Outcome statement

1. Rationale and reflections for action

1.1. We, representatives of Member States of the WHO European Region (the Region), with counterparts from the WHO African Region and WHO Eastern Mediterranean Region, migrant and refugee representatives, relevant United Nations organizations and other international development partners, gathered in Istanbul, Turkey, on 17–18 March 2022, for a High-level Meeting on Health and Migration to reaffirm commitments, promote inter- and intraregional actions, strengthen critical partnerships and agree on the priorities and parameters for collaboration on the health of refugees and migrants into the future.

1.2. Today more than ever, we need to make solidarity, respect and human rights-based treatment of all refugees and migrants a reality, no matter their origin, gender or age. The right to health and access to services must always be protected, not least during times of crisis. We came together to unite in working to uphold our commitment to the right to health for all, including refugees and migrants.

1.3. In light of the current war and urgent humanitarian and health needs of refugees from Ukraine, we recognize the importance of ensuring safe access to territory for refugees and third-country nationals fleeing from Ukraine, in line with international standards and provision of non-discriminatory health services and humanitarian assistance to all people fleeing conflict. While displacement and health needs continue to grow, we call on the international community to support host countries to undertake all necessary measures to provide for the essential health needs of all displaced people, to guarantee the use of safe passage to allow the transit of medical supplies, delivery of vital services and workers to the affected zones, and to guarantee the human rights of all refugees, regardless of their ethnic background.

1.4. Migration is not just an isolated or time-bound crisis as it has been often been thought of in the past; rather it is an enduring and in most instances an enriching part of our societies. Migration and displacement affect the social, cultural and economic fabric of our three Regions – the European, Eastern Mediterranean and African Regions – and requires strengthened responses across all sectors as refugee and migrant health is an integral and indivisible part of population health. The COVID-19 pandemic is just one recent example highlighting both the valuable contributions – including in providing health and care services – and resilience of refugees and migrants, while at the same time exposing the precarious and vulnerable situations in which many remain. Upholding the fundamental right of all people to asylum and safe refuge, as articulated within international refugee law instruments and declarations, is essential in safeguarding health and well-being. Health systems in countries hosting large or sudden arrivals of

refugee populations have extraordinary needs that require international solidarity and support to strengthen their capacity.

1.5. With the current Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (2016–2022) soon to expire, we see the need for a more inclusive and fit-for-purpose public health approach to migration and displacement moving forward; it is a unique opportunity to strengthen an interregional coalition to tackle current and future challenges. Throughout the implementation of the Strategy and Action Plan, and in the context of a rapidly changing and interconnected world, five salient reflections stand out.

1.6. First, the processes of migration and displacement are cross-cutting, and health and well-being are significantly influenced by policies and conditions outside the realm of the health sector. To ensure shared responsibility, it is necessary to work across sectors, bringing together health and non-health ministries across all levels of government as well as nongovernmental and civil society organizations, international agencies, academia, the private sector, faith leaders, citizens, and refugee, migrant and diaspora communities.

1.7. Secondly, an inclusive approach to health and migration is essential in the context of the social and demographic shifts occurring across the three regions. Ensuring regular, safe and dignified migration pathways, promoting good health outcomes and minimizing health inequalities are necessary to realizing all aspects of migration health for all people across countries of origin, transit and destination.

1.8. Thirdly, health and migration is a transnational issue and can only be addressed in a robust and sustainable way by building interregional solidarity and cooperation through a whole-of-route approach. Single country and single region solutions fall short in safeguarding the health and psychosocial well-being of refugees and migrants, and in meeting regional and global commitments and human rights obligations.

1.9. Fourthly, enabling the full enjoyment of health care for all people does not stop at granting formal entitlements. It requires that health and social services are accessible economically and practically, that they are inclusive and responsive to diversity, disability and gender and that they are founded on the universality of human rights.

1.10. Lastly, it is critical to look beyond factors related only to human health and recognize the importance of One Health: the interplay between human, animal and environmental health, which may particularly impact the health of refugees and migrants. Anthropogenic climate change, in particular, is a major and pressing challenge, alongside the other environmental and health emergencies faced by populations across the world. The potential scale of migration and displacement as a result of the impacts of climate change in particular is significant.

1.11. Building on the experiences, achievements and lessons learned, the WHO Regions of Europe, Africa and the Eastern Mediterranean stand ready to work together in the spirit of interregionalism. They commit to exchanging of practices, sharing common values, actions of solidarity and mutual assistance to build a new and common vision for health and migration into the future.

2. Pillars of action moving the health of refugees and migrants forward

2.1. In collaboration with the WHO African and Eastern Mediterranean Regions, and supported through expert consultation with Member States and other partners with roles and mandates for health and migration, five transformative objectives (action pillars) are identified for future action.

2.2. First, Member States need to strengthen provision of universal health coverage, ensuring that all people who are present in the territory of the Member State, regardless of migration or citizenship status, have access to quality health care, including mental health care and psychosocial support, medicines, and vaccines without exposure to financial hardship, as enshrined in the right to health.

2.3. Secondly, refugees and migrants are often disproportionately impacted by emergencies and disasters, yet they may be least protected in terms of access to the resources, services and opportunities needed to ensure their safety and well-being. Subnational, national and regional emergency preparedness and disaster risk reduction frameworks should ensure that refugee and migrant health, including mental health, is taken into account.

2.4. Thirdly, the health and well-being of refugees and migrants greatly depends on the social determinants of health; the social and physical environments in which people live, study and work, and the social protection policies available to them. Member States need to work across all areas and levels of government and society to promote safer, healthier and more inclusive environments, and actively oppose racism and xenophobia.

2.5. Fourthly, facilitating safe, responsible and dignified migration requires good migration governance and well-planned and coordinated policies and processes. It should be a priority to strengthen good governance and tackle the scarcity of high-quality data on health, migration and displacement required for evidence-driven policy-making, while ensuring commitment to confidentiality of personal data.

2.6. Lastly, to sustain progress, WHO and its Member States need to explore new ways of working and underscore the importance of close partnerships as an enabler in this context. The international community should look to strengthen existing partnerships between Member States and intergovernmental and pan-regional organizations and institutions, and seek out new allies and connectors where partnerships on migration health are yet to be fostered.

2.7. These pillars of action reflect current gaps and anticipated future challenges for refugee and migrant health, in line with the standing priorities of the WHO Thirteenth General Programme of Work, the European Programme of Work 2020–2025 “United Action for Better Health”, and the United Nations Sustainable Development Goals (SDGs). The Global Action Plan for Promoting the Health of Refugees and Migrants, the Global Compact for Refugees, and the Global Compact for Safe, Orderly and Regular Migration provide further parameters for ongoing collaborative action.

2.8. In the light of the heterogeneity within and across regions in terms of specific circumstances and legislative frameworks, driving these pillars of action will require a

strong commitment from WHO, its Member States and partners to mobilize public and political support and ensure that the health of refugees and migrants remains high on national and international agendas into the future. It is only then that we can fully address the challenges and realize the opportunities presented by migration in ways that are meaningful, mutually beneficial and respectful of international standards and human rights.