



BEYOND BARRIERS:

Inclusive Health Recommendations for Migrants, Refugees and Displaced Populations

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INTRODUCTION

- Displaced populations is a broad umbrella term that includes refugees, asylum seekers, internally displaced persons, climate-displaced populations, and other forced migrants.
- Migrants, refugees, displaced populations, and conflict-affected communities face multiple, overlapping barriers to health.
- Key barriers: language, system navigation, trauma, discrimination, and service disruption.
- In Germany and Europe, these are core health-system challenges affecting equity, workforce capacity, security, and resilience.
- Migrant, refugee, and displaced-population health is a systems issue. An integrated migrant health agenda is needed.
- This poster summarises five key outputs from our Global Health and Migration Community of Practice since its foundation.

BEST PRACTICES AND INNOVATIONS

A KALEIDOSCOPE OF MIGRANT EXPERIENCES WITHIN THE GERMAN HEALTHCARE SYSTEM



- Based on seven interviews with migrants and refugees in Germany, five key issues emerged:
- language barriers,
- unmet health needs,
- poor cultural sensitivity,
- system navigation difficulties, and
- racism/discrimination.

PRIORITISING MIGRANTS AND REFUGEES IN THE GLOBAL HEALTH DISCOURSE



- Migrants and refugees must be central to global health and One Health.
- Priorities: address health risks and care barriers, respond to climate displacement, close policy gaps, co-design with communities, provide multilingual support, and use research to drive inclusive reform.

STATEMENT ON WORKFORCE AND MIGRATION IN THE HEALTH SECTOR



- Migrant health professionals are an underused resource.
- Priorities: deploy staff to underserved areas, improve workforce planning, accelerate qualification recognition, strengthen retention, and align recruitment with the WHO Global Code.

STRENGTHENING GLOBAL HEALTH IN CONFLICT SETTINGS: STRATEGIC INSIGHTS FOR GERMANY AND THE EUROPEAN UNION



- Conflict settings create severe and overlapping health challenges
- Key concerns include: Collapsed health systems; High maternal and child mortality; Outbreaks, AMR, and disrupted essential care; Mental health burden; Interrupted NCD management; and Chronic “domestic” funding shortfalls

FROM CRISIS TO CARE: GLOBAL HEALTH SOLUTIONS FOR MIGRATION AND HEALTH



- Translates the wider policy agenda and showcases three priority practice areas: Culturally and linguistically diverse care; Migrant health workforce integration; and Community-based programs
- Key lessons: Collaboration matters; Resources must be used strategically; Social determinants shape outcomes; Communication and trust are essential; and Innovation should be practical and scalable

(POLICY) RECOMMENDATIONS OR LESSONS LEARNED

Recommendation 1: Enhance inclusive access to care. Provide translation support, multilingual information, culturally respectful communication, and navigation assistance. Train providers, interpreters, and communities to reduce barriers, build trust, and improve migrant access to maternal and broader healthcare.

Why it matters: Language and culture shape consent, understanding, follow-up, trust, and equity. Leaving interpretation to patients, or neglecting cultural context, risks exclusion, unsafe care, and poorer maternal and broader health outcomes.

Discussion question: How can translation, navigation, and culturally respectful communication become part of routine care without creating parallel systems?

Recommendation 2: Streamline integration of migrant health professionals. Create faster, fairer, competency-based pathways for migrant health professionals, supported by language training, mentorship, and retention strategies.

Why it matters: This is both a workforce and equity reform. Better recognition can ease shortages while supporting more diverse care.

Discussion question: What is the right balance between speed, standards, and support in recognition systems?

Recommendation 3: Invest in community-linked and conflict-sensitive health systems. Expand community-based, mobile, and digital care and integrate mental health and continuity planning into migrant and conflict-related health responses.

Why it matters: Health responses should go beyond acute entry needs and support continuity, psychosocial wellbeing, chronic care, and crisis adaptability.

Discussion question: Which innovations from conflict settings can be responsibly adapted to host-country systems such as Germany?

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