

Stocktaking event on advancing opportunities for multi-stakeholder pledge implementation on health inclusion, and mental health and psychosocial support

16 June 2025 – 14:00-16:30 CET – Online

The Group of Friends of Health for Refugees and Host Communities held a stocktaking event for the multistakeholder pledges [National health system inclusion](#) and [Fostering mental health and psychosocial wellbeing](#) for pledge partners and other interested parties, co-hosted by WHO and UNHCR. The event aimed to assess progress on pledge implementation, sharing good practices and innovative approaches, and inform upcoming international policy discussions, including the 2025 Global Refugee Forum Progress Review. The event brought together 94 participants from governments, refugee-led organisations, NGOs, UN agencies, private sector and academia. The meeting was chaired by Mr. Sajjad Malik, director of UNHCR’s Division of Resilience and Solutions, and Mr. Guillaume Simonian, Unit Head Interagency, Policy, Peace & Health in Emergencies, WHO.

Mr. Sajjad Malik opened the meeting by highlighting the unprecedented displacement of 122 million people amid sharply declining humanitarian funding, placing increased pressure on host countries. He emphasized the Global Compact on Refugees as a vital framework for coordinated, inclusive and sustainable responses, reaffirming global solidarity and shared responsibility. He noted that recent multistakeholder pledges on health system inclusion and MHPSS reflect strong collective commitment, urgent focus is now needed on implementation, smart adaptation, sustainable financing and solidarity.

Setting the scene, **Ms Louange Koffi**, a registered nurse and person with lived experience, shared her personal experience of living and working in a refugee camp. Calling for improved access to health services, community-led first-response teams, strengthening cultural competency for health staff and partnerships that empower refugees, she urged that “No one should die in the dark while the world debates the light”.

Mr. Mahdi Frough of the World Bank presented findings on [The Global Cost of Refugee Inclusion in Host Countries’ Health Systems](#), highlighting that inclusion of refugees in national systems is affordable for low- and middle-income countries, but requires sustained donor support. He emphasized that, in light of declining aid and persistent legal, financial and capacity-related barriers, the direction should clearly shift from parallel service delivery toward inclusion in national systems. Such integration not only enhances sustainability but is also more cost-effective, promotes the self-reliance of refugees and improves service quality for both refugees and host communities. “The time to act is now - we have both a responsibility and an opportunity to build stronger, more inclusive systems that serve everyone.”

The event also outlined the roadmap to the [2025 Global Refugee Forum Progress Review](#) and an update on the status of the two multistakeholder pledges which have received 243 commitments (as at the date of the stocktaking event), followed by a summary of the [governmental roundtable](#) held in March 2025.

The discussions were then organized in three breakout rooms:

- **Scaling Health Inclusion:** identifying practical solutions and success factors that stakeholders can take to create the conditions and partnerships to support states advancing the inclusion of refugees in national health systems.
- **Strengthening Local Health and MHPSS Services:** Strategies for enhancing community-led initiatives, strengthening sustainable local systems for health and MHPSS (mental health and psychosocial support), and transitioning from parallel service models.
- **Strengthening and Scaling MHPSS across Sectors:** Exchange best practices and innovative solutions in multisectoral collaboration.

Throughout the event, participants underscored three cross-cutting recommendations and best practices to strengthen refugee health inclusion. First, they emphasized the need to address legal and administrative barriers that hinder refugees' access to national health systems. Second, they called for engagement of refugees as equal partners in design, implementation and monitoring of health and MHPSS programmes, recognising the essential role of community health workers in supporting government-led services. Finally, participants highlighted the importance of securing sustainable financing and fostering strong partnerships to support refugee-hosting countries, ensuring that health and MHPSS services meet the needs of both refugees and host communities.

Despite recent reductions in aid, a growing number of encouraging advancements in pledge implementation have emerged, including the inclusion of refugees in universal health coverage schemes in several countries and supporting peer-led community MHPSS initiatives to reach displaced populations.

The following best practices and key recommendations arose from the discussion:

- **Foster a Favourable Policy Environment for Inclusion:** Several countries showcased their approach to address structural and legal barriers by adapting national legislation. Refugee registration is a critical prerequisite for their inclusion in national health systems and insurance schemes, laying the foundation for effective health planning and equitable service delivery for both refugees and host communities.
- **Diversify and Optimize Health Financing Mechanisms:** Support for refugee-hosting countries through sustained, predictable international assistance is needed. Early engagement of development partners in government-led responses is critical to include refugees in national development plans and longer-term financial support. Leveraging innovative financing strategies, such as blended public–donor funding pool mechanisms, health insurance cross-subsidies, and performance-based financing can enhance the efficiency and sustainability of health system inclusion.

