



CHANGING THE STORY: COLLABORATION & SOLUTIONS FOR MIGRANT HEALTH

WEDNESDAY, MAY 21

2 pm - 3.30 pm



CAMPUS BIOTECH
GENEVA,
SWITZERLAND



Introduction

Migrant health is now a central global public health issue. Population displacements linked to wars, political crises, climate change, or economic aspirations are transforming our societies in lasting ways. Yet, migration is too often associated with negative and stigmatizing perceptions, even though migrants make essential contributions to the economic, social, and cultural life of host countries. These perceptions mask real-life challenges: limited access to healthcare, language barriers, a lack of reliable data, insufficient mental health resources, and restrictive policies that increase the vulnerability of those affected.

It is therefore urgent to no longer consider migrant health as a peripheral or solely humanitarian issue, but to fully integrate it into public policies, using an approach based on rights, equity, and the recognition of migrants as full stakeholders. Bearing this in Mind, the Geneva Health Forum (GHF) organized the conference “Changing the Story: Collaboration & Solutions for Migrant Health” in May 2025, on the sidelines of the 78th World Health Assembly. This moment carried special significance, as the WHO presented its progress report on the implementation of the Global Action Plan to Promote the Health of Refugees and Migrants (2019–2030).

This GHF conference provided a unique space for dialogue between WHO, researchers, policymakers, NGOs, international institutions, and migrant representatives, to jointly identify effective solutions. Designed as a laboratory of ideas and practices, it pursued two objectives: to deconstruct the stereotypes that fuel stigma, and to highlight innovative and inclusive approaches to address the health needs of migrants. The discussions were organized around three priorities: improving data and research, strengthening mental health and psychosocial well-being, and promoting the role of migrants as agents of their own health and integration. The conference concluded with a call to build on the momentum already underway, notably through a collaboration board allowing participants to engage personally and forge new partnerships.

The 4EU+ alliance, which brings together eight universities in Europe, has made migrant health one of its priority areas of work. It co-organized this conference with the GHF and the WHO. Our approach is part of its broader mission: to build bridges between the various actors in global health in order to transform debates into shared commitments and lasting collaborations.

The 4EU+ Alliance brings together eight leading European universities – Charles University (Prague), Heidelberg University, Paris-Panthéon-Assas University, Sorbonne University, University of Copenhagen, University of Geneva, University of Milan, and University of Warsaw. Its ambition is to build an integrated university space fostering research excellence, pedagogical innovation, student mobility, and the strengthening of European collaborations.

The 4EU+ Alliance funded a MOOC entitled "Migration, Health, and Equity in Europe," which was co-developed by the University of Geneva, Lancet Migration, and the University of Milan.

The 4EU+ Alliance organized a seminar entitled "Migration and Health Days" at the University of Prague.

The 4EU+ Alliance is developing a research project called “4GRACE+” for "Growing and Ageing in the Shadows: Undocumented Children and Elderly Migrants in European Cities".

The 4EU+ Alliance is developing a “Migration and health training for healthcare professionals”.

Listening to migrants, changing the narrative

Open Britain: Portrait of a Diverse Nation

During this session, photographer JJ Keith kindly shared his exhibition of portraits “Open Britain: Portrait of a Diverse Nation.” With a sensitive eye and humanist approach, Keith uses his camera to honor and celebrate the vital contributions of migrants to life in the UK, particularly within the healthcare system and the NHS. Created in collaboration with Imperial College Healthcare NHS Trust, His work not only documents people, but also tells stories of resilience, belonging and the richness of diversity that shapes modern Britain. [→](#)

When migrants make their world heard

Migrants often have limited access to the most important health information. MigesMedia helps reach this target audience, tailoring information to their needs, and selecting appropriate formats and distribution channels. To this end, MigesMedia works closely with media outlets in migrant communities. [→](#)

