

## DOKUMENTATION

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### BERLIN CHARTER\*

1. **We**, the European Red Cross and Red Crescent National Societies, assembled in Berlin in April 2002 to **determine** our priorities for the coming four years, **identify** the absolute urgency of addressing the vulnerabilities caused by international migration and by the deprivation of the right to health to increasing numbers of vulnerable people.
2. **We declare** our determination to bring particular attention to the needs of those whom migration has placed in special jeopardy: people living in the shadow of illegality, people excluded from health care access by definitions which discriminate against them and, most of all, the children whose futures are threatened by such discrimination.
3. **We reaffirm** the entitlement of every individual to enjoy basic human rights in accordance with international law. We will use our unique relationship with governments and civil society to advocate that these rights be extended to all new arrivals in our countries, regardless of their legal status. We want to ensure that those affected by HIV/AIDS, tuberculosis and other infectious diseases are able, freely, to access appropriate care. We want to extend our assistance and protection to all those in need of it, in accordance with international humanitarian law, human rights law, tolerance and human dignity.
4. **We commit** ourselves and our dedicated and motivated volunteers and staff to take immediate and sustained action to address the human vulnerabilities arising from all forms of population movement, irrespective of the status of the individuals themselves, and to spare no effort to ensure that all people enjoy access to health care.
5. **We commit** ourselves to the implementation of the Plan of Action on Migration and on the Plan of Action on Health, in the knowledge that this requires us to redouble our efforts – domestically as well as internationally – to form partnerships and alliances that will generate the resources required, and to share knowledge and best practices.
6. **We commit** to communicating our message of promoting tolerance, non-violence in the community and respect for ethnic diversity and urge

\* Adopted at the VIth Regional Conference of the European Red Cross and Red Crescent Societies in Berlin, 14–19 April 2002.

our governments to ensure respect for the basic rights of all persons present in our countries, without discrimination.

7. **We appeal** to our governments, **and call upon** international, regional and sub-regional organizations, to support us in our endeavours, and undertake to work with them to bring these concerns to the 28th International Conference of the Red Cross and Red Crescent, in 2003.

#### HUMANITARIAN CHALLENGES AND VULNERABILITIES

8. The profound transformations that have taken place in Europe as in other parts of the world, over the past decade, have given its peoples hope for a better future for themselves and their children. At the same time, transformation has produced significant economic and social change, and increased vulnerability for large numbers of individual men, women and children. This has become visible through new forms of xenophobia and discrimination, new health problems and problems of separated families.
9. The Berlin Conference takes place at a time when the impact of international humanitarian action is seriously challenged by lack of respect for international humanitarian law and human rights law. There is a critical need for a reaffirmation of respect for, and trust in, the Fundamental Principles of the Red Cross Red Crescent Movement, international humanitarian law, and human rights law as the starting points for reducing vulnerability and for protecting and assisting the most vulnerable.
10. New and old diseases cause widespread suffering while health and community services struggle to cope with increasing demand. The weakest among us continue to suffer the most. The European Red Cross and Red Crescent National Societies recognize that these complex problems confront the whole world and are not specific to Europe. The world faces challenges which the Red Cross Red Crescent Movement is uniquely placed to tackle. Armed conflict, natural disasters, and impoverishment caused by unequal economic and social change shatter the lives of large numbers of people.

#### CAPACITY

11. To achieve our goals in working on migration and health, we will ensure our National Societies' actions are responsive and focused and that we fully utilize the capacity and strength of our organizations. In our National Societies, we will foster a culture of inclusion.

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12. We look to the Federation and its secretariat to support, in cooperation with the ICRC, our efforts to build our operational capacity, and pledge ourselves to intensify our own efforts in this field.
13. We will also use our global tracing network and our unique position in providing first aid, psychological support and emergency health to address the urgencies identified in this conference.
14. We commit ourselves to ensure well balanced participation in our organizations by people from all sectors of society, ensuring we reflect the culture of diversity of our communities and with particular emphasis on proper gender balance.

