## 75th WHO Regional Committee for Europe

Copenhagen, October 2025

## Declaration of the Seventh Ministerial Conference on Environment and Health (Budapest Declaration) (EUR/RC73(7))

## Statement by

International Organization for Migration (IOM)

Honourable Chair, Director-General, Regional Director, Excellencies, Distinguished Delegates,

The International Organization for Migration (IOM) welcomes the progress report on the implementation of the European Environment and Health Process and the Budapest Declaration. We commend WHO EURO and its Member States for their leadership in addressing the triple planetary crisis of climate change, pollution, and biodiversity loss, and for their continued commitment to protecting health in the Region.

IOM wishes to draw attention to heat-health from a migration perspective. Europe is warming at twice the global average, and heatwaves are becoming longer, more frequent, and more intense. For migrants, refugees, and displaced populations, exposure to environmental risks is magnified by conditions of mobility, limited access to protection, and restricted adaptive capacity.

Recent findings from the ISGlobal-led *CATALYSE* project in southern Europe revealed that 42 per cent of migrant agricultural workers reported multiple symptoms of heat-related illness during summer, yet only eight per cent sought health care. Despite awareness of preventive measures, structural barriers such as inadequate housing, informal employment, and language or administrative barriers prevent effective protection and timely care. Knowledge alone does not safeguard health when safe working and living conditions are absent.

Many of us know that across Europe and Central Asia migrants often work in outdoor and physically demanding and challenging sectors including agriculture, construction, delivery, and waste management, where exposure to extreme heat is unavoidable. Many reside in temporary or overcrowded housing, often in urban peripheries lacking infrastructure. Even moderate heat can trigger serious health consequences, particularly for those with noncommunicable diseases such as hypertension, diabetes, or cardiovascular disorders. Language, legal, and financial barriers may further hinder access to alerts, prevention, and care.

IOM's operational experience confirms these vulnerabilities. Displaced persons, seasonal labourers, and migrants in informal settlements face disproportionate risks during extreme heat events. IOM mobile health teams and outreach programmes have provided support for dehydration, heat exhaustion, and chronic disease exacerbations. These experiences underscore that heat-health is not only an environmental and health issue but also one of migration and social equity.

IOM identifies three priorities for action:

First, inclusive early warning and risk communication. Heat-health alerts must reach all communities, regardless of language or status. This requires targeted multilingual messaging, engagement of trusted networks, and collaboration with employers, municipalities, and migrant associations to ensure that timely information saves lives.

Second, equitable access to protection and continuity of care. Migrants and displaced persons must be able to access public cooling spaces, shaded rest areas, and potable water without fear of exclusion. Primary health services should integrate heat-health screening and advice, alongside ongoing care for chronic diseases. Reception and accommodation centres should be adapted to minimize heat-related risks.

Third, integration into preparedness and governance. National heat-health action plans and disaster preparedness strategies must explicitly include mobile populations. Data on heat-related morbidity and mortality should, where feasible and lawful, be disaggregated by migratory status to guide equitable responses. Migrant and community representatives should be engaged in local adaptation planning.

Access to a healthy, clean, and sustainable environment is a fundamental human right. This Region has made commendable progress under the Budapest Declaration, but to fully realize its vision of healthier people and a thriving planet, no population must be left behind. Migrants and displaced persons are not only vulnerable to heat risks; they are also vital contributors to societies and economies. Protecting their health strengthens resilience for all.

IOM reaffirms its commitment to supporting Member States and WHO EURO in advancing inclusive climate and health responses. In collaboration with WHO EURO, IOM is contributing to the upcoming second edition of the WHO Guidance on Heat—Health Action Plans, building on its technical expertise, operational reach, and longstanding engagement with governments, employers, and migrant communities.

Through partnerships, mobile health teams, and cross-sectoral coordination, IOM stands ready to help translate the commitments of the Budapest Declaration into practical and inclusive actions that safeguard lives.

Addressing the nexus of health, climate change, and migration — in particular, heat-health in migration contexts — is a test of our collective commitment to leave no one behind. By integrating migrants into preparedness, early warning, and adaptation measures, we can build climate-resilient health systems that protect the most vulnerable and strengthen public health for all.

Thank you.

**END**