

## BUDAPEST DECLARATION ON PUBLIC HEALTH & TRAFFICKING IN HUMAN BEINGS

The participants of the *Regional Conference on Public Health & Trafficking in Human Beings in Central, Eastern and Southeast Europe*, held on 19-21 March 2003, in Budapest:

- ***Affirming*** that trafficking in human beings is a violation of human rights;
- ***Concerned*** that victims of trafficking in central, eastern and southeast Europe have been and continue to be exposed to a range of health-related problems, including, but not limited to, physical and psychological abuse and trauma, sexually-transmitted and other infectious and non-infectious diseases and complications, including HIV/AIDS and tuberculosis;
- ***Recognizing*** that some countries in the region are currently experiencing epidemic levels in the incidence of HIV and tuberculosis, particularly drug-resistant tuberculosis;
- ***Convinced*** that there is a need to address the health and public health aspects of trafficking in human beings;

### **Have agreed and committed themselves to the following:**

- Despite much effort and progress in combating trafficking in human beings both regionally and globally, more attention and resources should be dedicated to the health and public health concerns related to trafficking;
- Victims of trafficking must be given access to comprehensive, sustained, gender, age and culturally appropriate health care which focuses on achieving overall physical, mental, and social well-being;
- Health care should be provided by trained professionals in a secure and caring environment, in conformance with professional codes of ethics, and is subject to the principle that the victim be fully informed of the nature of care being offered, give their informed consent, and be provided with full confidentiality;
- Minimum standards should be established for the health care that is offered to trafficked victims. These standards should be developed through a partnership of governments, inter-governmental and non-governmental organizations, and academic institutions, and should be based on comprehensive research and best practices;
- Different stages of intervention call for different priorities in terms of the health care that is offered to victims.

During the initial rescue phase, which begins at the first point of contact between a victim and a health professional and often occurs in the country of destination and/or transit, care should focus on treatment for injury and trauma, crisis intervention, and basic health care, including counseling.

During the rehabilitation phase, which often occurs in the country of origin, care should focus on the long-term health needs and reintegration of the victim. Victims should be provided with health care which is tailored to their individual needs and circumstances.

Some examples of long-term health needs, without attempting to provide a complete and definitive list, might include counseling, follow-up care, and testing and/or treatment for sexually-transmitted infections, HIV/AIDS, tuberculosis, physical and psychological trauma, substance abuse, and other related problems.

- Trafficked children and adolescents are an especially vulnerable group with special health needs. The provision of health care to this group should follow a long-term, sustained approach, and must take into consideration the possibility of long-term mental and psycho-social effects.

Moreover, the phenomenon of trafficked children and adolescents raises complex legal issues, including those relating to guardianship, that must be resolved if minimum standards for treatment and care are to be established.

In all cases, the best interests of the child must be the primary concern and motivating factor;

- Shelters and rehabilitation centers play an important role in providing protection, assistance, health care, and security to victims. The operation and management of shelters and rehabilitation centers should follow a professional, standardized approach;
- Specialized training programs for multi-disciplinary health teams should be developed which focus on sensitizing health professionals about the special needs of trafficked victims;
- Psycho-social counseling plays a critical role in building trust, identifying the needs of the victim, gaining consent for the delivery of health care, engaging the person in setting out recovery goals, and assisting in long-term rehabilitation and empowerment;
- Social, recreational, educational and vocational activities organized in shelters and rehabilitation centers play an important role in re-building self-esteem, and therefore have positive health benefits for victims;
- Increased understanding is needed regarding the public health issues associated with trafficking. Non-stigmatizing and culturally-appropriate public awareness campaigns targeting at-risk groups, on both the supply and demand sides, should be implemented across the region;
- Governments should take increasing responsibility for prevention, as well as the provision of security, legal rights, protection and care to trafficked victims, especially children and adolescents, by ensuring access to national health structures and institutions;
- Governments, inter-governmental and non-governmental organizations should increase cooperation amongst themselves and across borders by coordinating and integrating the health care offered in destination, source and transit countries. Sharing of medical data, subject to the informed consent of the victim, and with the assurance of maximum levels of confidentiality and protection of information, is essential in ensuring continuity of care, effective case management and rehabilitation and reintegration.

***The participants hereby commit themselves to the promotion and realization of the recommendations contained herein.***