



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Health of refugee and migrant children: policy brief

Policy issue and context

In 2017, it was estimated that there were around 30 million children in the world living outside their country of birth, with 13 million being refugees and asylum seekers. The overwhelming majority of these children reside in low- and middle-income countries neighbouring zones of armed conflict. In recent years, more of these child refugees have arrived in the WHO European Region, with almost one million asylum-seeking children registered in the European Union (EU) during 2015–2017, and of whom 190 000 arrived unaccompanied.

These children arrive after long and difficult journeys with limited or no access to care. Some come from countries with collapsed health care systems overwhelmed by destroyed infrastructure and the provision of care to victims of conflict. Many refugees and migrant children have been exposed to armed conflict in the country of origin before departure, and then face new and unfamiliar surroundings in the country of destination with the associated daily stressors. These circumstances can exacerbate vulnerability to developing health problems and increase individual needs for health care. Therefore, effective public health strategies are required to promote the health of refugee and migrant children with respect to diseases, nutrition and psychological well-being, the last being the most pressing health care need for newly arrived children.

In considering health and health care interventions for refugee and migrant children, attention must be paid to their diverse backgrounds, particularly unaccompanied and separated children, children who have been trafficked and also children left behind.

Policy considerations

Children's right to health care is codified in the Convention on the Rights of the Child, which has been signed by all Member States of the WHO European Region. It recognizes the rights of all children to the highest attainable standard of health, to health care for ill health and to rehabilitation of health.



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**Knowledge Hub
on Health and Migration**

Provision of equitable care and education

- Ensure provision of care to all refugee and migrant children on equal terms with resident children.
- Promote provision of health care in the primary setting, which is the most cost-effective way of providing psychosocial support in most contexts.
- Provide access to education, including pre-school, since schools are one of the main platforms through which health is delivered at young age.
- Ensure provision of medical interpreters and cultural mediators for more equitable service delivery, and to reduce cost of care and avoid unnecessary diagnostic evaluations and treatments.

Individualized health assessment

- Provide a comprehensive individualized health assessment by health professionals as soon as possible after refugee and migrant children arrive in the country of destination to determine health care needs.
- Strive to harmonize the health of refugee and migrant children, including for preventive care, with that of all children living in the host country.
- Utilize comprehensive health assessment as an opportunity to link newly arrived refugee and migrant children and their families with primary care services, as well as to coordinate care across primary and specialist services to reduce costs.

Intersectoral collaboration for promotion of mental health and well-being

- Promote mental health and well-being in refugee and migrant children through a holistic public health strategy, targeting risk factors for the individual, the family and at the community level.
- Ensure early access to education for children in pre-school and access for parents to psychiatric care as important elements of a public health strategy to promote mental health and well-being.
- Allow for early/expedited family reunification, as outlined in the Convention on the Rights of the Child.
- Avoid multiple relocation of refugee and migrant children as this hinders development of peer networks and educational continuity, particularly for unaccompanied children.
- Ensure creation of child-friendly spaces to promote reliance and a sense of safety and normality for children passing through transit facilities, including detention centres (see next recommendation).

Detention of refugee and migrant children

- Avoid detention for refugee and migrant children as this has a strong detrimental effect on health and well-being, especially mental health.
- Access to health care and education, and child-friendly spaces, must be ensured if detention is used.

Holistic assessment

- Do not rely on medical imaging methods for age assessment to determine whether adult or child rights apply.
- Adopt a holistic approach to age assessments, which includes benefit of the doubt.