



## Health of migrants, refugees and displaced persons

Migrants, refugees and displaced persons (MRDPs) are one of the most vulnerable population groups in the world and face many health and healthcare-related challenges. People migrate for many reasons including conflict, poverty, disasters, urbanisation, lack of rights, discrimination, inequality, globalisation and lack of access to decent work. Most of the more than 244 million migrants worldwide move voluntarily and without incident. However, there are more than 65 million people who are forcibly displaced because of risk of persecution, conflict, food insecurity or human rights violations.<sup>1</sup>

MRDPs may experience discrimination, violence, exploitation, detention, limited or no access to education, human trafficking, malnutrition, and limited or no access to preventative and/or essential healthcare services.<sup>2</sup> These human rights violations add to the already precarious and unhealthy living 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.<sup>3</sup> In addition to factors associated with the country of origin, physical, psychological, spiritual, cultural and social needs of individuals and families may be aggravated by deprivation, physical hardship and stress as well as 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 which can have short- and long-term negative effects on their mental health.<sup>4</sup> The International Council of Nurses (ICN) has a particular concern for the immediate and long-term health and nursing care needs of MRDP children, pregnant women, older persons, individuals with physical and intellectual disabilities, and victims of torture and has a special responsibility to assist nurse refugees.<sup>5</sup>

Numerous barriers to access to healthcare have been identified and include legal, health system resource constraints, discrimination, bureaucracy, fear of deportation, inability to communicate, lack of financial resources, shame/stigma, and difficulty navigating the healthcare system.<sup>6</sup> Nurses play a significant role in helping MRDPs overcome these barriers at the policy, health system and point of care levels. Nurse-led models of care improve access to healthcare services for hard to reach populations and provide a holistic approach that can address the range of health and social needs of MRDPs. However, the care of MRDPs is complex and nurses must be supported through education, ongoing training and with adequate resources in order to provide high-quality, culturally-competent care. Culturally competent care respects diversity in race, ethnicity, age, gender, sexual orientation, disability, social status, religious or spiritual beliefs, and nationality; recognises populations at risk of discrimination; and supports differences in healthcare needs that may result in disparities in healthcare services.<sup>7,8</sup>



## ICN Position & Recommendations

As the global voice of nursing, ICN:

- Believes that, in line with the ICN Code of Ethics for Nurses, nursing care delivered to MRDPs must always be unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.<sup>7</sup>
- Urges that the principle of universal and equitable health coverage be applied to all individuals residing de facto in a country regardless of their legal status, as well as to MRDPs in transit, and denounces restrictive healthcare policies that limit or restrict access to healthcare services on the basis of legal status\*.<sup>9</sup>
- Strongly supports the recommendations and commitments outlined in the New York Declaration for Refugees and Migrants.<sup>2</sup>
- Encourages all stakeholders to uphold the principles contained in the United Nations 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, the Convention on the Rights of the Child, and the Convention on Elimination of All Forms of Discrimination Against Women.<sup>10,11,12</sup>
- Believes that nurses and other healthcare professionals who deliver care to undocumented migrants despite legal restrictions must not face retribution as they are upholding the individual's human right to health and their responsibility to practice in accordance with their professional code of ethics.<sup>8,10,11,12</sup>
- Affirms the rights of individuals to migrate and to return to her/his country of origin, and acknowledges the positive contribution of migrants to origin, transit and host countries in the areas of diversity, economic growth and health systems strengthening, and improved linkages between and among countries.
- Recognises and supports efforts of countries that host MRDPs, and those governmental and non-governmental organisation programmes 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.
- Believes that, in accordance with the Universal Declaration of Human Rights and the ICN Code of Ethics for Nurses, nurses and all persons privy to the personal information of patients, including MRDPs, must ensure that this information remains strictly confidential unless there is an ethical obligation to disclose information that may involve a substantial risk of significant harm to the health or safety of others.<sup>7,9,13</sup>

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\* In addition to supporting this recommendation, ICN endorses all other recommendations as set out in the document "Recommendations on access to health services for migrants in an irregular situation: an expert consensus"<sup>9</sup>

**ICN encourages national nurses' associations (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, prioritising sexual and reproductive health issues, age-related vulnerabilities, gender-based violence, and mental health.<sup>5</sup>
- Strengthen public awareness of the health vulnerabilities and healthcare-related challenges faced by MRDPs in order to garner public support.
- Lobby governments and legislators to develop migrant-sensitive health policies that ensure the provision of adequate, high-quality healthcare services to MRDPs and to provide sufficient funding to that effect.
- 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 healthcare needs.
- Partner with local, national and international organisations 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 nursing pre-registration and continuing education includes health issues associated with population movement, including culture and gender sensitivity training and the unique needs of MRDPs as well as training in the legal mandates of the respective country.<sup>6</sup>

**ICN calls on individual nurses in their role as clinicians, educators, researchers, policy influencers or executives, to:**

- Develop and enhance her/his own cultural competence and ensure it is incorporated into care delivery for all patient groups.
- Empower and support MRDPs to navigate the health system of their host country including being able to identify and access available healthcare services.<sup>6</sup>
- Provide ethical, respectful, culturally-sensitive and dignified care to MRDPs and their families that acknowledges the interconnectedness of their physical, psychosocial, spiritual, cultural and social needs and challenges.
- Engage in research to contribute to evidence that expands understanding of issues that relate to the physical, psychosocial, spiritual, cultural, and social needs of MRDPs and that can improve healthcare service delivery and support the development of consistent and comparable measures to facilitate this research.



- Advocate for and support dedicated local, national and international organisations in their efforts to address MRDP rights and socio-economic, health and healthcare needs.

Adopted in 1983

Reviewed and revised in 1992, 2000, 2006 and 2018

## References

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