

Opening Speech by Her Excellency, Marie-Louise Coleiro Preca, President of Malta – March 20

It is my pleasure to address this meeting of the Women Political Leaders Global Forum, tackling issues of maternal health of migrant and refugee women.

This high-level meeting provides us with a unique opportunity. We will focus our discussions, on the difficulties faced by women who are pregnant, or raising newborn children; particularly, the added challenges, faced by women by displacement and migration.

The phenomenon of human movement has always been part of our global history. Today, more and more people are migrating to escape poverty or to flee conflict.

According to last year's indicators from the UN General Assembly, women represent:

- almost half of the world's 244 million migrants; and
- half of the 19.6 million refugees worldwide.

Reports from the United Nations Economic and Social Council tell us that:

- 60 percent of preventable maternal deaths take place in humanitarian settings; and
- at least 1 in 5 refugees or displaced women are estimated to have experienced sexual violence.

According to data from the Internal Displacement Monitoring Centre:

- women living in long-term displacement slightly outnumber men, and their hardships get worse over time.

For these reasons, it is unacceptable that the voices of refugee and migrant women, are rarely heard during the design or implementation of policies that should address their needs.

These indicators, must make us more resolved to give visibility, to the plight of migrant and refugee women, in their essential needs.

We must continue to work together, to create opportunities, and to support all women, to take up active roles in decision-making.

We need women to be present, as essential stakeholders, in our efforts to achieve effective and sustainable responses, to global migration.

Undoubtedly, women's participation is essential at all times and in all sectors.

This is further emphasised by the UN Committee on the Elimination of Discrimination Against Women, and I quote;

"To understand the specific ways in which women are impacted, female migration should be studied from the perspective of gender inequality, traditional female roles, a gendered labour market, the universal prevalence of gender-based violence, and the worldwide feminization of poverty and labour migration."

End quote.

High-level Meeting on maternal health and refugee women Malta, March 20-21



Each of these issues can be best spoken about, by the people who are affected the most. In this case, by migrant and refugee women themselves.

Therefore, we must call upon our authorities, and our policy makers, to place more focus on the intersectional forms of discrimination which refugee women often face, including, discrimination on the basis of ethnicity, of race, and of poverty.

Furthermore, legal and social barriers, can prevent vulnerable women, from accessing essential health services. These obstacles are often compounded by a lack of sensitivity to differences of custom or culture.

A joint report on migrant women's health, released last year by the European Commission and the World Health Organisation, states plainly, that, and I quote, *"refugee women who are unable to speak the native language, or who come from less affluent parts of the world, are at an increased risk of higher maternal morbidities, mortality and poor perinatal outcomes."* End quote.

Therefore, it is imperative to create stronger synergies, between the relevant stakeholders involved in the care of pregnant women and their infants, and to value the voices of migrant and refugee women themselves.

In this way, we can create effective coordinated strategies, for the provision of the necessary care, for these women.

In this way, also, we can formulate, and implement higher levels of quality care, for the benefit of migrant and refugee women, their families, their communities, and our societies as a whole.

We must ensure that the safety and the dignity of migrant and refugee women, are at the heart of all policies, which tackle issues of maternal health.

Our policies must reflect a united and unwavering commitment to universal human rights, which must be applied equally, and equitably, to all.

There is a clear need to safeguard all aspects of an expectant mother's experience. This is especially necessary, because of the vast differences in approach and practice, which characterise the maternal health systems of our different countries. These differences are even present across the member states of the European Union.

Accessing effectively, maternal care is made all the more difficult for women migrants, refugees and asylum seekers. We must continuously remember that these women, are also coping with the complex traumas of their horrific journeys.

Migrant and refugee women are dealing with the loss of their families and communities. Many are even struggling to overcome the effects of war, violence, torture, or rape.

The physiological, psychological, and social experiences of migrant and refugee women during pregnancy, must therefore, be addressed holistically. Their mental and emotional health must be an integral part of a united, powerful, and far-reaching approach to address the needs of maternal health of migrant and refugee women.

High-level Meeting on maternal health and refugee women Malta, March 20-21



A briefing paper from the UK-based Race Equality Foundation, entitled “The Maternal Mental Health of Migrant Women”, makes it clear that issues of mental health among refugee women must receive more focus.

The report states, and I quote, *“Existing mental health services may not provide appropriate support to migrant women. Tools which help to diagnose maternal mental health illnesses are often tailored to meet the needs of Western populations and are dependent on women self-reporting their symptoms to practitioners.”* End quote.

Let me take one example of such symptoms. For example, the way postpartum depression manifests itself, can vary from culture to culture, and nation to nation.

The Race Equality Foundation’s report continues, and I quote, that *“the risk of being stigmatised prevents [many] women from disclosing their real feelings to practitioners. Attitudes towards women’s mental health in some migrant communities were derogatory; women often believed if their mental health problems became public knowledge they would be exposed and stigmatised by families and communities.”* End quote.

