



**8<sup>th</sup> Conference Of European Health Ministers**

***People on the Move:  
Human Rights and Challenges for Health Care  
Systems***

**Bratislava  
22-23 November 2007**

Bratislava Declaration  
on health, human rights and migration

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ENGLISH



## **PREAMBLE**

We, the Ministers of Health of the forty-seven member states of the Council of Europe, gathered from 22 to 23 November 2007 in Bratislava on invitation of the Slovak government, at the Eighth European Conference of Health Ministers, organised by the Council of Europe, in our capacity as guardians of the health of our nations, recognise that:

The movement of people within and into Europe is a growing phenomenon, which presents challenges to health care services and human rights;

People on the move never fall into one single category; they may be immigrants, internally displaced, internal migrants, refugees, returnees, victims of trafficking, asylum seekers, irregular migrants and labour migrants, including health professionals;

The factors contributing to the continued push and pull of migration, such as poverty, war, climate change and lack of access to essential services will inevitably raise questions about the social integration and the health of the people who move;

We believe that we must work together to ensure that migration within and into Europe does not in any way adversely affect either the health of those who move or the population of the host country;

We are convinced that the health of the people on the move must be tackled on both sides of the migration process, for example by strengthening health care systems in sending countries and providing developmental assistance;

We similarly believe that if all member states coordinate their actions and update and share scientific data and information, rapid concerted responses to emerging public health threats can be found.

## **THEREFORE WE, THE MINISTERS**

### **AWARE THAT:**

As health issues concern all people on the move, regardless of age, gender and cultural diversity, when designing health policies, governments should take into account the cultural (including religious), social and economic diversity of these people;

The migration process is, even in the best possible circumstances, a stressful event, and as such this places a migrant at increased risk of falling prey to illness; internally displaced people are at even greater risk of mental and other diseases due to their long term desperation and lack of adequate health care services;

Socio-economic, cultural and linguistic barriers may pose obstacles both to people on the move seeking health services as well as to the service providers; these barriers can be exacerbated by lack of awareness and lack of understanding of available services;

Women and children as well as elderly persons need particular protection; they represent a sizeable proportion of all people on the move, have specific health needs and often risk exposure to economic, gender and sexual exploitation and violence;

The growing mobility of health care workers including mobility within the forty seven Council of Europe member states favours some countries while at the same time may deprive other countries of highly trained and much needed professionals,

**RECALL THAT:**

For States party to these instruments:

- *the European Social Charter (revised) (ETS 163)* provides, where applicable, for the protection of the health in the State parties (Article 11), the right to social and medical assistance (art.13) and affords protection for migrant workers (Article 19) and the elderly (Article 23);

- Article 3 of the *Convention on Human Rights and Biomedicine (ETS 164)*, refers to the need to take appropriate measures to provide equitable access to health care of appropriate quality;

- *The European Convention on the Legal Status of Migrant Workers (ETS 093)*, Article 19, requires that "Each Contracting Party undertakes to grant within its territory, to migrant workers and members of their families who are lawfully present on its territory, social and medical assistance on the same basis as nationals" in accordance with the obligations it has assumed by virtue of other international agreements and in particular of the European Convention on Social and Medical Assistance of 1953;

Some Recommendations of the European Committee for the Prevention of Torture specifically relate to the health and well-being of foreign nationals deprived of their liberty;

Several Recommendations of the Committee of Ministers exist to ensure more comprehensive protection, notably Recommendation Rec(2006)18 on *health services in a multicultural society*, Recommendation Rec(2006)10 on *better access to health care for Roma and Travellers in Europe* and Recommendation Rec(2006)11 on *trans-border mobility of health professionals and its implications for the functioning of health care systems*,

**RECOGNISE THAT:**

Well-managed migrants' health measures, including public health, promote the well-being of all and can facilitate the integration and participation of migrants within the host countries by promoting inclusion and understanding, contributing to social cohesion and enhanced development;

Greater involvement of women in the promotion and protection of migrant women's health allows for a better understanding and inclusion of migrant women in the health care systems of host countries, taking into account their special role in the raising of the next generation;

Someone's health should not be a ground for any exception to the principles and standards embodied in international migration law;

The member states will ensure that irregular migrants are able to access health care services in accordance with international treaties as may be in force at the time and national laws and policies,

**To address the challenges that human mobility generates for human rights within the health field and for health care systems, we, the Ministers of Health of the Council of Europe member states,**

