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Refugee and migrant health

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Key facts

- More than 1 billion people are on the move globally, about 1 in 8 of the global population.
- Of this total, 281 million people are international migrants (1) and 84 million are forcibly displaced (48 million are internally displaced, 26.6 million are refugees, 4.4 million are asylum seekers). Among the forcibly displaced, 35 million are children and 1 million were born into refugee life (2).
- The number of people on the move is expected to grow due to poverty, lack of security, lack of access to basic services, conflict, environmental degradation and disasters.
- Migration could both improve or diminish an individual's health status. Refugees and migrants often face worse health outcomes in countries of transit and destination due to barriers including language and cultural differences, institutional discrimination and restricted use of health services.
- Social, political and economic exclusion can result in poverty, homelessness and exploitation, which can create a higher risk for noncommunicable diseases.
- The COVID-19 pandemic has exacerbated existing inequalities in certain populations, which may include refugees and migrants, particularly those in irregular situations.

Overview

Refugees and migrants have a variety of different physical and mental health needs, shaped by experiences in their country of origin, their migration journey, their host country's entry and integration policies, and living and working conditions. These experiences can increase the vulnerability of refugees and migrants to chronic and infectious diseases.

The COVID-19 pandemic has disrupted health services, putting people already in vulnerable situations at heightened risk and hampering the ability of health systems to respond to their needs.

Key data and information on refugees and migrants

The term refugee is defined in Article 1 of the 1951 Convention Relating to the Status of Refugees (3). There is no universally accepted definition of the term migrant (4). However, the United Nations Department of Economic and Social Affairs defines an international migrant as “any person who changes his or her country of usual residence”, and this definition includes people who are moving or have moved across an international border, regardless of legal status, duration of the stay abroad and causes for migration (5).

Migrants may be given a migration status that limits their entitlement and access to health care. However, international law guarantees universal access in line with the 2030 Agenda for Sustainable Development, in particular with Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages) (6).

Although governed by separate legal frameworks, refugees and migrants are entitled to the same universal human rights and fundamental freedoms as other people (7).

In 2021, countries with the highest number of refugees fleeing were 1. Syrian Arab Republic, 2. Venezuela, 3. Afghanistan, 4. South Sudan and 5. Myanmar while countries hosting the highest number of refugees were 1. Turkey, 2. Colombia, 3. Uganda, 4. Pakistan, 5. Germany (8).

In the first 5 weeks since the escalation of conflict in Ukraine on 24 February 2022, more than 4 million refugees from Ukraine crossed borders into neighbouring countries, and many more have been forced to move inside the country (9).

In 2020, the top countries of origin for international migrants were 1. India, 2. Mexico, 3. Russian Federation, 4. Syrian Arab Republic, 5. China. The United States of America has been the main country of destination for international migrants since 1970, and Germany is the second top destination (10).

Common health needs and vulnerabilities of refugees and migrants

Refugees and migrants are a diverse group and have a variety of health needs, which may differ from those of the host populations.

Refugees and migrants often come from communities affected by war, conflict, natural disasters, environmental degradation or economic crisis. They undertake long, exhausting journeys with inadequate access to food and water, sanitation and other basic services, which increases their risk of communicable diseases, particularly measles, and food- and waterborne diseases. They may also be at risk of accidental injuries, hypothermia, burns, unwanted pregnancy and delivery-related complications, and various noncommunicable diseases due to the migration experience, restrictive entry and integration policies and exclusion.

Refugees and migrants may arrive in the country of destination with poorly controlled non-communicable diseases, as they did not have care on the journey. Maternity care is usually a first point of contact with health systems for female refugees and migrants.

Refugees and migrants may also be at risk of poor mental health because of traumatic or stressful experiences. Many of them experience feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability, anger or aches and pains but for most people these symptoms of distress improve over time. They may be at more risk of such as depression, anxiety and post-traumatic stress disorder (PTSD) than the host populations.

Refugee and migrant health is also strongly related to the social determinants of health, such as employment, income, education and housing

Barriers to access to health services

Refugees and migrants remain among the most vulnerable members of society and are often faced with xenophobia; discrimination; substandard living, housing and working conditions; and inadequate or restricted access to mainstream health services.

Migrants, particularly in an irregular situation, are often excluded from national programmes for health promotion, disease prevention, treatment and care, as well as from financial protection in health. They can also face high user fees, low levels of health literacy, poor cultural competency among health providers, stigma and inadequate interpreting services.

Barriers are even greater for people with disabilities. Women and girls may find difficulty in accessing sexual and gender-based violence protection and response services. Refugee and migrant children, especially unaccompanied minors, are more likely to experience traumatic events and stressful situations, such as exploitation and abuse, and may struggle to access health care.

The ability to access health services in humanitarian settings is usually compromised and complicated by shortages of medicines and lack of healthcare facilities.

COVID-19

The COVID-19 pandemic has brought an increased risk of infection and death for refugees and migrants. People on the move may have limited tools to protect themselves such as social distancing, hand hygiene and self-isolation are often not possible.

The pandemic has highlighted existing inequities in access to and utilization of health services. Refugees and migrants have also suffered the negative economic impact of lockdown and travel restrictions. Income loss and health care insecurity may have particularly affected labour migrants. They may have also experienced legal and social insecurity caused by the postponement of decisions on migration status or a reduction of employment, legal and administrative services.

WHO response

WHO believes that everyone, including refugees and migrants, should be able to enjoy the right to health and access to people-centred, high-quality health services without financial impediment, as expressed by our commitment to universal health coverage. Health systems should incorporate the needs of refugees and migrants in national and local health policies, financing, planning, implementation, monitoring and evaluation. In rapid and effective emergency responses, health care may sometimes need to be delivered in a parallel structure to the national health system, but in the long term, refugee and migrant health should be mainstreamed into existing services.

WHO works around the world to secure the health rights of refugees and migrants and achieve universal health coverage. Through the Health and Migration Programme, and in collaboration with regional and country offices, WHO provides global leadership, advocacy, coordination and policy on health and migration; sets norms and standards to support decision-making; monitors trends, strengthens health information systems and promotes tools and strategies; provides technical assistance, response and capacity-building support to address public health challenges; and promotes global multilateral action and collaboration by working with UN agencies and other international stakeholders, as well as by being part of the United Nations Network on Migration.

WHO works with countries to build strong health systems that are supported by a well trained, culturally sensitive and competent workforce, and are sensitive to the needs of refugees and migrants, their languages and their unique health problems.

Notes

1. <https://www.iom.int/data-and-research>
2. <https://www.unhcr.org/refugee-statistics/>
3. <http://www.unhcr.org/3b66c2aa10.pdf>
4. <https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants-draft-global-action-plan-2019–2023>
5. Recommendations on Statistics of International Migration, Revision 1 (1998) para. 32).
https://unstats.un.org/unsd/publication/seriesm/seriesm_58rev1e.pdf
6. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement>
7. United Nations General Assembly resolution 71/1 (2016). New York Declaration for Refugees and Migrants, paragraph 6 (<http://undocs.org/a/res/71/1>)
8. <https://www.unhcr.org/refugee-statistics/>
9. <https://data2.unhcr.org/en/situations/ukraine>
10. [Interactive World Migration Report 2022 \(iom.int\)](#)

Health emergencies

Afghanistan crisis

Coronavirus (COVID-19) pandemic

Crisis in Northern Ethiopia

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Nigeria crisis

Somalia crisis

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Syria crisis

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