused in order to meet current and future challenges include:

- Develop and implement strategies to utilize the social determinants of health framework in identifying the health needs of migrants and refugees and devising and implementing solutions.
- Deal with physical and mental health issues early. As noted by the World Economic Forum, poor health affects a migrant's ability to get a job, learn the local language, interact with public institutions and do well in school – all things that are critical to integrating successfully, with refugees particularly prone to mental health issues such as anxiety and depression, following their often traumatic and violent experiences back home and in flight. Host countries should assess the mental health of newcomers alongside physical evaluations, grant humanitarian migrants access to regular healthcare and ensure they are able to use it.
- Provide cultural/transnational competence education and training for health care providers as preparation for ethnically and socially discordant clinical encounters; and improve, communication services for them in order to promote an inclusive and culturally sensitive health system;
- Ensure that culturally-competent interpreters are available on-tap through communication linkages, to facilitate engagement between health workers and migrants. This is especially crucial in addressing mental health issues of migrants, including child migrants who may have been traumatised.



## Communication

Communication is central to the engagement between the diverse actors that participate in and influence the health of migrants. Critical pathways of communication include those among and between health professionals, migrants, policy makers, researchers, the public and the media.

- The agenda for communication must not be left, by default, to the whims of particular media or political actors seeking to use migration to promote their own purposes. There needs to be systematic development of communication strategies and assets, including sound data and evidence, which are oriented to the welfare, health and wellbeing of migrants.
- The voices of migrants themselves need to be included and, among other measures, this requires ensuring the availability of culturally-competent interpreters.

## Education and training

- Incorporate migrant and refugee health in curricula of medicine and public health degrees, courses and professional development programme.
- Launch specific training programmes for health care professionals;
- Expand the availability of degrees and modules on migrant and refugee health, including through the use of web-based, open access materials and distance education tools such as MOOCs.
- In all materials, place emphasis on the need to develop cultural competence as well as technical skills in medical diagnosis and treatment.
- As part of the longer-term aspect of the 'agenda for solutions', effort needs to be made on the training of trainers – giving health professionals skills to be able to train people for dealing with the particular health problems of migrants and refugees.

## Academia: research and public engagement

Academia has unique capacities to fill the gaps in the present lack of knowledge about the health status and needs of migrants and refugees. It also has responsibility to communicate its findings, as a basis for evidence-informed policy and, as a shared responsibility with government, to ensure that the public are well informed and able to distinguish between fact, conjecture and opinion in forming their views about migration.

### Recommendations for action include:

- Prioritised research agendas need to be developed at national and international levels that comprehensively address short-, medium- and long-term aspects of migrants' and refugees' health, across the spectrum of physical and mental health and wellbeing and within a broad social determinants of health framework. These research agendas should be participatory and, as appropriate, multi-, inter- or trans-disciplinary.

- National and international resources need to be directed to supporting this broad spectrum of research relevant to the health of migrants and refugees. The priority and value accorded to such research (which is related to funding decisions, publication channels, academic credit and career progression) needs to be judged on its relevance and value to addressing the health needs of migrants and refugees rather than only on conventional 'scientific excellence' grounds.
- Research should be encouraged in the field of monitoring and assessing the impact on the health of migrants and refugees of policies in multiple sectors, including the development of specific tools and indicators.
- An essential dimension that should be built into all research in the field is a requirement to communicate the results to the public, policy makers and media in ways that will encourage attention and facilitate understanding of the conclusions and relevance.
- Further research into the evidence/media coverage/public attitudes/policy/practice nexus should be undertaken, to provide better understanding of the inter-relationships and of effective communication strategies.
- Academics must be prepared to use their voice, individually and collectively, to speak out when incorrect facts or interpretations are being offered or when policies or practices are contrary to available evidence and likely to be inimical to the health of migrants and refugees.
- National academies and professional associations, across the whole spectrum of medical and health-related disciplines, have a central role to play in promoting and facilitating all of these areas of action and of engaging themselves with researchers, funders, policy makers, the media and public to help drive forward the agenda for solutions.
- The models of the Franco-German collaboration that established the Centre Virchow-Villermé Paris-Berlin and the M8 Alliance, could be extended. If adequately resourced, such initiatives could serve as a major international source of evidence on the health issues of migrants and refugees and the effectiveness of measures implemented to meet their health needs. Key international actors, including WHO, UNHCR and ILO as well as major humanitarian NGOs, need to be drawn into participation in these initiatives. Through developing a community of practice, these initiatives can also provide a coordinated network for interaction, enabling sharing of diverse experiences and approaches and facilitating the effective use of research capacities.

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### References:

1. S. A. Matlin, A. Depoux, S. Schütte, A. Flahault, L. Saso. Migrants' and refugees' health: Towards an agenda of solutions. Report of an M8 Alliance Expert Group Meeting held at Sapienza University, Rome, 23-24 June 2017. Published by the Centre Virchow-Villermé for Public Health Paris-Berlin, University Sorbonne Paris Cité, June 2018. <http://virchowvillermé.eu/>.
2. B. Ki-moon. UN Secretary-General's Op-Ed: "Refugees and Migrants: A Crisis of Solidarity". New York: United Nations 2016. [www.un.org/youthenvoy/2016/05/secretary-generals-op-ed-refugees-migrants-crisis-solidarity/](http://www.un.org/youthenvoy/2016/05/secretary-generals-op-ed-refugees-migrants-crisis-solidarity/)
3. New York Declaration for Refugees and Migrants. Resolution adopted by the General Assembly on 19 September 2016. New York: United Nations 2016. [www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/71/1](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/71/1)
4. World Bank. Migration and Development. A Role for the World Bank Group. 2016. <http://pubdocs.worldbank.org/en/468881473870347506/Migration-and-Development-Report-Sept2016.pdf>. Accessed 13 November 2017.
5. U. Beck. The Metamorphosis of the World: How Climate Change is Transforming Our Concept of the World. Polity 2016, ISBN: 978-0-7456-9021-6. <http://eu.wiley.com/WileyCDA/WileyTitle/productCd-0745690211.html>. Accessed 13 November 2017.



