# The Halifax Declaration: protecting health, dignity, and human rights in an era of forced displacement

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The Lancet Regional Health - Europe 2025;56: 101406

Published Online xxx https://doi.org/10.1016/j.lanepe.2025.101406

The 2025 International Refugee and Migration Health Conference (IRMHC) convened 614 health professionals, scholars, students, advocates, artists, and community leaders in Halifax, Nova Scotia, Canada—a historic site of migration and refuge.[1] The conference addressed critical themes in the health of forcibly displaced people, including mental and physical health, reproductive justice, infectious diseases, primary care innovation, child and adolescent health, and health equity.

The Halifax Declaration emerged from the conference as an urgent response to escalating structural inequities and restrictive refugee and migrant policies globally, worsened by recent sweeping policy changes in the United States.[2] It builds on the Edinburgh Declaration (2018),[3] the Lancet Commission on Migration and Health (2018),[4] and key global frameworks, including the Universal Declaration of Human Rights, the 1951 Refugee Convention, the Global Compact for Migration, and the WHO Global Action Plan on Refugee and Migrant Health.[5] Critically, the Declaration was co-created through an inclusive process involving a diverse group of people with lived experience of displacement.[4,6,7]

The draft Declaration was presented at the conference's close and received overwhelming support through live polling: 99% of 248 respondents agreed with the Declaration and 97% of 235 respondents agreed with the Recommendations (Panels 1 and 2). Furthermore, 286 written submissions provided detailed feedback, including 130 on the Declaration statements and 156 on the Recommendations.

Thematic analysis of participant feedback identified five key priorities that shaped the Declaration: explicit rights language and inclusion of marginalized groups; actionable accountability; leadership from those with lived experience; addressing structural drivers of health inequity and displacement; and commitments to dignity, compassion, and humanitarian values (Panels 1 and 2).

The Declaration affirms the fundamental health rights of forcibly displaced people emphasizing family unity, Universal Health Coverage and addressing the drivers of health inequities.[2,8] It urges integration of refugee and forced migrant health considerations into climate adaptation and disaster response strategies.[5,9]

The Declaration condemns harmful immigration and health policies and calls for accountability mechanisms to track commitments.[10] As health professionals, conference participants denounced policies that restrict healthcare access, separate families, and impose punitive immigration controls, inflicting serious health harms on forcibly displaced communities, including children.[2,4,10]

As Dr. Anisa Ibrahim noted in her keynote address: "*This is the time for courage, not comfort. Speak up, even if your voice is shaking*".

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*Panel 1*: **Halifax Declaration statements.**

**The Halifax Declaration affirms the following core principles to uphold the health, dignity, and rights of refugees and forcibly displaced persons worldwide:**

1. Human mobility—including refugees, asylum seekers, displaced persons, labor migrants, and unaccompanied children—is a defining and enduring feature of our shared humanity, shaped by hope, necessity, and resilience.
2. Displaced persons have always contributed to and strengthened societies, personally, culturally, economically, and socially, improving collective prosperity.
3. Displaced persons face preventable barriers to health, well-being, and dignity throughout migration.
4. Health systems must be inclusive, equitable, trauma-informed, and grounded in Universal Health Coverage—ensuring that all people, including those on the move, can access care without financial hardship.
5. Governments and institutions must address the structural determinants that harm health and well-being for all, including colonialism, climate change, conflict, economic injustice, racism, and restrictive migration policies.
6. Racism, xenophobia, and systemic discrimination harm health and must be dismantled through interdisciplinary, inclusive, community-engaged approaches to advance health equity.
7. Vulnerable groups—including unaccompanied children, survivors of torture or trafficking, detainees, and undocumented individuals—require urgent, rights-based protection and care.
8. Trauma and resilience-informed care for displaced populations fosters clinical skills that benefit all patients.
9. Displaced persons, Indigenous Peoples, and racialized communities must be engaged with respect, reciprocity, and self-determination in health research, service design, and policymaking.
10. Migration policies must protect and prioritize family unity, particularly to safeguard the health of forcibly displaced children and minors.
11. Investing in displaced persons' health advances Universal Health Coverage by reducing preventable harm and costs, while strengthening communities, health systems, and societies.

The Halifax Declaration invites bold imagination. It calls for unity through dialog among clinical, research, advocacy, and forcibly displaced communities.[6–8] Without this, exclusion and oppression can grow from ignorance, deepening groups' isolation. As Dr. Joanne Liu remarked in her keynote address, "*We need to listen to someone who thinks differently than ourselves*".

