

TECHNICAL BRIEF

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Addressing the needs of refugees and migrants: an inclusive approach to Universal Health Coverage

Safeguarding the health of refugees and migrants is a vital part of achieving Sustainable Development Goal (SDG) 3, “to ensure healthy lives and promote well-being for all at all ages”, including Universal Health Coverage (UHC). Yet these groups often have poorer health outcomes and face multiple barriers to accessing health care.

National health strategies, policies and programmes should identify and respond to the specific health needs of refugees and migrants, including the underlying determinants affecting these populations, in order to meet global targets. This requires health services to be fully accessible; be language and culture sensitive; and be able to monitor the health needs of refugees and migrants and evaluate the efficacy of interventions.

Key messages

Refugees and migrants may be among the most vulnerable of all populations. They are at risk of significant adverse physical and mental health outcomes, both in transit and when they arrive at their destinations. The COVID-19 pandemic increased difficulties for these groups.

With the refugee and migrant population expected to grow further, it is clear that global targets such as SDG 3, the human right to health, and UHC can only be achieved if particular attention is paid to improving access for these groups to essential health services and effective, high-quality medicines and vaccines, without any financial hardship.

Access to essential health services may be compromised by political, administrative and financial barriers, as well as social determinants such as education, income, employment and working conditions, and social support networks. Countries should address these root causes and take steps to break down these barriers, providing legal and social protection to refugees and migrants.

Essential health services themselves may not be able to provide culturally and linguistically appropriate care. Countries should address the lack of health professionals, services and programmes to provide for the cultural and linguistic needs of refugees and migrants.

Investing in the health of refugees and migrants, including through provision of health promotion and disease prevention services, is a sound public health strategy. It is also good economic practice, as the health and financial costs of excluding these groups are likely to be higher than the cost of implementing inclusive policies.

Countries should accelerate progress towards global targets for UHC including for refugees and migrants, with a focus on orientating existing health care systems towards primary health care.

Health information systems to monitor the health needs of refugees and migrants, and to support and evaluate necessary interventions, require major transformation. Strong systems and tools are essential for epidemic and pandemic intelligence, preparedness and response.

WHO's Global Action Plan to promote the health of refugees and migrants,¹ 2019–2023 provides a full and comprehensive account of the health needs of refugees and migrants, as well as necessary responses.

Background and challenges

Today, about 1 in 8 people globally, or 1 billion people, are on the move. Of this, 281 million are international migrants and 84 million are forcibly displaced people.² The climate crisis, conflict, violence, human rights violations and persecution mean these numbers are only expected to grow.

Displacement and migration are key determinants of health and well-being, not only for refugees and migrants but also for the populations in their countries of origin, transit and destination. But despite the higher risk of physical and mental health problems faced by refugees and migrants, in transit and once they arrive at their destination, they often lack access to health services and have worse health outcomes than host populations.³ The COVID-19 pandemic has exacerbated risks for these groups.

Poorer health outcomes for refugees and migrants may be the result of a complex interaction of political, social, economic, environmental, behavioural, commercial, cultural and health system determinants. Social determinants of health include poor housing, overcrowding, lower levels of education, difficulties in accessing clean water and good sanitation, poor air quality, food insecurity, vulnerability to sexual and gender-based violence, gender and cultural stereotyping, and the negative impacts of immigration detention.

Investing in the health of refugees and migrants is important not only because it is a sound public health strategy, but also because it is a human rights issue. Excluding or limiting the access of refugees and migrants to health services, knowingly or unknowingly, leads to health inequalities and compromises health security.

Furthermore, such restrictions contravene WHO's mandate to serve the vulnerable; the principle of the 2030 Agenda for Sustainable Development of "leaving no one behind",⁴ as exemplified in SDG 3 and the target of achieving UHC; and the 2019 political declaration of the United Nations High-level Meeting on UHC, which states: "leave no one behind, reaching the furthest behind first".⁵

These global targets can only be achieved if refugees and migrants receive full access to essential health services and effective, high-quality medicines and vaccines, without facing any financial hardship.

Few countries have taken the initiative to include refugees and migrants in national strategies to achieve UHC. However, there is evidence that the health and financial costs of excluding these groups may be higher than the cost of implementing inclusive policies.

Key actions and policy recommendations

Achieving global targets

To achieve health equity for refugees and migrants, countries should accelerate progress towards achieving the SDGs, including UHC; the Global Compact for Safe, Orderly and Regular Migration⁶ and the Global Compact on Refugees;⁷ WHO's own "triple billion" targets;⁸ and the WHO Global Action Plan to promote the health of refugees and migrants, 2019–2023. This will help to improve health and well-being for all, regardless of their legal status or origin.

Addressing root causes

Countries should address the root causes of the relatively poor health experience of refugees and migrants, including those key social determinants that lie outside the health domain but negatively influence health. Existing health systems should be reorientated into integrated and inclusive health services, based around primary health care as the fundamental basis for UHC.

Breaking down the barriers

Countries should take steps to break down the institutional, administrative and financial barriers that limit access to or entirely exclude refugees and migrants from accessing health services. These include discrimination, cultural and language factors, and unaffordable out-of-pocket costs (including transport) incurred in accessing health services. Countries should provide legal and social protection to refugees and migrants, particularly to ensure coverage by national health systems, social security or insurance schemes.





Health services that care for culture

Countries should provide services and programmes for refugees and migrants that are culture and language sensitive. The health workforce must be able to provide culturally competent care, and shortages should be addressed, as there are usually not enough health professionals with the necessary skills to provide culturally sensitive health services for refugees and migrants.

Tracking the health of moving targets

Comprehensive data need to be developed to monitor the health determinants, health status and health outcomes of refugees and migrants. This will enable the updating and redesign of policies and actions on health and migration intended to advance progress towards the SDGs and other goals and targets, and will promote accountability.

Promoting “One Health” for refugees and migrants

Advocacy and public education concerning refugees and migrant health should focus on its vital contribution to a “One Health” world. A mix of short-term and longer-term public health interventions should provide access to health promotion and disease prevention as well as the continuity and quality of essential health care.

References and resources

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