Health of migrants, refugees, and displaced persons

Migrants, refugees, and displaced persons (MRDPs) represent one of the most vulnerable populations in the world and face many health and healthcare-related challenges. People migrate for many reasons including globalization, conflict, poverty, natural disasters, urbanization, inequality and employment. Most of the more than 244 million migrants worldwide move voluntarily and without incident. However, there are more than 65 million people who were forcibly displaced because of risk of persecution, conflict, food insecurity or human rights violations (1).

MRDPs may experience discrimination, violence, exploitation, long-term detention, limited or no access to education, human trafficking, malnutrition, and limited or no access to both preventative and essential health services (2). These human rights violations add to the already precarious and unhealthy living environment and conditions often faced by MRDPs. The risk of illness and adverse health outcomes are not equal across MRDP groups and are influenced by the multiple dimensions of migration (3). In addition to factors associated with the country of origin, physical, psychological and social needs of individuals and families may be aggravated by deprivation, physical hardship, stress, and legal, economic, and social exclusion during transit and in the country of asylum/resettlement. Individuals, especially children, are at high risk of psychological distress and trauma related to physical and psychological hardships during displacement (4). ICN has a particular concern for the immediate and long-term health and nursing care needs of MRDP children, women, and older persons, and has a special responsibility to assist nurse refugees.

ICN recognizes the challenges faced by national healthcare systems in addressing the specific health and healthcare needs of MRDPs (5). Nurses play a significant role in ensuring the health and wellbeing of MRDPs and in supporting health systems to address their unique healthcare needs. Nurse-led models of care improve access to health services for hard to reach populations and provide a holistic approach that can address the range of health and social needs of MRDPs. The care of MRDPs is complex and nurses must be supported through education and with resources to provide quality health services.
ICN Position & Recommendations:
The International Council of Nurses (ICN) believes that, as citizens of their countries, patient advocates and care providers, nurses can make significant contributions to ensuring MRDPs’ health rights, increasing access to health services, and minimizing the negative impact of migration on health outcomes.

As the global voice of nursing, ICN:

- Strongly supports the recommendations and commitments outlined in the New York Declaration for Refugees and Migrants.


- Affirms the rights of individuals to migrate and return to her/his country of origin, and acknowledges the positive contribution of migrants to origin, transit, and host countries in areas of diversity, economic growth and resilience, and improved linkages between and among countries.

- Recognizes and support efforts of countries that host MRDPs, and those governmental and non-government organization (NGO) programs at the international and national levels that respect and uphold basic human rights, promote social justice and equity, and build and sustain self-reliance and resilience among MRDPs especially among vulnerable groups.

At the national level, ICN encourages NNAs, in collaboration with their respective government, to:

- In the context of their country, undertake cooperative actions to address the immediate and long-term health and nursing care needs of MRDPs, paying particular attention to vulnerable groups such as children, individuals with physical and psychological disabilities, and older persons.

- Strengthen public awareness on the health vulnerabilities and healthcare-related challenges faced by MRDPs to garner public support.
• Lobby governments and legislators to develop migrant-sensitive health policies that ensure the provision of adequate, high-quality health services to MRDPs.

• Support humane and culturally-sensitive efforts to collect, track, and review health and healthcare-related data to determine and address MRDPs’ specific physical and mental health issues and nursing and health care needs.

• Partner with local, national and international organizations to optimize the role of nurses in developing and implementing emergency response efforts and resettlement programmes and to mobilise necessary resources for emergency, essential and ongoing health and social services.

• Ensure pre- and post-registration education includes health issues associated with population movement, including culture and gender sensitivity training and the unique needs of MRDPs.

ICN also calls on individual nurses in their role as clinicians, educators, researchers, policy influencers, or executives, to play an active role in advancing the welfare and wellbeing of MRPDs by heeding the call of their respective NNAs, as well as to:

• Provide respectful, culturally-sensitive, and dignified care to MRDPs and their families that acknowledges the intersectionality of their physical, psychosocial, and social needs and challenges.

• Engage in research to contribute to evidence that expands understanding of issues that relate to MRDP health and can improve healthcare service delivery.

• Participate in and/or support dedicated local, national, and international organisations in their efforts to address MRDP rights, socio-economic, health, and healthcare needs.

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References


