

## Informal Meeting of Health Ministers

28-29 April 2014, Athens, Greece

### Migration and Public Health

#### Discussion Paper

#### 1. Introduction

Migration flows to and within Europe are having an increasing effect on demographic change in European societies. The EU-27 foreign population (people residing in an EU-27 Member State with citizenship of a non-member country) on 1 January 2012 was 20.7 million, representing 4.1 % of the EU-27 population. In addition, there were 13.6 million persons living in an EU-27 Member State on 1 January 2012 with citizenship of another EU-27 Member State<sup>1</sup>.

Growing migration figures is not a new phenomenon. However, migration flows have become more complex and comprise heterogeneous group of individuals, each with potentially different health determinants, needs, and levels of vulnerabilities.

The health of migrants and health matters associated with migration are crucial public health challenges faced by governments, including how health systems and related policies address the health needs of migrants and by this way improving their health status, avoiding stigma and long term health and social costs, protecting public health, facilitating integration, and contributing to social and economic development<sup>2</sup>.

Migrant health and its implications on migrants' integration, public health and health services in the EU Member States are being also considered within the framework of addressing health inequalities.

#### 2. Overview of Current Situation

In 2011 some 69% of the population growth in the EU-27 came from net migration, accounting for 0.9 million. The contribution of net migration has exceeded the share of natural increase since 1992. In this perspective migration represents a factor of renovation, strength and growth for the future of the EU labour force.<sup>3</sup>

However, irregular migration towards the EU-28 continues to present significant challenges to the security, as well as to public health and to the health systems. An important point is that irregular migration presents in different forms in the various Member States. Member States in the

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<sup>1</sup> [http://epp.eurostat.ec.europa.eu/statistics\\_explained/index.php/Migration\\_and\\_migrant\\_population\\_statistics](http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Migration_and_migrant_population_statistics)

<sup>2</sup> Health of migrants – the way forward, Report of a global consultation, Madrid, Spain, 3-5 March 2010

<sup>3</sup> EU Employment and Social Situation, March 2013, EUROSTAT at [http://epp.eurostat.ec.europa.eu/cache/ITY\\_OFFPUB/KE-BH-13-0S2/EN/KE-BH-13-0S2-EN.PDF](http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KE-BH-13-0S2/EN/KE-BH-13-0S2-EN.PDF)

Mediterranean basin face frequently the scenario of mass arrival of immigrants/refugees through their sea borders, while Member States in the Centre and North of Europe mainly detect attempts of entry with fraudulent papers. Illegal border-crossings remain the highest for Italy, Greece, Malta, Hungary (border with Serbia) and Bulgaria (border with Turkey).

According to FRONTEX in 2013 the majority of illegal border-crossings have been at the sea border with a massive influx in the Central Mediterranean region, mostly at the borders of Italy and Greece and were at their highest level, even when compared with the Arab Spring in 2011. Concurrent with this influx, there were more applications for international protection in the EU than in any other period since data collection for this indicator began in 2008. The effects of Arab Spring and the civil war in Syria have resulted in record asylum applications submitted in the EU than ever before, with an increasing concentration in Germany, Sweden and the UK<sup>4</sup>.

Tragically, there have also been several major incidents of boats capsizing in the Central Mediterranean (the Lampedusa incident) and the Aegean Sea resulting in massive loss of life, including women and children. Intelligence gathered by FRONTEX suggests that the migration pressure in the Central Mediterranean region is expected to remain at a high level<sup>3</sup>.

Already two years ago at a high level meeting in Rome, it was recognized that “migration phenomena may last over long periods of time, both in relation to the current Mediterranean crisis and the emerging of new, presently unpredictable, scenarios”<sup>5</sup>.

### 3. Policy framework

Migrant health is an important theme in the EU agenda as a matter of special concern is the increasing health gap between migrant and host population in the EU. This is reflected in the priorities of a number of EU Presidencies: the Portuguese EU Presidency of 2007, the Spanish EU Presidency of 2010 and now the Hellenic Presidency, which aims at focusing on the health needs of the migrants and its implications on health services and highlight the positive aspect of an enhanced co-operation of the EU Member States on a common public health challenge.

