We have a duty to promote disability inclusive refugee responses to achieve the highest attainable standard of health in the European region

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In 2021, the United Nations High Commissioner for Refugees (UNHCR) estimated that there were 27.1 million refugees globally. Refugees are people who have fled war, violence, conflict, or persecution and have crossed an international border to find safety in another country. Often, refugees have had to flee with little more than the clothes on their back, leaving behind homes, possessions, jobs, and loved ones. Fleeing persecution or danger, refugees are among the world’s most vulnerable population group. World Refugee Day provides an opportunity to highlight the situation and the needs of some of those most at risk of facing barriers to safety and services among the refugee population—people with disabilities. People with disabilities are some of the most hidden, excluded, and neglected of all displaced people, due to the intersectional barriers they face. The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) defines persons with disabilities as “those who have long term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” 135 million people in the WHO European Region are estimated to experience disability. This number is expected to increase with an ageing population and the rise in prevalence of non-communicable diseases. Persons with disabilities often face barriers to accessing and using health information and services, including vital rehabilitation services and assistive technologies. Such barriers often lead to unmet healthcare needs, increased protection risks, and poorer health outcomes than refugees without disabilities.

There is little knowledge about the proportion of refugees who experience disability. Refugees with disabilities are at risk of neglect and abandonment due to the movement of personal assistants and family members, and suspension or destruction of usual support services. Loss of support structures results in additional barriers to access mainstream assistance programmes, including the healthcare, food, and shelter that they need to survive. Furthermore, persons with disabilities face greater exposure to physical and sexual violence, exploitation, harassment, and discrimination, including during the displacement pathway and in refugee settings. For women and girls with disabilities, these protection risks are exacerbated by gender and age. Considering this, reported high rates of mental health conditions among refugees, such as anxiety, depression, post-traumatic stress disorder, and panic attacks are unsurprising. Mental and physical health can be further impacted by concerns regarding refugee related discrimination, racism in host communities, financial worries, and shelter instability.

The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-2030 responds to resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities. The Framework is expected to have a significant impact on access to, and use of healthcare services for all persons in the WHO European Region. Policy actions that address the barriers that persons with disabilities face will have a multiplier effect, better enabling a population to achieve better health outcomes throughout their life course.

Objective 3 of the framework includes specific actions and indicators which promote disability inclusive resilience building and recovery plans during public health emergencies. Furthermore, health emergencies exacerbate existing health inequities experienced by persons with disabilities and create new ones. As a region, we must reiterate political commitments to the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) guided disability-inclusive health systems, which benefit all refugees, and ensure that these rights are upheld during emergencies.

The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-2030 responds to resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities. The WHO Regional Office for Europe, in partnership with Organizations of Persons with Disabilities, is leading on national projects in Poland, Georgia, and Moldova, to strengthen the Ukrainian refugee response. The work in all three countries aims to better identify girls, boys, women, and men with disabilities to understand the specific needs and priorities which takes into account the intersectionality of gender, age, and disability. This will support local and international actors to drive a more inclusive refugee response.

We call for the following:
The collection of disaggregated data on disability to ensure that the needs of all refugees are met and monitored. This information would be used to inform humanitarian and refugee programming and ensure evidence based decision making across all sectors.

Access to healthcare for people with disabilities, including rehabilitation and assistive technology, by removing intersectional barriers which impede access.

Organizations of Persons with Disabilities (OPDs) should meaningfully participate in humanitarian and refugee operations to ensure strong local leadership

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in all responses, and empowerment of persons with disabilities through humanitarian action.

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2 United Nations General Assembly resolution 429(V) of 14 December 1950.
5 World Health Organization Regional Office for Europe. 2022. Implementation plan and monitoring and evaluation framework of the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-2030. Available here: https://apps.who.int/iris/handle/10665/364995