#### PARTNERSHIP

15. We will develop our action and advocacy in the interests of the most vulnerable in partnership with them, our governments, international organizations, civil society and the private sector.
16. We expect our governments to fulfil the commitments they made by adopting the Plan of Action of the 27th International Conference of the Red Cross and Red Crescent, and reaffirm our commitment to work constructively with them in the implementation of the Plan of Action.
17. We look to the secretariat of the Federation to initiate and develop, as appropriate, relations with the European Union, the Council of Europe and with other national and international humanitarian and technical organizations, including with the United Nations Office of the High Commissioner for Human Rights (UNHCHR), the International Labour Organization (ILO), the International Organization for Migration (IOM), the Organization for Security and Co-operation in Europe (OSCE), the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNPD), and other regional and sub-regional organizations as well as non-governmental organizations.

#### REMAINING ENGAGED

18. We recognize that the real impact of the decisions made by the Sixth European Regional Red Cross and Red Crescent Conference will depend on remaining engaged through a process of follow-up, based on the spirit of partnership between National Societies and with our communities, governments, organizations and institutions that share our concerns. In this spirit we commit ourselves.

19. We pledge ourselves to practical action, working together and seeking partnership with governments and with national and international organizations. We will develop and implement our programmes in line with the Plans of Action of this Conference in relation to migration and in relation to health, guided by the agreed Follow-up Process.

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### **PLAN OF ACTION – MIGRATION\***

The causes of migration are varied but are almost always linked to a combination of circumstances in the home country, such as the lack of social and economic opportunities and the perception of opportunity in the receiving country. The widening gap between poor and rich countries is one of the main factors causing migration flows. People try to escape a deteriorating socio-economic situation where they have meagre possibilities to support themselves and their families.

It is difficult for people to migrate without the assistance of others in the transit and destination countries. Often these are friends and relatives, increasingly they are criminals intent on exploiting an already vulnerable group. The rapid growth of human smuggling and trafficking has occurred largely thanks to governments implementing restrictive immigration and border control legislation and carrier sanctions in order to slow and better control increased migration flow. Smuggling and trafficking of human beings has become a multi-billion dollar industry which contributes greatly to vulnerability for people forced into lifelong debt, slave labour or prostitution.

The Migration Plan of Action addresses a range of vulnerabilities stemming from the movement of people across borders. Its focus is, in accordance with the Fundamental Principles, on the most vulnerable and those in the greatest and most urgent need of protection and assistance among those international migrants who cannot avail themselves, or for whatever reason choose not to, the provisions of the 1951 United Nations Convention Relating to the Status of Refugees and the 1967 Protocol.

International migration is neither a new phenomenon, nor is it in itself a crisis or a disaster. On the contrary, migration occurs in response to specific situations in both sending and receiving countries and gives all countries an op-

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portunity for enhancing cultural diversity, establishing ties among peoples and contributing to peace. In addition, there exists the potential for a mutually beneficial relationship between these countries via the labour market – rapidly ageing wealthy countries need a labour force, which can only be supplied by migration from other countries.

Nevertheless, international migration currently occurs within a framework and under conditions which expose many international migrants to deception, exploitation, vulnerability, discrimination, xenophobia, resulting from social and other conditions which cause migration, the manner in which migration flows are managed, and the situation of the migrant in the receiving country.

European Red Cross and Red Crescent Societies will taken action internally, through addressing the diversity issue, and externally, through its service delivery and advocacy, to ameliorate the conditions faced by international migrants and those made vulnerable by migration at all stages of the migration process.

## OPERATIONAL GUIDANCE

Migration is a phenomenon with a changing character. Its extent and complexity puts it beyond the capacity of a single organization or government to handle. Cooperation between all components of the Movement on international migration is essential. Communication and cooperation with peer organizations as well as with those affected by migration is also essential if the Movement is to have an impact.