The final message of the conference “Health and Migration in the EU: Better health for all in an inclusive society” (Lisbon, Sept. 2007), was that health and migration are two global phenomena that call for urgent global responses and it is time for the EU to assume a leading role in this global challenge. Moreover, the Council Conclusions of December 2007 on Health and Migration called for the inclusion of aspects “aimed at improving knowledge of migrant health and developing health promotion, prevention and migrants’ access to care” in the EU Health Strategy. In response the European Commission recognised in the health strategy “Together for health” (2007) the value that migrants can bring to the European societies<sup>6</sup>.

Previously in 2006 the Council Conclusions on Health in All Policies under the Finnish Presidency recognised that immigration could have an impact on health determinants. The UK EU Presidency in 2005 devoted attention to health inequalities, while the Council Conclusions of 2010 on Equity and Health in All Policies called for enhancing public health capacity and promotion of equity in health.

The new EU Health Programme 2014-2020<sup>7</sup> adopted recently aims at contributing to address health inequalities and minimise public health consequences of cross-border threats to health as

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<sup>4</sup> FRONTEX, FRAN quarterly, July- Sep 2013 at

[http://frontex.europa.eu/assets/Publications/Risk\\_Analysis/Fran\\_Q3\\_2013.pdf](http://frontex.europa.eu/assets/Publications/Risk_Analysis/Fran_Q3_2013.pdf)

<sup>5</sup> High-level meeting “[Increasing Movement of Displaced Populations in the Mediterranean Countries of the EU: Future Challenges for the Health Systems](#)”, 14 April 2011, Rome.

<sup>6</sup> European Commission White paper, 23.10.2007: [Together for health: A strategic approach for the EU 2008-2013](#)

<sup>7</sup> <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN>

set out in Decision No 1082/2013/EU, including, inter alia, from health effects resulting from increasing population movements.

#### 4. Health effects and Public Health issues

When migrating people travel with their health profiles, including disease prevalence of their country of origin, which can be different from the host country and may have an impact on public health and health services, while some of their health needs differ from those of their host country.

Although migrants are often, at least initially, relatively healthy compared to the non-migrant population, available data suggests that they tend to be more vulnerable to certain infectious diseases, diabetes, maternal and child health problems, occupational health hazards, injuries, and poor mental health, while some groups of migrants might be at risk of non-communicable diseases arising from obesity and physical inactivity<sup>8</sup>.

Epidemiologic surveillance reports show higher incidence of Tuberculosis (TB), HIV infection, Hepatitis B and other preventable infectious diseases in the migrant population in the EU. According to the latest available data the ECDC<sup>9</sup> reports that in 2011 the highest proportion of late diagnoses of HIV infection was observed among cases with heterosexual transmission, especially among those originating from sub-Saharan countries (63%). On average one in three HIV diagnoses in 2011 were among migrants while there is evidence that migrants are being infected after arrival to the EU. In addition from the available data migrants are diagnosed later than other key populations. Late presenters cannot benefit from available treatment and care regimens and may contribute to further virus transmission. In this respect the development and implementation of primary prevention programmes targeted towards migrants needs further attention<sup>10</sup>.

Almost 26% of the TB cases diagnosed in the EU in 2011 were of foreign origin. Moreover poliomyelitis, which has recently re-emerged in Syria due to the continuing armed conflict, poses a significant threat of re-introduction of an eliminated disease in the EU<sup>11</sup>.

A recent expert meeting co-organized by the ECDC and the Hellenic CDC (KEELPNO), under the auspices of the Greek Presidency “Public Health Benefits of Screening for Infectious Diseases among Newly Arrived Migrants to the EU/EEA” (19-20 March 2014) attempted to collate and exchange experience regarding the public health benefits of screening practices in the various MS.