To help stimulate further thoughts for your deliberations during this conference, I would like to pose some questions:

What more can we do?

How can we ensure that paradigms of maternal healthcare become more inclusive?

How can we make such paradigms more accessible to the needs of migrant and refugee women, when they are still tailored for Western population?

How can we work together to prioritise the different social and cultural requirements presented by migrant and refugee women?

In what ways can we ensure that our nations are truly and effectively upholding the ideals of social justice and participative human rights?

How can we create a more equitable status quo, which is of benefit to all the members of our societies?

The practical barriers that prevent migrant and refugee mothers from accessing mental health service provision, can include difficulties of language. A lack of social support and living in poverty or precarity, are factors which make such a situation of isolation and confusion even worse.

For this reason, while I agree that focusing on issues of language is vital, they are only one part of a more holistic approach. We must do more to understand the cultural complexities, which sometimes impede women from seeking professional help.

We must do more to investigate the needs of migrant, asylum seeking and refugee women, working hand-in-hand with these women themselves.

A 2010 study by the United Kingdom’s National Perinatal Mental Health Project noted that, service providers believed that they were ill-equipped to manage the range of diverse and complex needs of migrant and refugee women.

High-level Meeting on maternal health and refugee women Malta, March 20-21



I believe that this level of complexity, is still a major concern, as our different countries struggle, to find effective responses to the needs of an increasingly diverse population.

I truly believe that we must work together, in synergy with all stakeholders, to find a better understanding of cultural differences and attitudes towards maternal health.

While we must continue to promote programmes, that address practical barriers, focusing on issues like language or translation services, we need to place just as much emphasis, on the cultural factors, that can stop a woman accessing adequate health services.

Let me take this opportunity to commend the ongoing work of Malta's Migrant Health Liaison Office in Primary Health Care. In particular, its focus on nurturing cultural sensitivities between service providers and service users.

For example, focus groups conducted with Somali and Ethiopian women in Malta, have explored the pressure that is placed by immediate family members on new mothers, to permit female genital cutting to be performed upon their daughters, at some stage during childhood.

The focus groups were assisted by a female cultural mediator, who engaged with the experiences of these women, sharing knowledge and moving forward together.

I hope that these efforts shall continue to bear fruit, and be paralleled by equally strong developments in other European countries, and around the world.

There is so much we can learn from one another, to further improve the wellbeing of our communities and our societies.

In conclusion,

- I believe that we must, first of all, commit ourselves to develop respectful policies, which target the diverse needs and requirements, of pregnant and postnatal migrant and refugee women, in credible and effective ways.
- Migrant and refugee women, must be invited, to be at the table of discussion, so as to be active participants, in the development of such policies.
- Migrant and refugee women must be empowered to access services and treatments which are theirs, by right.
- A migration action plan of the European Union must embrace the issue of maternal health for migrant and refugee women.
- The European Union must have a harmonized set of policies.
- We must continue to create opportunities to share good practices.
- We must encourage more training on topics of cultural competence, offered to medical and allied health professionals, students, social workers, teachers, police personnel, and other stakeholders working with migrants and refugees, within the European Union, and across the world.
- We must invest in further research, to gain the necessary information about the particular needs of the migrant and refugee women population. In this way, we shall be in a better position to develop appropriate and culturally sensitive health care, while also supporting the maternal health practitioners in our countries to develop new skills.

High-level Meeting on maternal health and refugee women Malta, March 20-21



- We must ensure that the intrinsic dignity, the fundamental human rights, and the holistic wellbeing of each and every woman, whether she is a migrant, an asylum seeker, a refugee, or not, is fully respected.
- Making motherhood safer for all women, for all families, and for all communities must be a top priority on the agenda of the international community.

Maternal health is not simply a women's issue... it is an issue of fundamental human rights.

Thank you, and I look forward to learning the outcomes of your deliberations.

Speech by Her Excellency, Marie-Louise Coleiro Preca, President of Malta – Evening reception, March 20

It is my great pleasure to welcome you all to Sant' Anton Palace.

Dear Commissioner

Dear Minister

The Women Political Global Leaders Forum has come together to give visibility to the important issue of Maternal Health and Refugee Women.

Ahead of your contributions, Commissioner and Minister, I would like to share some reflections regarding our discussions.

To put this important issue in focus, as we have done at the beginning of our discussions this morning, I would like to remind us all that, according to last year's United Nations indicators, half of the world's 244 million migrants and half of the 19.6 million refugees, are women.

60% of the preventable maternal deaths take place in Humanitarian settings, while approximately 1 in 5 refugees or displaced women, have experienced sexual violence.

