Public Health Aspects of Migration in Europe

18 November 2015

Matteo Dembech MPH MSc MA
Technical Officer Migration and Public Health
Division of Policy and Governance for Health and Wellbeing
European Office for Investment for Health and Development
WHO Regional Office for Europe
Venice, Italy
The European Region is undergoing demographic changes caused by migration among other factors.

These changes entail different epidemiological and public health implications across the region, which are different but all interrelated.
Demographic

77 millions of migrants are living in the WHO European Region, 8% of its population.

1 out of 12 residents is a migrant.

Migration process as a social determinant of health that is often exposing to a burden of inequities.

>800,000 refugees and migrants crossed the Mediterranean in 2015 so far (UNHCR)
Public health issues stemming from migration

- **Health risks**, exposure to **hazards** and **public health implications** for migrants and resident community.

- **Health status** of migrants: changing health profile, CDs & NCDs, re-emerging neglected diseases.

- Access to health services and health-system barriers (cultural, social and linguistic); strengthening of **cultural mediation and translation services**.

- **Health systems’ preparedness with** multisectoral public health and migration **contingency planning**, public health risk **communication strategy**.

- **Migrant health training** for health and non-health staff.
The PHAME project is aligned with the WHO European health policy framework Health 2020. Promoting a whole-of-government approach, it aims at strengthening health systems to better address the public health aspects of migration, protecting the health of migrants and the population as a whole.

Towards a public health approach to migrant health able to:

- Minimize negative impact of the migration process.
- Avoid disparities in health status and access.
- Ensure migrants’ health rights.
WHA Resolution 61.17 on Migrants’ Health

Calls for:

- Migrant-sensitive health policies
- Equitable access to services
- Information systems to assess migrant health
- Sharing information on best practices
- Raising cultural and gender sensitivity and specific training of health service providers and professionals
- Bi/multilateral cooperation among countries
- Reducing the global deficit of health professionals
Global Consultation on Migrant Health
Madrid, Spain 3-5 March 2010

• Take stock of action by MS & Stakeholders
• Reach consensus in priority areas and strategies
• Initiate an operational framework to assist MS & Stakeholders
Health 2020: strategic objectives

- Working to improve health for all and reducing the health divide
- Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

- Investing in health through a life-course approach and empowering people
- Tackling Europe’s major health challenges: noncommunicable diseases (NCDs) and communicable diseases
- Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments
Health 2020: strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling Europe’s major health challenges: noncommunicable diseases (NCDs) and communicable diseases

Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments
Social Determinant of Health

- General socioeconomic, cultural and environmental conditions
- Living and working conditions
- Social and community influences
- Individual lifestyle factors
- Age, sex & hereditary factors
“Withholding access, denying them (irregular migrants) the “right to the highest attainable health”, is seen as one important element of “internal migration control”, and detention is another. However, these measures do not seem to have much effect on the numbers of irregular migrants – their main effect is increased vulnerability to marginalization, destitution, illness and exploitation.”
**Technical assistance to Member States**

- **Assessment missions:** identifying **potential gaps for technical assistance** and future collaboration.
- **Providing technical assistance** to develop **migration and public health contingency plans:** analysis of scenarios, risk assessment, definition of SOPs, chain of command and communication flow.

**Support Countries in:**

- Choice of goals, policies & approaches to reduce social inequities in health
- Strengthening the decision making systems & capacity to improve equity outcomes across
Multisectoral agenda

- Task-force on refugees and migrants health
- Whole of Office/Cross cutting approach

Refugee and migrant health, a multisectoral agenda

The public health aspects of migration are influenced by **policies and interventions** run by stakeholders **out of the health sector**, which do not always take into account the health implications of their actions.

Ministry of Health
Ministry of Interior
Ministry of Labor
Ministry of Social Affairs
Ministry of Foreign Affairs
Ministry of Education
Partnership

- Toolkit for assessing health system capacity to manage large influxes of migrants:
- Adapting EC funded WHO Toolkit on Health System Crisis
- In coordination with IOM
- With the collaboration of: IOM, UNHCR, ECDC
Research and evidence

Three Health Evidence Network (HEN) synthesis reports were commissioned to synthesize the available evidence on access and delivery of health care for three distinct migration groups:
1. undocumented migrants
2. labour migrants
3. refugees and asylum seekers

Additional research and evidence is necessary to develop evidence-informed migrant health policies.

Inter-regional collaboration is key to move forward on the public health risk analysis and the development of migration and health country profiles.
‘Public Health Aspects of Migration in Europe’ (PHAME) Project

2011
- Establishment of the PHAME Project
- International high-level meeting, Rome

2012
- Expert consultation on the Toolkit, Rome
- Assessment Lampedusa, Italy

2013
- Assessment Sicily, Italy
- Assessment Malta
- Assessment Portugal
- Assessment Spain
- Assessment Greece

2014
- Assessment Cyprus
- Assessment Bulgaria
- Assessment Albania
- International workshop Toolkit, Sicily
- Assessment Serbia

2015
- Regional Committee 65
- Assessment Hungary
- WHO internal consultation Toolkit, Copenhagen
The path covered and the way forward

2014 – RC64: Technical briefing on Migration and Health

2014 – SCRC agrees to hold a preliminary discussion at RC65 before a formal discussion at RC66

2015 – RC65: Ministerial lunch on Migration and Health

- How should the WHO Regional Office for Europe be involved and engaged in the public health aspects of migration?
- What actions should be taken to protect the population at large against public health threats?
- What actions should be taken to protect the health of migrants?
- What actions should be taken to prepare a formal discussion at RC66?

2016
23 – 24 November 2015: High-level Meeting on Refugee and Migrant Health

Moving forward towards a common public health understanding of refugee and migrant health in the WHO European Region.

- Adequate **health-system preparedness and capacity**: robust epidemiological data, migration intelligence, careful planning, training, etc.

- Health systems cannot address refugee and migrant health alone. Close **collaboration with other sectors** (interior, education, housing, social security, employment) is needed.

- **Adequate standards** of care for refugees and migrants are important for population health and for protecting and promoting their human rights as well as those of the host communities.

2016 – towards RC66
Thank you

mde@ihd.euro.who.int