National Societies in countries of origin, transit and destination will improve their cooperation and will build appropriate networks among themselves in order to better protect, support and assist migrants and their families, regardless of status.

### Protection

- Protect individuals' basic rights, already a mandate of the Movement, through provision of information, including legal advice and counselling on a confidential basis.
- Act against all forms of exploitation and deception (individual and structural) of migrants and those affected by the phenomenon.
- Develop innovative delivery mechanisms that take into account the circumstances of migrants, including detention.
- Provide information and assistance, though the ICRC, to National Societies to further enable them to address the needs of detained migrants and asylum seekers.

### **Humanitarian Response**

- Respond to humanitarian needs through provision of food, shelter, clothing, potable water and medical and psycho-social assistance.
- Provide tracing services to maintain family communication.
- Assist migrants in exercising their basic rights through provision of information, advice and counselling.

### **Integration**

- Promote integration and/or reintegration to the extent possible, informing individuals of conditions, rights and obligations including, where appropriate, information as to the possibilities for return to their country of origin.

### **Advocacy**

Effective advocacy must include advocating at all levels, including governments, the media and the public at large and seek to:

- actively fight against racism, xenophobia and discrimination through the promotion of respect, tolerance and the rule of law;
- advocate in favour of fair and humane domestic and international migration policies, and against contradictory policy responses to migration;
- advocate for the respect of the rights of all migrants;
- promote ratification of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families<sup>1</sup>;
- establish common Red Cross and Red Crescent advocacy positions on migration issues;
- advocate for sustainable and democratic development institutions in every country; and
- advocate for individuals to make informed decisions on migration initiatives.

As a first step, the Federation will gather examples of good practices and appropriate materials from National Societies and disseminate them as widely as possible throughout the Movement.

### **MIGRANT HEALTH**

European countries are facing the challenge of responding to increasing numbers of immigrants and asylum seekers, many who are in vulnerable

<sup>1</sup> Adopted as document 45/148 by the United Nations General Assembly 18 December 1990

situations. Immigrants and asylum seekers have fundamental rights which must be respected, especially the right to health. Red Cross and Red Crescent Societies have as their mission the protection of vulnerable people. National Societies aim to support migrants in their integration into their new communities. This commitment is expressed through documents such as the Copenhagen Declaration, Strategy 2010 and the Strategy for the Movement.

In order to accomplish this mission, we propose the adoption of an overall strategy concerning for health and migration. This strategy is founded on the following assumptions:

- Ready access to universal health as obligatory guidelines in the fight against social vulnerability, regardless of the legal status of migrants and asylum seekers.
- Health care as a pathway toward other integration resources, assuming that good physical and mental health are prerequisites to any successful social integration, and reinforce the capacity of people to meet the unavoidable challenges and tensions associated with integration. Consequently, health should be integrated in all projects consecrated to immigrant groups and should be promoted as a prerequisite for successful participation in the host country.
- Consideration of the foreign-born population as a potentially, but not necessarily, vulnerable group. In fact, those that were able to leave their countries in search of a better and surer life, and succeeded in their intent, should probably be considered as strong individuals, with powerful capacities. However, immigrants are affected by pre and post migratory contexts that should be carefully considered in any planning as well.
- Gender, age, health and education are important variables when elaborating plans for integration and health care. Affirmative actions are likely to be adopted, keeping in mind the permanent disadvantages faced by each one of these groups – elderly, ill and disabled people, women and children. Certain people, particularly women, can qualify as community promoters in prevention and health care within their ethnic or national groups and through encounters with health workers, immigrants learn about other necessary resources such as social services, employment opportunities, legal counselling, etc.
- A need to settle and to improve inter cultural relationships, mainly with regard to language skills and personal abilities.

In order to promote active participation in the field of health, it is important to develop the necessary resources to make them feasible and to avoid discrimination. Intercultural mediation is also important to prevent distrust to-

ward the authorities, particularly in the case of harassed, tortured or persecuted people.