800 women worldwide, die every day due to lack of access to proper maternal health.

According to MSD for Mothers:

- 1 in 10 women in the European Union have no access to maternal health services in the first months of pregnancy
- Nearly 1800 maternal deaths occurred in Europe in 2015
- 54% of pregnant women in nine European countries, seen at Doctors of the World clinics, lacked access to Maternal Health Care and were living in poverty

I would also like to reiterate what MSD for Mothers has stated, and I quote:

“Equitable access to high-quality maternal healthcare should be a fundamental right for all women living in Europe. Unfortunately, the reality is different for millions of women who give birth in the European Union

High-level Meeting on maternal health and refugee women Malta, March 20-21



each year. In a region characterized by free movement and differing health systems, the gaps in access to care result in health inequalities, including poor maternal health.”

This is the setting to our discussions; a scenario that we cannot possibly ignore, if we, as Europeans, truly believe in women’s rights as universal fundamental human rights.

We have come together as Women Political Leaders Global Forum to put forward constructive proposals and recommendations to the Commission and the Council of Health Ministers, of the European Union.

We want our outcomes of this Conference, in the form of a Declaration, to be taken up across our Europe.

This conference purposely coincides with the Informal Meeting of the European Union Health Ministers in Malta, with the hope that the issue of Maternal Health for all women, including migrant and refugee Women, is given the proper focus.

We believe that it is the time for us to call for practical action to be taken, by working in synergy together with all stakeholders, to ensure that the maternal health of all women, including migrant and refugee women, is effectively accessible and appropriate to one and all.

Commissioner Minister,

Our conference is evidence of our shared commitment:

- to ensure that the rights of every woman are respected;
- to ensure that our international commitment to protect all children is strengthened; and
- to ensure that we continue to uphold the value of human dignity, in all our laws and our policies.

Let us also remember our international commitment to the Sustainable Development Goals, and in this particular case, to SDG 3.1 which states that by 2030, we must reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

Let me urge you, and all Members of the Council of Health Ministers of the European Union, to make Europe, a model of accessible and equitable maternal health care for the world.

Let me encourage you to make the health of each mother and her children, whoever they might be, a priority.

We must admit that despite the great progress we have made in Europe, we must do much more to address the inequalities and lacunae, which exist in our own maternal health systems across our Union.

I feel proud that my country upholds an equitable and accessible health care system for all Maltese and all those who make Malta their home.

Migrants and refugees in my country have full access to a completely free health care system, as much as the Maltese have.

Earlier today, we had the opportunity to share our knowledge with a number of experts in the field, who spoke of an impending long-term strategy, which should uphold an accessible and harmonized maternal health system in Europe.

High-level Meeting on maternal health and refugee women Malta, March 20-21



Let me urge you, Commissioner and Minister, to move the European Union from words to action, by bringing in synergy all stakeholders to commit themselves to practical, innovative, and sustainable responses to the often preventable tragedies occurring in real time, all around us.

On the other hand, I would like to appeal to my colleagues within the Women Political Leaders Global Forum, to continue to work together to give due prominence to the experience and to the challenges of all migrant and refugee women, and all vulnerable communities.

In order to achieve this, we must continue to encourage the respect and dignity towards social and cultural diversity; the participation of civil society; and to endeavor for the empowerment of inclusive and active communities.

By doing so, we shall be safeguarding the most treasured ideals and values of our democracies.

Let us always remember that Maternal Health is not simply a Women's Issue, but an issue of Fundamental Human Rights.

Finally, let me also take a moment to celebrate the work of Silvana Koch-Mehrin as the Founder, and all the participants of the Women Political Leaders Global Forum.

Our combined efforts to promote the empowerment of women; to create dialogue among different nations and communities; and to prioritise the wellbeing of the most vulnerable, are a strong example of a deeper commitment we share, to build peace and wellbeing in a united Europe and in an inclusive world.

Thank you.

Speech by Vytenis Andriukaitis, EU Commissioner of Health and Food Safety – Evening reception, March 20

Your Excellency Madam President,

Ministers,

Distinguished guests,

Thank you for giving me the honour of speaking to you this evening about the important issue of maternal health and in particular the health of refugee women.

First I would like to warmly thank our host, Madam President, and the Women in Parliament Global Forum, for bringing us together on this important issue.

Maternal health is about timely access to quality care, for every woman and every infant who needs it. I endorse the five pillars you have identified for maternal care: safety and quality, accessibility; efficiency; equity – particularly important for refugee women – and a person-centred approach to care.

I am pleased that the conference you held today followed up on discussions on maternal health linked to the Sustainable Development targets, which were held at the last Gastein Forum.

High-level Meeting on maternal health and refugee women Malta, March 20-21



Indeed, the international community has agreed on worldwide maternal health targets to reduce maternal, neonatal and infant mortality. In the European Union overall we already achieve – and go beyond - such targets.