Some significant conclusions of this meeting include the following:

- Screening can be a valuable practice as regards migrant populations if based on scientific evidence. However, practices vary significantly between Member States and there is no agreement on a list of common diseases to screen, although tuberculosis is considered a high risk agent.
- Screening should have a comprehensive approach and should preferably not be restricted only to infectious diseases. Screening should also be to the benefit of the individual, as well as to that of public health and the society and most importantly it should be connected to a treatment option for the particular diseases/conditions.

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<sup>8</sup> Rechel, B., Mladovsky, P., Ingleby, D., Mackenbach, J., McKee, M (2013) Migration and health in an increasingly diverse Europe, *The Lancet*, 381 (9873): 1235-45.

<sup>9</sup> ECDC, Annual Epidemiological Report 2013  
[http://www.ecdc.europa.eu/en/publications/\\_layouts/forms/Publication\\_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=989](http://www.ecdc.europa.eu/en/publications/_layouts/forms/Publication_DispForm.aspx?List=4f55ad51-4aed-4d32-b960-af70113dbb90&ID=989)

<sup>10</sup> Opening address of ECDC Director's at the 5<sup>th</sup> European Conference on Migrant and Ethnic Minority Health, Granada, 10 April 2014.

<sup>11</sup> ECDC, [Rapid Risk Assessment on the risk of wild poliovirus importation and transmission in the EU/EEA countries](#)

- Migrants are a diverse population and appropriate risk assessment for each group is needed before specific screening policies are adopted.
- More scientific evidence is needed to make appropriate policy decisions for appropriate migrant screening. Sharing of data was advocated, as well as continuous evaluation of the existing screening programs and collation of cost-effectiveness data, when available.
- Public health professionals and the health sector in general should advocate the benefits of non-discriminatory screening and close the gap with other involved stakeholders and specialties (e.g. ministries of interior, law enforcement, border control etc).
- Further discussion at the EU level on an evidence-based approach to the public health benefits of screening for infectious diseases among migrants is needed.

## **5. The need for coordinated action within the EU**

Despite the strong political commitments at EU level as outlined above, in addition to initiatives at global level and in particular the 2008 World Health Assembly Resolution<sup>12</sup> on the Health of Migrants, which asks Member States for migrant sensitive health policies and practices, work to sufficiently address the health needs of the migrants and related health inequalities requires further attention in order to translate these commitments into coherent and co-ordinated policy action.

This could include elements which:

- promote access of migrants to comprehensive healthcare services tailored to their needs, and make health system and public health services more responsive,
- strengthen public health preparedness through enhanced surveillance capacity and coordinated procedures at EU level,
- promote better monitoring of migrant health including screening for infectious diseases where appropriate,
- improve research, information dissemination and training capacity of health workforce
- mainstream migrant health issues into the EU public health policy,
- support Member States, particularly the Member States of first arrival and/or most exposed, to strengthen the capacity of their health systems and public health services.

As migration concerns all EU Member States there is huge potential for cross-country exchange and co-operation on how better addressing migration health issues.

Improving the health of the migrants and facilitating their integration into the society will bring wider benefits to the socioeconomic development of the migrants and the non-migrants and will contribute to reducing health inequalities between and within the EU Member States.

### **Ministers / Heads of Delegations are invited to consider the following questions in preparation for discussion:**

- Do you agree that an evidence-based approach to comprehensive screening of migrants should be a priority for the health systems? Would you support further work at EU level on approaches to screening of newly arrived migrants for infectious diseases? Would you also agree to systematically monitor migrants' state of health across an agreed range of indicators?

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<sup>12</sup> Resolution WHA61.17 on the Health of Migrants ([http://www.who.int/gb/ebwha/pdf\\_files/A61\\_R17-en.pdf](http://www.who.int/gb/ebwha/pdf_files/A61_R17-en.pdf)).

- What additional action at EU level could be appropriate to further strengthen the public health services of the countries of first arrival and/or most exposed to implement preventive actions towards addressing effectively and on a timely manner the health needs of the migrants?
  - What further cooperation of Member States at EU level on migrant health could be of added value to cope with migrant health challenges in a more coherent and co-ordinated way?
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