Listening to Exile, Understanding Society

Voix d’Exils is an intercantonal online media outlet created in Switzerland to give migrants a voice. Founded in 2001 by the Vaudois Migrant Reception Center (EVAM), it now publishes analyses, stories, and testimonials in several languages. Its goal is to promote the voices of migrants, enrich public debate, and promote integration through journalism and civic expression. [→](#)

Art to regain your confidence

ArtolutionArtolution is a global nonprofit that uses collaborative art to promote social change in marginalized and crisis-affected communities. It trains and employs local artists to lead creative projects—such as murals, theater, and digital media—that strengthen mental health, resilience, and social inclusion. Active in more than 35 countries, Artolution helps communities tell their stories and build brighter futures through collective artmaking. [→](#)

When the lens becomes a tool for empowerment

ReFOCUS Media Labs is an organization born in refugee camps in Greece that offers displaced people the opportunity to become storytellers of their own stories. Through training in journalism, photography, and multimedia production, it transforms often silent voices into powerful and creative testimonies. By placing the camera and microphone in the hands of refugees, ReFOCUS reimagines the migration narrative and restores dignity, visibility, and agency. [→](#)



From Fear to Solidarity: Building Inclusive Health Systems

Santino Severoni

Departmental Director of Migration and Health – WHO

“It is essential to resist today, so that equity, the right to health and the protection of the most vulnerable remain priorities in health agendas.”

The Changing Discourse on Migration

Santino Severoni recalled that before 2018, migration was largely perceived as a positive force. Emphasis was placed on remittances, its impact on development, and its contribution to the vitality of societies. Then, a turning point occurred: political actors understood that fear could be exploited. Since then, public discourse on migration has been tinged with mistrust and rejection. The contrast with the past is significant: whereas a president like Ronald Reagan extolled the added value of migration, today we talk almost exclusively about its supposed negative effects.

A Cross-Sectoral and Politically Sensitive Subject

This development has had consequences for the way public health has approached the issue. For a long time, migration remained the domain of Ministries of the Interior. Ministries of Health were reluctant to engage in it, as if the issue were foreign to them. Until 2011, the WHO had no solid data and only addressed migration through a humanitarian lens. However, Dr. Severoni insisted that reducing migration to a humanitarian emergency is to condemn it to handouts and charity, when this is notably a structural phenomenon of our modern societies.

Migration: An Enduring Societal Reality

Dr. Severoni then emphasized that migration is not an accident but a constitutive reality of our world. Just look at a classroom, he said: children share their daily lives with classmates from other countries. Diversity is now the norm. Therefore, health systems must evolve to meet the needs of this plurality. And far from being a burden, migration is comparable to preventive health care: an investment that, in the long term, strengthens and enriches society.

Political Progress and Persistent Challenges

Since 2011, significant progress has been made: approximately one-third of countries have adopted policies to include migrants and refugees, sometimes even those in irregular situations, in their health systems. However, the major obstacle remains financing: who pays? Despite this difficulty, some countries are leading the way. South Africa, despite the heavy burden of the HIV and tuberculosis epidemic, has chosen to provide comprehensive access to healthcare. Uganda has integrated 1.7 million refugees into a health insurance scheme. Colombia, for its part, has provided medical coverage cards to 1.5 million Venezuelan migrants.



Santino Severoni

These examples show that political will can transform reality.

Current Risks and Threats

But these advances remain fragile. Dr. Severoni warned of a possible setback. The multilateral system is weakened by nationalism and identity-based withdrawal. Funding is dwindling, and migration, even within the United Nations, is often the first issue to be ignored. There is a great risk that progress will be undone and the issue will cease to be a priority for the public health.

Call to Action

In this context, he called for vigilance and resilience. Migration and health must be kept on global, regional, and national agendas. Equity, the right to access health

services, and the protection of the most vulnerable must remain at the heart of commitments. Healthcare systems must be designed not to exclude, but to include, in order to sustainably respond to the diversity of contemporary societies.

