Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Recommendation 1503 (2001)[1]

Health conditions of migrants and refugees in Europe

Parliamentary Assembly

1. The growing scope of migratory movements all over the world raises specific health questions in both sending and receiving countries.

2. Migrants cannot be considered exclusively as providers of labour, but also as entitled to rights, and especially to the right of equal treatment, above all in connection with health conditions.

3. Migrants are particularly vulnerable to health problems. Many migrants and refugees, in particular those moving from a poor socioeconomic environment to Europe, suffer from communicable diseases, such as tuberculosis or hepatitis, as well as respiratory diseases associated with poor nutrition, the cold, overcrowding, and inadequate sanitation, water supply and housing, compounded by limited access to health care.

4. Moreover, due to their vulnerable situation and to cultural obstacles in host countries, migrants and refugees appear to be more exposed than the rest of the population to other types of health problems, such as reproductive, occupational and mental health problems.

5. Given the inevitable interdependence between the health of migrants and their host countries' populations, this issue is of general concern and should be given high importance.

6. The Assembly considers that the right to health associated with access to health care is one of the basic universal human rights and should be equally applied to all people, including migrants, refugees and displaced persons.

7. The Assembly is greatly concerned that in many European countries there are migrants who fall outside the scope of existing health and social services.

8. The Assembly also expresses serious concern that few countries have developed comprehensive health policies concerning migrants and refugees. In general, migrants and refugees are not provided with health services that are socially and culturally adjusted to their needs.

9. Health care provision in the context of clandestine migration is another serious problem which requires further examination.

10. Consequently, the Assembly recommends that the Committee of Ministers:

10.1. examine national laws and policies in regard to the health of migrants and refugees with a view to developing a comprehensive, harmonised approach in all member states;

10.2. organise exchanges of experience and information on the subject between the member states, with the participation of the appropriate governmental agencies and non-governmental organisations, including migrants' and refugees' associations;

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1. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 14 March 2001 (see Doc. 8650, report of the Committee on Migration, Refugees and Demography, rapporteur: Lord Ponsonby and Doc. 8878, opinion of the Social, Health and Family Affairs Committee, rapporteur: Mr Arnau). Text adopted by the Standing Committee, acting on behalf of the Assembly, on 14 March 2001

10.3. instruct the appropriate committee to develop, in consultation with the relevant governmental and non-governmental organisations, guidelines to be addressed to the member states on the health conditions of migrants and refugees in Europe;

10.4. foster the standardisation of health screening and the criteria of its application to migrants and refugees;

10.5. review policies for the protection of migrants in the face of occupational risks;

10.6. foster the setting up of a European system for the systematic collection and sharing of health care statistics concerning migrants and refugees;

10.7. encourage the member states:

a. to sign and ratify relevant Council of Europe legal instruments, notably the revised European Social Charter, the European Convention on Social Security and its Protocol, the European Code of Social Security and its Protocols, the European Interim Agreement on Social Security Schemes related to Old Age, Invalidity and Survivors and the European Convention on the Legal Status of Migrant Workers;

b. to sign and ratify the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families and the two conventions on migrant workers of the International Labour Organization (ILO): the Migration for Employment Convention (revised) (C97) (1949), and the Migrant Workers' Convention (supplementary provisions) (C143) (1975);

c. to develop specific information programmes for migrants and refugees covering their rights in the field of health care and education in prevention;

d. to help associations of migrants and refugees to promote health education by financing the provision of educational documentation and through the training of staff recruited from migrant and refugee communities;

e. to encourage migrants and refugees to get involved in routine national and local health care and disease prevention programmes;

f. to examine more closely the problem of cultural obstacles preventing access to health care, including the question of translation/interpretation;

g. to establish programmes designed to train health care providers to be more sensitive to the needs and backgrounds of migrants and refugees;

h. to foster specialised training of civil servants in the public administration, so that they can deal with the needs created by the migration phenomenon;

i. to request the support of non-governmental organisations operating with refugees and displaced persons, as well as their advice, in matters affecting these groups of people.