

Multistakeholder Pledge on Inclusion in National Health Systems

Call for Collective Action

Good health is central for every person's well-being. Like anyone else, refugees, other forcibly displaced and stateless people and their hosting communities have the right to enjoy the highest attainable standard of health. Addressing the health of refugees and stateless people has never been so important – more people than ever are forcibly displaced, and global health challenges are increasing as witnessed in the recent COVID-19 pandemic and are becoming more complex as climate change impacts health and disease patterns. Nevertheless, refugees, other forcibly displaced and stateless people often face inadequate access to health services. Achieving universal health coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship.

Addressing the health needs through strengthened services within communities and national systems contributes to sustainable care and protection systems for refugees and communities hosting them. This will support their physical, social and mental well-being during all stages of life and is, at the same time, important to strengthen global health security, contribute to social and economic development and benefit communities hosting and receiving refugees.

The Multistakeholder Pledge

The multistakeholder pledge on health aims to achieve concrete commitments from a wide range of stakeholders to foster forcibly displaced and stateless people's sustainable and equitable access to health and related services at affordable costs through strengthened health systems.

- **Achieving inclusion in national health systems:** Support to national health systems to facilitate inclusion of all¹ refugees, other forcibly displaced and stateless people through policy changes to advance on inclusion, supported by financial, material and capacity strengthening, to foster equitable access to quality health services for refugees and host communities in line with the principles of primary health care and universal health coverage.

The multistakeholder pledge will bring together refugee-hosting countries, donor countries, multilateral donors, foundations, civil society, private sector and academia to promote synergies and identify matching opportunities to enable the effective implementation of pledges and combine resources.

States and relevant stakeholders have committed in the Global Compact on Refugees (GCR) to contribute resources and expertise to expand and enhance the quality of national health systems to facilitate effective access to health care for refugees and host communities. The GCR specifically address mental health and psychosocial well-being in the context of service provision around health, (child) protection and education. We recognise the generous commitments made at the 2019 Global Refugee Forum by States and other stakeholders and seeks to build upon implementation and progress made to date with renewed support through the two multistakeholder pledges.

¹ No matter their age, gender, and other diverse aspects including having a disability, diverse sexual orientation, gender identity, gender expression and sex characteristics, and belonging to a minority or indigenous group.

Pledge Thematic Areas

Achieving inclusion into national health systems

Law and Policy: Pledges will create enabling environments in States for the sustainable inclusion of refugees, other forcibly displaced and stateless people into national health systems, policies and programmes and will enable access to services at par with host communities. This will include changes in national legislative frameworks such as health laws and national health policies as well as the inclusion of refugees into national social health protection schemes, including into non-contributory systems. Pledges will focus on the different dimensions of health and health services, including preventive, promotive, curative, rehabilitative and palliative care. Pledges may also link with inclusion of refugees with disabilities into national systems, including access to assistive devices and rehabilitation. Pledges will also include elements of health system preparedness and response to support States and non-state actors in preparing for future displacements, disease outbreaks and other public health risks to protect forcibly displaced and stateless people and host communities alike.

Programmes: Pledges will support the inclusion of refugees into national health systems and strengthen the national health system to effectively deliver health and nutrition services for all refugees and host communities. Pledges may include commitments to financial support to advance and enable sustainable inclusion in health system and social health protection schemes including through innovative, flexible and predictable funding mechanisms; technical support to enable policy change; capacity building of personnel and volunteers; support to health service delivery in refugee hosting areas through infrastructure adjustments, human resources, medical products and technology; fostering work opportunities for accredited refugee health care providers; community engagement and mobilisation in health actions; expanding the use of mobile technologies for telemedicine. Pledges may include linked measures to overcome barriers related to language and culture to access health care at local level and make services culturally-relevant. Pledges may also include work in settings outside formal healthcare settings, such as leveraging school settings to deliver health services and strengthening referral pathways between service providers who provide child-critical services. Pledges could also consider barriers for accessing health services and systems for refugees with disabilities. Pledges may also consider the expansion of civil society programmes for refugee- and host community-inclusive services to bridge gaps where national health services are not fully available or accessible and where this is in line with national legislation.

Data and evidence: pledges will support evidence-informed planning, programming, monitoring and inclusive law and policy making through the provision of tools, expertise, and data disaggregated by age and gender to advance measurement and build the evidence-base related to refugees' inclusion in national health systems and improved health outcomes for refugees and the communities who host them.

Cross-Cutting Principles

- Multistakeholder partnerships will facilitate advancement of inclusion into national health systems in sectoral work through commitments that are supported with financial, technical and material support.
- Efforts to strengthen the quality and coverage of national health systems will enhance access to health services for host communities and forcibly displaced and stateless people alike, including through interventions to enhance the capacity of health workers to provide equitable care to forcibly displaced and stateless people. Accountability is predicated on the meaningful, intentional, and systematic inclusion of the expressed needs, concerns, capabilities and views of refugees, other forcibly displaced and stateless people, and host communities – in their diversity – in the development and implementation of pledges.
- Mainstreaming of age, gender and diversity, intersectional, and multisectoral approaches and best practices will inform pledge development across all three thematic areas. Specific needs will be incorporated in pledges and linked outcomes for health, including those of children, adolescents, women, older persons, persons with disabilities and of any other persons with specific health needs. See the [Age Gender and Diversity Tip Sheet - Helping to ensure AGD inclusive pledges and good practices for the GRF](#).
- The principle of non-discrimination, health equity, and equality of opportunity and treatment, in particular gender equality, will be championed across pledges.
- Economic, environmental and social sustainability considerations will guide inclusion and health system strengthening approaches and pledges.
- Pledge commitments shall seek a “do no harm” approach and endeavour to assess risks and mitigate potential negative effects of their actions.

Group of Friends of Health for Refugees and Host Communities

The multistakeholder pledge on health is supported by the Group of Friends of Health for Refugees and Host Communities, which is co-convened by the World Health Organization (WHO) and UNHCR. The Group supports the mobilisation of multistakeholder pledges by bringing together refugee-hosting countries, donor countries, multilateral donors, civil society, refugee-led organisations, private sector and academia to effectively achieve sustainable inclusion of all forcibly displaced and stateless persons into strengthened national health systems, to systematically include MHPSS actions in the response, and to ease the burden on host countries.

Related pledges

[Multistakeholder pledge: Agriculture, food systems, and food security](#)

[Multistakeholder Pledge: Economic inclusion and Social Protection](#)

[Multistakeholder Pledge: Gender Equality and Protection from Gender-Based Violence](#)

[Multistakeholder Pledge: Child Rights](#)

[Multistakeholder Pledge: Sport for Inclusion and Protection](#)

[Multistakeholder pledge: National education system inclusion](#)

[Multistakeholder pledge: Inclusion in statistical systems and surveys](#)