Optimistic Conclusion

Despite the gravity of his observation, Dr. Severoni wished to conclude on a note of hope. He recalled that at the beginning of his career, migration was a subject that frightened health ministers. Today, several countries have become champions, bringing inspiring experiences. This progress, although still fragile, is real. The most important thing now is not to backslide, but rather to consolidate these gains.

WHO Global Action Plan to Promote the Health of Refugees and Migrants

Adopted at the World Health Assembly in 2019 and extended until 2030, the WHO Global Action Plan to Promote the Health of Refugees and Migrants provides a roadmap to address the growing needs of displaced populations, in line with the 2030 Agenda.

It is based on six priorities: promoting the health and well-being of migrants, ensuring equitable access to essential services, integrating their needs into national health policies, strengthening the protection of women and children, developing multisectoral partnerships, and addressing social determinants.



Open Britain: Portrait of a Diverse Nation. Photographer: JJ Keith

From Ukraine to Switzerland, the journey of a public health researcher

"I firmly believe that migrants and refugees can bring invaluable value to science, health systems, and society as a whole."

Could you tell us about your background and what brought you to Switzerland?

My name is Anna Duchenko. I am a Ukrainian public health expert, with around seven years of experience in the Ukrainian healthcare system. In February 2022, at the beginning of the full-scale invasion, my hometown of Irpin was occupied. My family had to be evacuated. In those days, like so many of my colleagues, I wondered how I could continue the work that meant so much to me, but in an environment that was safer for my child and myself.

I reached out to colleagues abroad, searching for opportunities, and I discovered the SNSF's support program for Ukrainian scientists in Switzerland. Thanks to this program, I was able to continue my work at the Swiss Tropical and Public Health Institute. Leaving Ukraine was one of the hardest decisions of my life. To Switzerland with my four-year-old son, while much of my family stayed behind in a city under occupation. I was filled with uncertainty and pain, but also with determination. My departure was not only about safety; it was also about a sense of mission—to use my expertise to serve others in similar situations, and to contribute meaningfully to the country that welcomed me.

After three years at Swiss TPH, I refined my research interests and began my doctoral studies, focusing on migration, mental health, and health systems.

Anna Duchenko, Researcher at Swiss TPH, Switzerland, interviewed by Khaled Ismail, representative of the 4EU+ Alliance and professor at the Charles University, Czech Republic.

Could you tell us how your personal experience of migration has influenced your research in mental health?

My experience of forced displacement gave me a deep understanding of what people go through in similar situations. I believe many of us here are migrants in one way or another. It is not a label that defines someone; it is part of the human continuum.

My doctoral thesis focuses on access to mental health care in Basel-Landschaft and Basel-Stadt, with a particular focus on the perceptions and experiences of migrants. I am fortunate to be part of a partnership between Swiss TPH, the Basel-Stadt Social Welfare Service, and the University Psychiatric Clinic. Together, we are analyzing gaps in access for socially vulnerable migrants and working toward interventions that respond to their needs.

I am also involved in the People Voice Survey, one of the first large-scale, multi-country initiatives to study people's experiences with health systems. In Switzerland, it has a special focus on migrants. This work, for me, is not only professional but also deeply personal.

Could you go a little deeper? What have you learned about the mental health needs of migrants through your community involvement in Basel?

Basel has a strong Ukrainian community and a rich network supporting migrants. As both a refugee and a researcher, I see enormous potential in strengthening the pathways through which people can not only receive support but also contribute with their skills and expertise.



Khaled Ismail, Anna Duchenko

Many valuable services already exist, but their visibility is often limited, and the connections between health structures, support networks, and migrant-led initiatives could be stronger. By raising awareness and fostering closer collaboration, we can ensure not only that resources are better used, but also that care reaches the people who need it most.

You now work at the intersection of research, support networks, and refugee communities. What potential do you see in this type of collaboration?