*Panel 2*: **Halifax Declaration recommendations.**

**We call on governments, intergovernmental organizations, health systems, researchers, academic institutions, civil society, and the private sector to:**

1. Guarantee all displaced persons, regardless of legal status, equitable healthcare access—rooted in Universal Health Coverage—and to essential social determinants, including housing, education, income security, and legal protections.
2. Remove legal, linguistic, financial, and cultural barriers to healthcare, and ensure access to mental health and psychosocial supports.
3. Commit to evidence-based, inclusive, rights-affirming, health policies and services for refugees and migrants.
4. Develop secure, protected health data systems and accountability mechanisms—including monitoring, reporting, and review—to ensure health equity and impact.
5. Address forced migration's structural drivers, including climate change, conflict, and economic injustice, through coordinated, multisectoral action.
6. Ensure meaningful participation of displaced persons in health research, policy, education, and service design at all levels of governance.
7. Protect healthcare providers, facilities, patients, researchers, and educators from violence, particularly in humanitarian settings, and safeguard academic freedom and advocacy.
8. Strengthen global solidarity by expanding partnerships among governments, intergovernmental organizations, academia, civil society, and the private sector to share responsibility, expertise, and resources for advancing health equity.
9. Combat xenophobia, stigma, and misinformation in public discourse related to refugees, forced migrants, and other displaced populations.
10. Integrate refugee and migrant health topics into required education and training for healthcare professionals, including medical, nursing, and public health programs.
11. Governments and donors must prioritize sustainable funding for displaced persons' health, both domestically and through international agencies, particularly in low-resource and crisis-affected settings.

Inquiry, empathy and understanding remain foundational to medicine and remain essential to advance health equity and to protect our shared humanity. The 2025 IRMHC delivered a clear message: achieving equitable, evidence-informed care for forcibly displaced people demands a unified commitment to dignity, collaboration, and action.

#### Contributors

GEF, AC, and BK conceived the manuscript idea. GEF, AC, SKC, and BK drafted the manuscript. All other authors contributed to reviewing and substantive revisions to the manuscript. GEF, AC, and BK had full access to the final version and accept responsibility for the decision to submit for publication. All authors reviewed and approved the final version.

#### Declaration of interests

GEF received research grants from the Canadian Institute for Health Research, the University of Calgary's One Child Every Child Program, and the Government of Canada's Ministry of Immigration, Refugees, and Citizenship Canada (IRCC). GEF received travel support for the Canadian Respiratory Conference as a keynote speaker (April 2025) and is a member of the Society of Refugee Healthcare Providers' (SRHP) Board of Directors (unpaid).

AC received support from the Society of Refugee Healthcare Providers (SRHP) as co-Chair of the International Refugee and Migrant Health Conference and serves as Director of Strategic Partnerships and Global Engagement.

SKC serves as SRHP Executive Director and received travel support to attend the International Refugee and Migrant Health Conference.

NES received consulting fees for serving as a consultant for the Global Initiative against Transnational Organized Crime in January 2023 and July 2024.

AV received travel support to attend the International Refugee and Migrant Health Conference.

JL received travel support to attend the International Refugee and Migrant Health Conference and serves as Chair of the Humanitarian Dialogue Center.

NB received grants and contracts from the National Resource Center for Refugees, Immigrants and Migrants, and travel support from the University of Minnesota Center for Global Health and Social Responsibility. NB serves as a member of the Central American Initiative's Advisory Board.

WMS has received contracts from United Nations Migration Agency/International Organization for Migration (IOM) and partial chapter royalties from UpToDate. WMS received consulting fees from Genmark Diagnostics, Inc. and the IOM. WMS serves as a member of the Migration, Health, and Development Research Initiative's Steering Committee; a Technical/Subject Matter Advisor to the World Health Organization (WHO)'s Global Competency Standards for the provision of health services to refugees and migrant course; a member of the WHO's Technical Advisory Group on Health, Migration and Displacement; and a Special Advisor for GeoSentinal Global Surveillance Network.

#### Acknowledgements

We gratefully acknowledge the attendees of the 2025 International Refugee and Migration Health Conference and the members of the Society of Refugee Healthcare Providers, including its Board of Directors and Refugee Review Board, for their invaluable contributions to the development and refinement of the Halifax Declaration. Their collective dedication, passion, and unwavering commitment to refugee and migrant health, health equity, and human rights shaped and strengthened this statement.

Funding statement: The submitted work is unfunded.

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