Integration of Refugees into Host Community Health Systems

Since the start of the Syrian conflict, more than half of the country's health workforce has fled. At the same time, health systems in host countries have been overwhelmed by demand for services and a concurrent shortage of health personnel to meet this need.

To better identify opportunities for helping refugee health workers and the host communities in which they reside, the World Bank, the Organization for Economic Cooperation and Development, and the Center for Mediterranean Integration convened a global workshop on March 30-31, in Marseille, bringing together nearly 50 experts from governments, multilateral agencies, NGOs, and academia.

As conference participants noted, refugee health workers can be a benefit, not a burden, to their host communities. Many European countries have health worker shortages, and refugee health workers can help fill these gaps. Assisting refugee health workers may also address a longer-term objective: meeting the future workforce needs in post-conflict countries. Although many refugees will stay in their new countries, others will return when conditions allow, and supporting their education and training now is a step toward maximizing contributions in the future.

The workshop highlighted many of the key challenges facing these individuals, including passing mandatory language examinations, obtaining (and in some cases repeating) on-the-job training, and
completing credentialing and licensing requirements as in arduous journey from home to host country documents are often lost. Collectively, these challenges frequently can prove overwhelming.

Yet participants cited examples of progress by governments and civil society actors. These included integrating language teaching into practical training; creating pathways for refugee health workers to demonstrate competency through fast-track training programs when documents are not available; and developing partnerships across government and civil society to help guide refugees through the employment process. As seen in the infographic above, these examples come from a variety of countries, including Germany, Scotland, Turkey, Sweden, and Norway.

Closing the workshop, participants made several appeals for next steps, including increasing data collection on the size and skills of the refugee health workforce, improving collaboration between government ministries and civil society organizations, and expanding support for refugee students of medicine, nursing, pharmacy, public health, and public policy who will be essential for post-conflict health system functioning.