I am convinced that migrants and refugees bring immense value to science, to health systems, and to society. Too often, they are portrayed merely as recipients of aid. In reality, they are also valuable contributors, innovators.

Strong collaborations between academia, migrant-led initiatives, and public health systems can lead to more sustainable and impactful outcomes. Participatory research is a powerful example of this: involving people with lived experience from the earliest stages of a project, from defining the issues to implementing solutions and translating results into practice. This inclusive approach ensures that interventions are more relevant and resilient. Each of us brings a unique perspective, and when we work together across sectors, we create better solutions.

Finally, Anna, what message would you like to leave us with?

The themes we are discussing today—mental health, data and research, and migrant empowerment—are closely intertwined. They can no longer be separated into silos. It is no longer enough for each of us to do good work in isolation. We need more integrated data for decision-making. We need strong, cross-sector collaboration. And most importantly, the voices of migrants must be part of every step.

I believe this session can generate the networks, the commitments, and the momentum we need. I encourage everyone here to think about their role in this ecosystem and to make one small but meaningful commitment today.

I would also ask that we keep Ukraine in our hearts. Not only as a country enduring the consequences of unjustified aggression, but also as a partner in building a more resilient global society sharing lessons of resilience and reconstruction and working together for a better future.

Thank you, Anna. I think we all agree: you are a great ambassador not only for your country but for women and for researchers everywhere.

Round Table 1:

Data & Research: Improving quality, equity, and narrative approaches

Reporting on this roundtable is an attempt to capture the richness of the ideas exchanged with the participants, moderated by Yves Jackson and Karl Blanchet. Our objective was to reflect on how to improve the quality of studies, ensure fairness, and pay particular attention to the narratives we construct when conducting research or analyzing information on migrant health.

A challenge quickly emerged: data fragmentation. The figures exist, but they are scattered, disjointed, and locked into administrative, social, or health silos. This dispersion makes their interpretation complex, even more so when it comes to migrant populations, constantly on the move in search of support or appropriate services. Added to this difficulty is the risk of reducing migrants to their status alone. Yet, they are individuals with multiple identities, with unique trajectories, aspirations, and projects. Research has a responsibility here: to restore this granularity, rather than imposing a homogeneous label.

Trust emerged as another central focus. How can sensitive data be collected without creating a climate of fear? Migrants must be assured that their information will not be used to fuel police checks or border procedures. But this concern for protection sometimes conflicts with the need for continuity of care, hampered by legal barriers. The idea of "medical passports," allowing individuals to carry their own health data, was raised as a promising avenue.

Beyond figures, participants emphasized the importance of telling stories: where people come from, what they have been through, what they aspire to. Describing these stories requires safe spaces and increased training in cultural diversity for researchers and clinicians. Too often, discrimination and racism still permeate healthcare services in Europe and elsewhere.

Finally, a strong call emerged: to change the dominant narrative. Migrants are not only vulnerable; they are also powerful actors, decision-makers in their lives, their families, and their healthcare pathways. Research must reflect this reality and highlight the positive initiatives led by civil society and the communities themselves. Documenting solidarity and highlighting successes also play an essential role in transforming the way we view migration.

This roundtable thus demonstrated how improving data quality, strengthening equity, and renewing our narratives are not just isolated technical exercises, but essential complementary levers for building a fairer, more human, and more respectful approach to migrant health.



Karl Blanchet

Round Table 2: Data & Research: Improving quality, equity, and narrative approaches

Mental Health: Addressing systemic gaps with culturally sensitive care

The roundtable opened with an issue as complex as it is vital: how can we imagine mental health care for migrants that is culturally sensitive, accessible, and sustainable? A question that concerns health care, yet also intersects with politics and ethics and every way in which our society chooses to express its identity.

Moderated by Javier Sanchis Zozaya, this discussion brought together diverse, engaged, and insightful voices. One certainty quickly emerged: mental health is an essential component of integration, well-being, and human dignity. Yet, the obstacles that hinder access to care are numerous, often systemic, and sometimes invisible.