The strategy is divided into three levels:

#### **Internal adaptation**

Integrate this strategy within our own organizations. Address implications for resource allocation, personnel and volunteer training, and establish common indicators in order to foster networking and exchange of best practices.

#### **National and international advocacy and awareness**

Promote and defend a wide definition of health, such as “a state of complete physical, mental and social well-being, not only the absence of uneasiness or illness”. Also promote good health as an inalienable, universal right. Examples of practical ideas for advocacy include convincing the media, decision makers and government authorities to change derogatory or negative messages linking health scares or violence with immigration. Develop campaigns and hold roundtable discussions with health professionals, volunteers, migrant associations, teachers and social workers concerning new challenges and proposals on health and immigration themes.

#### **Development of areas and specific services**

This third level concerns the following four areas:

##### ***Attention to primary health (PH)***

Apply the concept of PH developed by the WHO and facilitate the immigrant population’s access to health, including psychological support and post traumatic stress disorder therapies, when necessary. This task is twofold – to work towards a regularization process among immigrants and asylum seekers, and to fight for access for all to health care and integration. Work in the preventing illnesses by means of campaigns that accentuate self care and self respect. Work in all levels of the aid/need pyramid, from basic needs to personal development, stressing personal capacity at each level. Examples of ad hoc tools and activities include, encounters with health professionals and mediators, the addition of multilingual guides to facilitate access and correct use of services, building towards social and labour integration, training volunteers and personnel on issues of immigration and inter cultural relations.

##### ***Attention to specific diseases and new pathologies***

Migrants’ health is conditioned by two contexts, pre and post migration. Poor pre-migration health can be caused by lower health care in the sending country, with endemic diseases as tuberculosis, hepatitis, HIV/AIDS, leishmaniasis. These are often due to socio-economic factors such as overcrowded and inappropriate housing, undernourishment, lack of drinkable water. Biological and psycho-social problems and traumatic experiences could be another fac-

tor. Post-migratory health is often determined by the conditions in which many migrants are forced to live or work in the host country. Poverty and social exclusion can generate health problems. In the case of pre-migration, disease control and PH policies must be integrated, possibly by means of development aid. In the case of post-migration, advocacy and awareness campaigns must be undertaken, as well as social development projects to prevent exclusion and to eradicate poverty.

***Reproductive health and gender issues.***

Sexual and reproductive health are especially sensitive issues for immigrant women who suffer discrimination. A battery of actions should be dedicated to empower these women and to foster their role as health promoters. They imply the involvement of women in all stages of the social intervention. A special emphasis should be put on women who are forced into prostitution, victims of traffickers, and those who may suffer genital mutilation.

***Medical attention and inter cultural competence.***

There are four main problems to address – ethnocentrism, religious conflict, communication obstacles, and fear and rejection of the unknown. The strategy proposes improving therapeutic relationships by means of mutual respect and understanding, the establishment of trust, credibility and confidentiality. In sum, emphasizing clinical ethics that place technical aspects of medicine in a human framework.

National Societies are encouraged to share this strategy, and promote it at locally, regionally and nationally.

**RACISM AND XENOPHOBIA**

The escalation of racism, xenophobia and other forms of discrimination and the increase in the number of personal attacks, based on ethnic origin and religious beliefs targeting irregular and documented migrants, refugees and asylum-seekers is a matter of concern to the European Red Cross and Red Crescent Societies, as it is to the whole of the Red Cross Red Crescent Movement.

