

66th Session of the WHO Regional Committee for Europe

12 – 15 September 2016, Copenhagen

World Heart Federation Statement on Agenda Item 5(f): Strategy and Action Plan for refugee and migrant health in the WHO European Region

Honourable Chair, distinguished delegates,

The World Heart Federation welcomes the Committee's report, and its pledge to coordinate an inter-country response to the urgent issue of refugee and migrant health.

Delivering high quality, timely health care to migrants, refugees and displaced populations is perhaps the most stringent test of our health systems and limited resources.

The challenge is particularly acute for non-communicable diseases (or 'NCDs'), such as cardiovascular disease (or 'CVD'), where prevention and control require regular, continuous treatment.

We commend the report for recognizing the burden of early onset cardiovascular disease (CVD) among migrants and refugees, which occurs due to their insecure living and working conditions.

The NCD burden among migrants is alarmingly high: a 2014 study analysing the clinical features of rescued sea migrants in Italy found that 19% of migrants from Syria, Palestine or Iraq were suffering from a chronic disease, in particular from acute and chronic CVD and diabetes.¹

We must do more to ensure access to NCD care and essential medicines. Despite the difficulty and complexity of reaching migrants, refugees and displaced people, the WHO and other bodies have identified feasible, cost-effective interventions that are possible in these settings.

The World Heart Federation recommends four further courses of action:

1. **Increase access to essential medicines and technologies outlined in the WHO NCD PEN package**, including daily insulin injections for diabetics and optional hypertension screening. We strongly encourage Member States to prioritize implementation of the WHO PEN package in migrant settings: these cost-effective interventions are intentionally designed to address NCD needs in low-resource, fragile settings.
2. **Increase research into the administration of care of chronic conditions in emergency settings**, as the existing literature is insufficient.
3. **Encourage task-sharing and task shifting**, through training non-specialist healthcare professionals and volunteers to diagnose and treat NCDs, so that more migrants, refugees and displaced people can access and receive care.
4. **Integrate migrants into national health systems as quickly as possible.**

WHF reaffirms its commitment to work alongside EURO Member States and the WHO to address the urgent issue of migrant health.

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4908709/>