At the individual level, it often begins with a cultural misunderstanding. In many contexts, psychiatry is absent from representations of health or, on the contrary, associated with forms of stigma. Explanations of mental suffering differ profoundly from one culture to another. This generates mistrust, incomprehension, and silence. But it's not up to migrants to adapt to the system's codes: it's up to the system to know how to welcome, listen, and recognize others in their diversity.

Healthcare professionals are also challenged. Cultural humility can no longer be an option: it is the foundation of fair care. We must train, support, and supervise. We must restore their rightful place to approaches such as transcultural psychiatry or ethnopsychiatry, long marginalized. It's about broadening our perspective, moving beyond normative models to make room for different narratives and suffering expressed differently.

Individual goodwill is not enough. The system, too, must evolve. Too often, mental health professionals remain locked into rigid, institutional structures, disconnected from the field. It is essential to build bridges between specialties, between institutions and among professionals and related associations. Establishing coordination figures capable of guiding patients through the complexity of care pathways. Integrating social determinants into every decision, and providing support.

Other challenges were forcefully raised, among which leads the lack of funding, which prevents the implementation of lasting solutions. The chronic absence of interpreters, which is essential for enabling dialogue and the need for clear, accessible information to enable migrants to access care without needing a third party to guide them.

Despite the short time, this roundtable was a powerful moment of collective intelligence. Ideas abounded, experiences echoed one another, and convictions were strengthened. One thing became clear: solutions exist, numerous, and often already implemented locally. What is now needed is to support them, connect them, and help them grow together.

When it comes to migrant mental health, it's not a matter of inventing solutions from scratch. It's about recognizing what works, listening to those who are experiencing it, and acting responsibly. The greatest hope of this time of exchange is that, through a more human approach and greater support, real change can be achieved.



Round Table 3:

Migrants as Actors: Co-creating care and community leadership

We need to change the way we talk about others. This is the observation that opened the roundtable discussion, presented by Jessica Fragnière in her role as rapporteur, to an attentive audience, no doubt already convinced but not yet transformed. Too often, participants noted, professionals talk about "cases," as if individuals were nothing more than files, anomalies to be managed, administrative objects. Behind this cold word, it is the human being who disappears. It's not about "cases," but about people. And it is from this simple but radical reminder that the group's vision emerges: putting people back at the center, not as passive beneficiaries, but as real agents of change.

Giving a voice is not enough. What the discussions emphasized is the need for shared governance, where people in a migratory situation are not only consulted, but invested, involved, and become decision-makers. This requires concrete roles, clear responsibilities, and effective power. It's no longer about doing things "for" migrants, but about doing things "by" them, "with them," in a spirit of alliance and co-construction.

The barriers are numerous and well-known: bureaucratic red tape, language barriers, lack of information, the absence of community contacts, and a lack of support. But what the roundtable highlighted is that these obstacles can be circumvented and reinvented. One of the keys lies in creating close relationships, working as a team, and "peer mentors," those discreet but essential figures who know how to guide, understand, and translate codes and fears. Because being a migrant should never mean facing complexity alone.

To illustrate these ideas, Jessica shared some examples raised in the discussions. In the context of the PM+ program, participants noted that a simple participation form could, depending on the situation, be a tool for engagement or a source of mistrust. In some cases, a signature hindered more than it facilitated. It is necessary to listen, understand, and to adjust — for instance, by proposing an oral agreement as an alternative. It's not the tool that matters, but the intention to reach the other person, to build together, to adapt the paths, to be flexible, attentive, and genuinely listen to the highlights to enable us to achieve the best possible outcome.

Behind these practices lies a particular posture, that of responsibility and alliance. It's not enough to invite someone into the room. We must make room for them, give them the space to express themselves, to weigh in, to make suggestions. And for that, we must recognize our privileges, but also put them into play, shift them, and redistribute them.