- **Advance Government-Led Transition from Parallel Services:** Support government-led efforts to map needs, upgrade camp health infrastructure to meet national standards as part of a transition into Ministry of Health service provision and include refugees in national health surveillance. For long-term sustainability, this must be accompanied by efforts to address broader social determinants of health, including access to education, livelihoods and employment.
- **Strengthen multi-level partnerships by pairing government stewardship with community health networks and local NGOs to ensure last-mile delivery:** Providing services to refugee populations requires strong partnerships with community health systems and local organizations. Partnerships start in the community with deeply rooted local civil society organisations, community-health workers (CHWs) and religious networks extend reach, foster access to health services and help counter misinformation.
- **Integrate CHWs into National Systems:** Embed CHWs – including refugee CHWs - within national health frameworks with formal accreditation, career pathways, remuneration and structured supervision. A scalable three-pillar model - coordinated CHWs, ongoing capacity building and joint advocacy - strengthens service provision, referral systems and supports the transition away from parallel services.
- **Promote Inclusive, Culturally Tailored Community Engagement:** Deliver health messages in refugees’ languages and involve communities through safe, participatory forums. Co-designing solutions with refugees and investing in culturally relevant outreach improves trust, service uptake and disease prevention.
- **Centre Lived Experience in MHPSS Design and Delivery:** Prioritize peer-led models by embedding refugee-led organizations in the design, delivery and monitoring of services. Support peer initiatives for displaced persons including those with disabilities and establish youth advisory panels to ensure services are inclusive, culturally relevant and grounded in lived experience.
- **Mainstream MHPSS across Education and Protection Systems:** Integrate MHPSS into teacher training, school re-entry, and accelerated learning programmes, with a focus on trauma-informed practices and Social and Emotional Learning (SEL). Ensure services are appropriate and safe for survivors of gender-based violence, caregivers, girls and LGBTIQ+ youth, while engaging local faith and community leaders where appropriate.
- **Strengthen Coordination, Integration, and Long-Term Commitment:** Support national and local governments to embed MHPSS in education, health, and protection systems. Promote cross-sector coordination among humanitarian, development and local actors and ensure inclusive, participatory processes to integrate MHPSS sustainably into national frameworks.

Evidence gaps were highlighted during the event for future research and discussion, including:

- Feasibility of digital health records to strengthen continuity of care for TB/HIV and non-communicable diseases treatment across borders.

- Measuring outcomes of MHPSS beyond ‘activity counts’ to include also outcomes on individual and collective level and competency of providers.

Mr. Guillaume Simonian closed the meeting by underscoring that diseases know no borders and that health is a universal right. He commended participants for the progress made on pledge implementation and emphasized the importance of continued joint advocacy.

The event demonstrated a shared resolve to implement pledges for health inclusion and MHPSS and to show tangible progress at the 2025 Global Refugee Forum Progress Review, enabling refugees and their hosting communities to strengthen their health and psychosocial wellbeing, supported by resilient, sustainable health systems.

We thank the refugees, Amal Alliance, Global Fund to Fight AIDS, Tuberculosis and Malaria, Jesuit Refugee Service, Johns Hopkins University, Save the Children International, UN Foundation and UNICEF for their support in the design and execution of the stocktaking event. We gratefully acknowledge the support of key speakers including from refugees and refugee-led organisations such as Newcomers with Disabilities in Sweden and the Action Network on Forced Displacement, from the governments of Chad, Colombia, Greece, Kenya and the Netherlands, the European Commission, the World Bank and NGOs including International Medical Corps and Jesuit Refugee Service.

Annex 1: Agenda

14:00 – 14:05

Welcome and opening

Mr. Sajjad Malik

*Director of the Division of Resilience and Solutions,
UNHCR*

14:05 – 14:20

Introductory remarks

Ms. Louange Koffi

Registered nurse and refugee youth advocate, Ghana

Mr. Mohammad Mahdi Frough

Health Economist,

*Health, Nutrition, and Population Global Practice,
World Bank*

14:20 – 14:30

Setting the scene: HLOM roadmap and multi-stakeholder pledges on health inclusion and MHPSS

Mr. Ziad Ayad

*Senior Policy Officer, Division of International Protection,
Global Compact on Refugees, UNHCR*

Mr. Allen Maina

*Chief of the Public Health Section,
Division of Resilience and Solutions, UNHCR*

14:30 – 14:40

Feedback from the Governmental round table on advancing multi-stakeholder pledges on health inclusion and MHPSS

Ms. Laura Jimena Arango Blanco

*Counsellor, Permanent Mission of Colombia
to the United Nations Office at Geneva*

Ms. Renet van der Waals

*Coordinator, Mental Health and Psychosocial Support in crises,
Ministry of Foreign Affairs Netherlands*

Ms. Elisa Rossetti

*Health Policy Officer,
Directorate-General for European Civil Protection and
Humanitarian Aid Operations,*

European Commission

14:40 – 15:30

Breakout groups

- *Scaling health inclusion*
- *Strengthening local health and MHPSS services*
- *Strengthening and scaling MHPSS across sectors*

15:30 – 15:40

Health break

15:40 – 16:20

Plenary report and moderated discussion

16:20 – 16:30

Next steps and closing remarks

Mr. Guillaume Simonian

*Head of the Humanitarian Policies and Inter-agency Coordination Unit,
World Health Organization*