

Supporting healthcare access for refugees and migrants



News of refugees and migrants attempting to reach safety through perilous journeys by sea and land have become part of our lives, as much as political debates about their right to stay in the country, receive assistance, and have access to healthcare. Although the discussion on migrants' rights is dominated by high-income countries in Europe and the USA, the reality is that the largest number of refugees is hosted by low-income and middle-income countries. Turkey hosts the largest number of refugees in the world, with 3.7 million people. Colombia is second with more than 2.5 million, including other people in need of international protection. Lebanon is a small country of six million inhabitants on the edge of economic default, but it is the country hosting the largest number of refugees per capita and per square kilometre in the world. Lebanon in fact hosts 1.2 million Syrian refugees and 208 000 Palestinian refugees. The UN Refugee Agency estimates that there are about 103 million forcibly displaced people at the moment, of which 32.5 millions are refugees. Most refugees come from Syria (6.8 million), Venezuela (5.6 million), Ukraine (5.4 million), and Afghanistan (2.8 million). Conflict, economic crisis, climate change, and political persecution drive millions of people to leave their countries and seek a future elsewhere.

For a host country, managing a large influx of refugees and migrants is a complex task that requires strong political commitment, well-established policies, and structures in place. If giving incoming populations a home, protection, and opportunities for an income is essential, access to healthcare for displaced populations is equally a key human right. The release on Jan 25, 2023, of the WHO Refugee and Migrant Health Toolkit was aimed at helping individual countries to access all available guidelines and tools to develop policies to integrate migrants and refugees in their health system. Such integration is essential for the achievement of the goals of the Global action plan on promoting the health of refugees and migrants, 2019–2023, that mandates provision of healthcare to anyone independently from nationality.

The WHO toolkit is organised in six modules: 1—short- and long-term public health interventions to promote refugee and migrant health; 2—mainstreaming refugee and migrant health in the global, regional and country agenda and access to inclusive people-centred health

services; 3—tackling the social determinants of health and workers' and occupational health and safety; 4—country assessment, health monitoring and health information systems; 5—communication, countering misperception and increasing community engagement; 6—collaboration and partnerships. Module 1 gathers information and tools about communicable diseases such as tuberculosis, malaria, HIV, neglected tropical diseases and provides indications on how to manage immunisation of refugee populations who might have lost their records or been prevented from completing vaccination schedules. Overcrowding, poor nutrition, suboptimal accommodations, poverty, and psychological trauma, all create a milieu that favour infectious diseases.

Even in countries where there might be policies in place to help migrants and refugees to access healthcare, there are still major barriers that might prevent them from receiving the medical assistance they need. Module 5 of the WHO Toolkit is particularly important in this regard: health information should be provided in different languages and interpreters should be available in both general practices and hospitals; existing networks linked to religious centres or social centres should be supported as a channel to provide information; migrants and refugees should be clearly informed about their rights and entitlements in terms of healthcare and about how the health system in the host country works and can be accessed; it is important to support local level organisations that advocate for migrants' health and have ambassadors in different communities. Fighting the stigma and prejudice towards refugees and migrants in the healthcare sector and among policy-makers is equally pivotal to avoiding episodes that might further discourage people to use the health services. In order to counteract xenophobia, providing and building fact-based discourse and evidence surrounding current public perceptions is essential.

The reality remains that countries denying universal healthcare to their own citizens are unlikely to be open to implementing access to care for refugees and migrants. Without a strong political will and commitment, any guideline or tool to develop, promote, and support access to healthcare for migrants and refugees will be useless. But without equity in health access, we will never have resilient health systems and healthy populations.

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