Finally, empathy came up several times in the discussions. Participants stressed that empathy is not neutral. We naturally have more empathy for those who are like us. The challenge is to listen beyond our own world.

To seek out humanity where, sometimes, our instinct is to look away. Being an ally isn't about sympathy. It's about engagement.

This, at its core, is what it means to consider migrants as health actors: to recognize their full and complete humanity, not through a symbolic gesture or a benevolent speech, but through a real transformation of practices, structures, and perspectives. And it is only by going a step further, each person, wherever they are, that this change becomes possible.



Key messages

This conference allowed us to identify 10 key messages

Changing the narrative around migration and health

1. **Migrants as actors, not passive beneficiaries:** We must move beyond viewing migrants as "cases" or "beneficiaries of aid" to recognize them as agents of change and co-creators of health solutions.
2. **Giving migrants a voice:** Media initiatives (e.g., [Voix d'Exils](#), [ReFOCUS Media Labs](#), [Artolution](#)) show that telling their stories promotes dignity, visibility, and integration.
3. **Changing the political narrative:** Historically positive, the narrative on migration has shifted toward fear and mistrust. It is urgent to put equity and the right to health back at the center of agendas.

Building more inclusive health systems

4. **Migration as a structural reality:** Diversity is now the norm in our societies. Health systems must adapt to include all profiles, not exclude them.
5. **Inspiring policies exist:** some countries (e.g., South Africa, Uganda, Colombia) have implemented inclusive health policies for refugees and migrants, demonstrating that political will is transforming reality.
6. **Persistent challenges:** insufficient funding, weak multilateralism, and rising nationalism threaten these achievements. The risk is that migrant health will cease being a priority on the international agenda.

Priorities for research and care

7. **Better data collection and sharing:** Today, data is fragmented and often perceived as threatening by migrants. Solutions such as the "personal health passport" could strengthen trust.
8. **Reinventing mental health:** Access to psychological care remains hampered by stigma, a lack of interpreters, and a funding gap. The priority is to establish culturally appropriate approaches based on cultural humility.
9. **Foster co-construction with migrants:** Sustainable solutions emerge when researchers, health professionals, and migrant communities work together from the project design stage.
10. **Positive and inclusive narratives:** Documenting stories of solidarity, community successes, and the contributions of migrants is essential to transforming social representations and combating stigma.

The GHF will continue its role as a platform for exchange and will promote positive experiences that contribute to improving the health of migrants. Particular attention will be paid to mental health issues, in line with the needs expressed during this conference. We will seek to work directly with people experiencing migration discrimination and organizations who are aiming at developing concrete actions on the ground.

In particular, we aim to:

- **Document and share inspiring stories** using GHF tools or in partnership with other media.
- **Foster networking** to encourage the implementation of joint projects.
- **Support the development of research** to better understand the realities experienced by migrants.
- **Promote awareness and training** for healthcare organizations to facilitate access to services (intercultural dialogue, use of interpreters and health mediators).
- **Address mental health issues** in particular
- **Document migrants' experiences of involvement in health-related activities**

Acknowledges to the speakers and round table rapporteurs:

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The Geneva Health Forum is a non-profit initiative launched in 2006 by the Geneva University Hospitals and the University of Geneva. It provides a neutral platform for dialogue and collaboration between public stakeholders, academia, civil society, and the private sector. It collaborates with its partners to create synergies to address public health challenges.



**EUROPEAN
UNIVERSITY
ALLIANCE**

The 4EU+ Alliance brings together eight leading European universities – Charles University (Prague), Heidelberg University, Paris-Panthéon-Assas University, Sorbonne University, University of Copenhagen, University of Geneva, University of Milan, and University of Warsaw. Its ambition is to build an integrated university space fostering research excellence, pedagogical innovation, student mobility, and the strengthening of European collaborations.



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