The European Red Cross and Red Crescent Societies commit themselves to:

- make sure that the Red Cross and Red Crescent is inclusive and open to all people within the community, and a home to all who wish to participate in voluntary activity;
- ensure that the National Society, both at the governance, operational and executive levels, reflects the make-up of the population, particularly a

better ethnic, gender and youth representation, as an important step to both prevent and combat discrimination within National Societies;

- take up the fight against racism and xenophobia in relation to the fight against exclusion and discrimination in all its forms and to promote a culture of tolerance, mutual respect, justice and peace across all civilizations;
- build on the Fundamental Principles to discuss and influence behaviour both within and outside of the Movement, and develop new initiatives to prevent and reduce racist and xenophobic related discrimination and violence;
- Act against, and publicly condemn, all forms of racism, xenophobia and discrimination, based on the Fundamental Principles and the Movement's practical experience in this field;
- advocate actively to protect the basic rights of groups and individuals at risk in their countries and, where necessary, create conditions of safety for people endangered by violence or discrimination;
- establish or further develop partnership arrangements with other National Societies, both in a bilateral and network context, and work with other partners, including migrant community organizations, government agencies and international organizations, to strengthen the work to prevent and reduce racist or xenophobic related discrimination and violence in the community;
- provide evidence of steps taken to fight racism, xenophobia and other forms of discrimination at the Federation's General Assembly in 2003.

With this background and on the basis of our Fundamental Principles and policy decisions we, the European Red Cross and Red Crescent Societies will take firm, persistent and direct action to combat racism and xenophobia by:

- promoting tolerance and respect within our National Societies by developing and implementing a diversity strategy and ensuring that volunteers and staff – at the operational and executive levels – know about, understand and advocate for a tolerant and respectful society;
- integrating the fight against racism and xenophobia in our daily programmatic activities and in our governance and management structures and processes;
- capturing, building and sharing expertise, knowledge and best practice on fighting racism, xenophobia and related discrimination, both within and outside the Movement, in particular cooperation with migrant community organizations, governments, NGOs, UN funds, agencies and programmes;

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- developing innovative and interactive methodologies, programmes and campaigns to influence behaviour in communities and raise awareness, giving special attention to anti-racist education, and recognizing the high value of youth as change agents;
- offering medical services to victims of racist and xenophobic related discrimination, as well as empowerment programmes, paying special attention to the most vulnerable groups such as women and children;
- advocating for and participating in the implementation and the safeguarding of national and international human rights and anti-racist legislation and policies in particular the Declaration and Programme of Action of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance adopted in Durban in 2001;
- implementing the Federation's global action to reduce discrimination and violence in the community.

## TRACING AND FAMILY REUNIFICATION

European Red Cross and Red Crescent Societies emphasize:

- Knowing the fate of a loved one is basic human need like the need for food, medical assistance, shelter, etc.
- The unique value of the Red Cross and Red Crescent global tracing network in restoring family links.
- The essential role of the tracing services as a component of the Movement's response to conflicts and emergency situations.

Recalling the Resolutions of the 25th International Conference in relation to tracing activities, European Red Cross and Red Crescent Societies will, in cooperation with one another, with National Societies beyond Europe and with the ICRC, ensure their services and assistance to the most vulnerable. This includes migrants who are separated from their relatives and have no news of them. All persons in need of these services should be able to access them without consideration to their own legal status.

European National Societies will put into practice all the guidelines, as agreed upon by National Societies and the ICRC in an effort to restore family links. (European National Societies will endeavour to indicate to each other the relevant sections of the guidelines, as appropriate, when dealing with enquiries.)

European National Societies must respond to the psychological impact on people of having no news from relatives. They will therefore give attention to

psychological needs in their training programs for tracing staff and volunteers, as well as in the design and delivery of services.

In their cooperation programs, both long term and in emergency situations, European National Societies will assist each other in further developing tracing activities, in accordance with agreed policies within the Movement.

In order to reinforce the Movement's tracing network, European National Societies will facilitate and enhance the exchange of experiences and knowledge between their tracing services, by setting up partnerships, organizing joint seminars and regional meetings, etc.

In order to enhance the exchange of information, we urge the Federation secretariat to pursue their efforts in linking all National Societies to the Internet and more specifically to create a functional tracing e-mail address for the tracing services and to contact all National Societies to urge them to install and to use this address.

Taking the above into account, the Sixth European Red Cross and Red Crescent Conference urges the National Societies of Europe to draft a medium-term tracing service development plan by May 2004.