**ARE RESOLVED TO:**

Focus on ethical and human rights aspects when addressing health issues of people on the move through cooperation with other international organisations, including NGOs;

Consider the acceptance by States party to the European Social Charter (revised) of the provisions relating to the health and well-being in all member States and where applicable, to the health protection of migrant workers in the spirit of Article 19 of the *European Social Charter (revised)*;

Work towards eliminating the practical obstacles and barriers to the enjoyment of any access to appropriate protection of health of all people on the move, including those in an irregular situation as far as emergency health care is concerned;

Work toward overcoming the barriers to the enjoyment of the access to protection of health for people on the move through capacity building and awareness raising for health providers, policy makers, health management planners and health educators as well as other professions allied to health services delivery;

Take steps towards managing public health issues related to international migration by developing or strengthening partnerships between governments and organisations at international, national and community level, including voluntary associations;

Support public health research to enhance and strengthen national and international surveillance and information systems and to strengthen and support evidence-based programmes for the health of people on the move;

Take steps to reinforce and incorporate the health dimension into development and cooperation policy following the principle of "health in all policies";

Promote migrants' participation in programme planning, health services delivery, and evaluation;

Pay attention to the need for health measures, as appropriate and in accordance with the *International Health Regulations (2005)*, on the arrival of migrants from high health risk populations so that they can be better cared for and redirected to the appropriate services;

Take steps to train and educate health-care providers, policy makers, health management planners and health educators, as appropriate, on addressing health-care issues associated with population mobility and disparities in health services between geographical locations;

Consider steps to make health services for the people on the move more sensitive to the aspects of age, gender and diversity by - for example - providing easily accessible information in relevant languages, or including availability of mediators where appropriate;

Address the particular vulnerability of people on the move to some infectious diseases such as TB, HIV/AIDS and STIs, seeking for better convergence in approaches to policies and strategies for prevention, control and treatment;

Take into consideration the needs of people on the move, with regard to chronic diseases including mental health;

Promote mechanisms in host countries to deal with specific health problems that may result from forced displacement such as provision of counselling and psycho-therapeutic assistance and rehabilitation for victims of torture or trauma, including sexual and gender-based violence or other human rights violations;

Take steps to counteract practices that are harmful to women and girls, such as female genital mutilation and early or forced marriage, which may have serious health consequences;

Encourage host countries to consider the invitation of the Parliamentary Assembly in the Resolution 1509 (2006) to eliminate any requirement on health service providers and school authorities to report the presence of irregular migrants to the authorities;

Encourage host countries to provide access to health care to all persons entitled to international protection on the same basis as nationals, while ensuring that asylum seekers receive the necessary health care which includes emergency care and essential treatment of illness, and necessary medical or other assistance to those who have special needs;

Support civil society initiatives by women migrants for women migrants, especially where migrant women can act as mediators for social cohesion and tolerance;

Promote access to health information and health education for migrants, especially for young people; health education should include information on reproductive and sexual health, gender equality, nutrition and work-related accidents;

Reinforce an ethical approach in coordinating concerted action between countries of origin and host countries to manage the emigration of health professionals from countries that invested in their training;

#### **AND TO THIS END RECOMMEND THAT**

Those member States who have not yet done so consider signing and ratifying:

those Council of Europe legal instruments covering health aspects that are aimed at facilitating the integration of migrant workers, such as the *European Social Charter (revised)*, the European Convention on the Legal Status of Migrant Workers, the European Convention on Social and Medical Assistance, and the European Convention on Social Security.

In addition, and with a view to the achievement of greater social cohesion in Europe and continued implementation of the Action Plan of the Warsaw Summit and the Strategy for Social Cohesion, recommend that the Committee of Ministers of the Council of Europe:

1. strengthen the health dimension in the future activity programmes of the Council of Europe;
2. continue to promote policies incorporating the ethical, social and human rights dimension into health policies, taking account of specific needs of vulnerable groups, including migrants;
3. strengthen the Council of Europe's role as a guardian of human rights and social cohesion by including the components of solidarity and intercultural dialogue in European health policies, encompassing migrants, refugees and other "people on the move";
4. invite the European Health Committee (CDSP) to take into account, in its future work, the ethical and human rights dimension of migration including an international code of ethics in health care for "people on the move";
5. entrust the European Health Committee (CDSP) to develop a programme of work on the current health challenges of vulnerable groups including migrants, refugees, asylum seekers, and Roma and Travellers.