However, many challenges remain. Take, for example, the need to ensure that all children are vaccinated.

I want to see an end to the preventable deaths of babies and children from diseases for which vaccines are available. Yet we currently have an outbreak of measles in the EU – and sadly, a number of related deaths.

This is unacceptable, needless and tragic when there is an easy and reliable method of prevention at hand.

We also have the challenge of ensuring universal access to healthcare, reaching out to the most vulnerable, the excluded, the migrants and refugees, in particular mothers and small children.

In the last three years, millions of people left their home countries to seek a safe place to live. Some of these are now living in EU countries. And like all of us, they have health needs.

Entire families – men, women, children, elders – are fleeing war-zones, seeking safety, looking for a new life – free from fear and persecution.

I saw it myself when I went to the island of Lesbos in Greece; I was there when a small boat full of people – babies, small children, women – reached the shore.

I witnessed the suffering of women and infants: women being treated in mud tents with no electricity or medical equipment; babies with hypothermia caused by a dangerous sea crossing.

Helping refugees, finding solutions to the migration crisis, is a key European Union priority. The European Commission has taken a series of measures to address the situation, with a particular regard to health.

Last summer, the Commission proposed to revise EU law to enable refugees to access healthcare under the same conditions as national citizens of the State where they live; with particular attention to persons with special needs, such as pregnant women.

In addition, we proposed that all migrants who apply for refugee status are entitled to healthcare. These proposals are currently being discussed in the Council and the Parliament.

As regards maternal care, this is already covered by an international convention – the United Nations convention of the Rights of the Child.

All the EU Member States ratified the convention, which requires countries to ensure appropriate pre-natal and post-natal healthcare to mothers.

The law is one thing; the reality may be quite different.

Despite this International obligation, pregnant women within vulnerable groups encounter difficulties in accessing pre-natal and post natal healthcare; or they are just given emergency care and nothing else.

High-level Meeting on maternal health and refugee women Malta, March 20-21



Gaining access to health services is not, of course, only a matter of legal rights. Migrants can face practical problems in accessing health services – such as dealing with unfamiliar systems or difficulties in communicating with healthcare staff.

Studies show that migrant mothers often experience worse pregnancy outcomes than resident women, and can suffer from discrimination and stress.

Social integration plays a major role on the wellbeing of refugee and migrant pregnant women, as well as on their postnatal health.

Risks such as low birth weight, pre-term delivery – even death at birth - are significantly reduced in countries with a strong integration policy.

For this reason, the Commission has developed an Action Plan on integration of third-country nationals and works with the Member States to channel all possible EU funds for health, and also for education and housing.

The EU has been working very hard to respond to the health needs of migrants.

We have been helping the national authorities in the Member States provide healthcare to migrants using the Asylum, Migration and Integration Fund – which can finance shelter, accommodation and healthcare.

Some Member States are using the Asylum Fund to finance projects on maternal care. For example, Poland is using such funds to inform migrant and refugee women about pregnancy and childcare; and Spain developed a series of projects to promote maternal and child health in migrant women.

In addition, the Commission provided substantial emergency funds to Greece, Italy and Bulgaria specifically to help these countries provide healthcare and medicines to migrants.

In Greece, for example, the Commission provided over 27 million to the Ministry of Health and over 88 million to the Ministry of Defence to help finance healthcare and medicines at refugee centres.

Through the small EU Health Programme, I have also been supporting NGOs and international organisations on the ground to help migrants' access healthcare.

- I am supporting the training of health mediators, most of them refugees themselves, who can support pregnant women in their contacts with health services. I had the opportunity to meet some mediators in Gastein last year.
- I am providing a grant to WHO to support clinical guidance to health professionals involved in work with migrants.
- I am financing the training of health professionals and social workers who provide healthcare and support to migrants.
- I am also giving grants to the International Organisation for Migration to use Patient Health Records to identify the health needs of migrants in Greece, Italy, Slovenia, and Croatia.
- Finally, I have recently launched a project on maternal health - Operational Refugee and Migrant Maternal Approach
- This project aims to promote safe motherhood, improve access and delivery of maternal healthcare for refugee and migrant women and improve health equality.

High-level Meeting on maternal health and refugee women Malta, March 20-21



President, Ministers, Honourable Members,

I believe all people living in the EU should have access to the healthcare they need – regardless of their nationality, origins, or income.

Priority must be given to maternal health - to pregnant women, young mothers, babies and infants.

I will continue to appeal to national governments to do their utmost to meet the health needs of migrants and to pay particular attention to maternal health.

The Commission will continue to use all its legal and financial tools to help Member States in this regard.

Let us work together to ensure that each migrant mother and each infant receive the best possible healthcare in Europe.

Thank you.