Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 2666 (2026)[1]

Access of migrants and refugees to healthcare

Parliamentary Assembly

1. The Parliamentary Assembly affirms the imperative nature of ensuring that migrants and refugees have effective access to healthcare, including mental healthcare, in order to fully realise the fundamental right to health as enshrined in international human rights law for all persons, and underscores that such access is also essential from a public health perspective.

2. The importance of applicable international and regional legal instruments, in particular the European Convention on Human Rights (ETS No. 5) (notably Articles 3 and 8), as interpreted in the case law of the European Court of Human Rights, as well as relevant principles of international humanitarian law, cannot be underestimated when it comes to ensuring the protection of migrants, refugees and asylum seekers, including with regard to access to healthcare. Moreover, member States that are Parties to the European Social Charter (ETS No. 35) and the European Social Charter (revised) (ETS No. 163) undertake to ensure "the effective exercise of the right to protection of health" (Article 11) and to uphold the right to social and medical assistance for anyone without adequate protection (Article 13). The instruments mentioned above are important to achieving the United Nations Sustainable Development Goals, in particular those relating to universal health coverage and the effective management of health emergencies.

3. Recommendation CM/Rec(2011)13 of the Committee of Ministers to member states on mobility, migration and access to health care underscores the responsibilities of national and local authorities and the key role of organisations working to maintain and restore health.

4. The Assembly has repeatedly drawn attention to migrants' and refugees' precarious health and their difficulties in accessing health and social services, including in Resolution 2504 (2023) "Health and social protection of undocumented workers or those in an irregular situation" and Resolution 2627 (2025) "Promoting universal health coverage".

5. Migrants face extreme physical and mental precariousness when arriving on European soil. Their health situation is shaped by a combination of structural, institutional and individual factors that may significantly hinder effective access to healthcare and exacerbate existing conditions. These include, *inter alia*, legal and administrative barriers; insufficient availability, accessibility or continuity of healthcare services, including vaccination; inadequate reception conditions and precarious living or employment situations; as well as individual challenges such as limited knowledge of rights, fear of approaching authorities or services, language and health literacy barriers, stigma, distrust and the cumulative impact of perilous and traumatic migration journeys.

6. Women and girls in migration are disproportionately exposed to trafficking, sexual and gender-based violence and exploitation, and they face intersectional discrimination based on sex, migration status, poverty, disability and age. These factors, compounded by legal and administrative barriers, language obstacles, lack of information and inadequate screening and referral, limit timely access to essential services, including sexual and reproductive and maternal healthcare, mental health support and protection services. Moreover, there is insufficient training for professionals and there are gaps in culturally appropriate care. Failure to

1. *Assembly debate* on 25 June 2026 (25th sitting) (see Doc. 16412, report of the Committee on Migration, International Protection and Economic Co-operation, rapporteur: Ms Pelin Yılık; and Doc. 16441, opinion of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Ms Yuliia Ovchynnykova). *Text adopted by the Assembly* on 25 June 2026 (25th sitting).

ensure targeted access exacerbates maternal morbidity, untreated trauma and intergenerational harms to children, including developmental and psychiatric disorders. The Assembly therefore underscores the need for gender-responsive, trauma-informed and accessible healthcare pathways for women and girls.

7. With regard to migrant children, the Assembly underlines the necessity to harmonise age assessment procedures for unaccompanied children, consistent with Recommendation CM/Rec(2022)22 of the Committee of Ministers to member States on human rights principles and guidelines on age assessment in the context of migration.

8. The Assembly thus invites Council of Europe member States, as well as States whose parliament enjoys observer status with the Assembly, to:

8.1. avoid relying on externalised migration and asylum policies, including return hubs, which systematically curtail healthcare access or shift protection burdens onto areas lacking the necessary infrastructure and safeguards;

8.2. strengthen their domestic legal framework through stable national migration legislation, with a view to including migrants and refugees in national health insurance schemes, emphasising preventive primary care;

8.3. move towards a universal healthcare framework for migrants, in line with the European Social Charter and the central political commitment of the United Nations 2030 Agenda for Sustainable Development and the subject of target 8 of Sustainable Development Goal 3. This implies facilitating access to adequate healthcare cover for all foreign nationals lawfully residing in the country, including improved access to relevant medicines and in sufficient quantities, and ensuring the availability of adequate healthcare infrastructure, including purpose-built premises with fully equipped consultation rooms and spaces;

8.4. commit to protecting migrants' and refugees' health and, more broadly, public health in the short and long term. This implies equality and inclusion in healthcare through integrated migrant health policies and investment in culturally sensitive preventive and primary care, including in reception and detention centres, in "hotspots" and in hospitals;

8.5. ensure, with regard to mental health, access of migrants and refugees to psychological and psychiatric care and treatment to respond to symptoms of anxiety, depression or post-traumatic stress disorder. When appropriate, and as recommended by the European Commission against Racism and Intolerance (ECRI), the Assembly recommends developing strategic plans for the sustained support of persons fleeing war and other emergencies, with an emphasis on addressing mental health needs and delivering psychosocial support through community-based approaches, including in schools and reception settings;

8.6. ensure access of migrants and refugees to information about their rights. This implies providing effective communication on services and materials related to health, including through brochures and other written information available in an appropriate range of languages. The Assembly also strongly encourages the relevant authorities to provide interpretation services and cultural mediators in relevant languages, with appropriate culturally sensitive training;

8.7. collaborate with international health organisations to develop secure, interoperable and portable digital patient summaries for refugees and asylum seekers in transit, ensuring that essential medical history, immunisation records and allergy data travel with the patient, thereby reducing redundant testing and preventing treatment interruptions.

9. The Assembly further encourages health authorities to:

9.1. ensure that migrants and refugees have free access to healthcare from the moment of first arrival, including emergency and other necessary healthcare (such as maternal and neonatal care, essential treatment of chronic diseases and urgent mental health support), as well as access to vaccination and medicines. In this context, health authorities should prevent public and private healthcare providers from reporting migrants who are irregularly present in the country to the immigration authorities. The Assembly further encourages a systematic comprehensive medical examination by a healthcare professional to identify vulnerabilities and ensure appropriate placement, including for vulnerable populations such as women and unaccompanied children;

9.2. invite healthcare professionals to pay particular attention to the existence of any injuries. They should also screen for transmissible diseases, including systematic screening for signs of tuberculosis and voluntary testing for human immunodeficiency virus and hepatitis B/C; chronic diseases; and long-

term conditions such as diabetes. Such policies help to prevent and tackle ill-treatment and to protect public health overall. However, the Assembly underlines that the decision to segregate a person for health reasons should be limited in duration and grounded in the principles of necessity, proportionality and respect for human dignity;

9.3. strengthen the capacities and qualifications of healthcare staff, including general practitioners, nurses and psychosocial support staff;

9.4. facilitate the recognition of professional qualifications of refugees and migrants who are trained healthcare professionals, so that they can contribute to domestic health systems and to delivering culturally and linguistically appropriate care to migrant populations.

10. The Assembly furthermore encourages Council of Europe member States concerned to fully implement the European Social Charter and to make full use of the opportunities provided by the Council of Europe Development Bank to strengthen healthcare infrastructure, equipment and staffing, in particular in reception and detention centres.

11. Finally, the Assembly calls on its own members, in their capacity both as national lawmakers and as members of the Assembly, to act at European and domestic levels to promote the relevant Council of Europe instruments, standards and expertise as well as to align national legislation and practice with the recommendations set out above.