“Migration Health situation in the WHO European Region”

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Why does the complexity around health and migration matter to public health?

What interventions do best support the health system response to migration’ needs?
Situation overview

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

1 in 12 residents is a migrant

Increasing number of families with young children, pregnant women and elderly

240 mill migrants in world 3% of tot population

Causes:
- Conflicts
- Economic Crises
- Natural Disasters
- Manmade Disasters
- Climate Changes

Mediterranean migrant deaths by route

<table>
<thead>
<tr>
<th>Year</th>
<th>Central Mediterranean</th>
<th>Western Mediterranean</th>
<th>Eastern Mediterranean</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2,447</td>
<td>646</td>
<td>3,279</td>
</tr>
<tr>
<td>2015</td>
<td>2,860</td>
<td>477</td>
<td>3,406</td>
</tr>
</tbody>
</table>

World Health Organization
Regional Office for Europe
Popolazione ed Urbanizzazione

Who they are?

- Syria
- Kosovo
- Afghanistan
- Albania
- Iraq
- Pakistan
- Eritrea
- Somalia
- Serbia
- Ukraine
- Nigeria
Paese di Origine della popolazione migrante residente nella EU-27 nel 2010

Source: Eurostat (online data code: migr_pop1ctz)
Profile of migrants

- 15-64 yo (53.5% 25-54yo)
- Male (if they originate from Asia and north Africa)
- Female (if they originate from Ukraine, Philippines and Moldavia)
- Live in urban areas
- Majority is occupied in construction, agriculture, housekeeping, trade
- Low educational level
- Only 4% of their income goes to health
- 13% lack any kind of insurance policy
A priority for WHO

……..WHO’s mandate applies to all population groups, the vulnerable, like migrants first and foremost.
This mandate cannot be separated from that of other population groups who live together in the same communities......

Dr M. Chan at the RC66, 2015
Refugees and Migrants across EURO Region

Asylum claims in Europe, 2015*
Total EU claims**
530,265

Number of asylum claims

*All data is at least to end of June. It is to end of August where available.
**Map also shows claims for non-EU members Norway and Switzerland

Syrians in neighbouring countries and Europe

*Asylum applications by Syrian nationals from April 2011 to September 2015

World Health Organization
Regional Office for Europe
Syrians in Turkey (approx. 2.7 million)

Population data source: Theirworld and A World at School, September 2015.
Turkey
AFAD Temporary Protection Centres
Total as of June 2016: 259,896
Source: AFAD
An ongoing option for many: the sea

Source: UNHCR
• New migration law granting temporary protection status to Syrians (April 2014).

• Establishment of Ministry of Interior General Directorate of Migration Management (GDMM) responsible for registration

• No forced return.

• No limit on the duration of stay.

• Free of charge health care.
• Establish Temporary Protection Centres managed by Prime Minister Disaster and Emergency Management Authority (AFAD).
• Strengthen primary health care provision to reduce the patient load on secondary and tertiary health care and the respective costs.
• Established temporary migrant health centers/units as the primary care providers for Syrian refugees.
• Integrate Syrian health professionals into Turkish health system.
• Focus on disease surveillance, sexual and reproductive health, mental health and vulnerable groups.
• Develop a comprehensive midterm health care strategy which addresses health issues related to non-camp refugees and the impacted communities.
• UN Regional Refugee and Resilience Plan (3RP)
TPCs
- The Disaster Temporary City Management System (AFKEN) manages the operations in TPCs.
- AFKEN standards are considered higher than the international ones.
- AFKEN won the UN Public Services Award in 2015.
Government

Urban area
- Migrant health units (not enough)
- Dedicated staff (shortage)
- Accreditation for Syrian health personnel (slow)
- Language barriers
- Limited access to PHC including essential medicines (delay in pharmacy refund)
- Unregistered Syrians
Migration is a multi-sectoral agenda

Health influenced by many policies run by institutions out of the health sector that do not always take into account the health impact of their actions.
Migration is a multi-sectoral agenda

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

Health Access
Security measures

Human Rights
National Regulation
Legal framework for health care access

- Key question is the legal provision of access to health care for **migrants in irregular situation**

- **Migrants in regular situation** are entitled to access the health care system
## Undocumented migrants: access to health care in the EU

### Degree of access

<table>
<thead>
<tr>
<th>Access only to emergency services</th>
<th>Austria, Bulgaria, Cyprus, Czech Republic, Denmark, Germany, Greece, Estonia, Finland, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Poland, Romania, Slovak Republic, Slovenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater access to some services or for some categories of undocumented migrants</td>
<td>Belgium, Italy, Norway, and the United Kingdom, Spain</td>
</tr>
<tr>
<td>Full access under specified conditions</td>
<td>France, Netherlands, Portugal, Switzerland, Sweden</td>
</tr>
</tbody>
</table>
Health issues steaming from migration

- **Health risks**, exposure to hazards and public health implications for migrants and resident community; special attention to vulnerable groups.
- **Health status** of refugees and migrants: changing health profile, CDs & NCDs, re-emerging neglected diseases.
- **Health systems’ preparedness assessments**, enhancement of capacity, and economic impact.
- Multisectoral public health and migration contingency planning, public health **risk communication strategy**.
- Access to health services and **health-system barriers** (cultural, social and linguistic); strengthening of cultural mediation and translation services.
- Data and evidence availability
- Migrant health **training** for health and non-health staff.
- Identification of a **migrant health focal point** within the Ministry of Health.
Migration: a bridge to global health

### ORIGIN COUNTRY

- Disease burden
- Health risks:
  - Vectors
  - Food safety
  - Sanitation
  - Others
- Health beliefs/behaviors
- Health infrastructure
- Others

### DESTINATION COUNTRY

- Disease burden
- Health risks:
  - Vectors
  - Food safety
  - Sanitation
  - Others
- Health beliefs/behaviors
- Health infrastructure
- Others

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World Health Organization

Regional Office for Europe
Key Issues in connection with Communicable Diseases

- Migrants and refugees do not pose an additional health security threat to the host communities
- Epidemiologic surveillance in refugees and migrants populations need to be strengthened in transit and destination countries
- Massive screenings and mandatory examinations are not the solution and need to be put in perspective and demystified.
- Focus on Risk assessment and information sharing: both on disease profile across the regions and countries - one data base and data set is important; interagency collaboration is needed
- It will be important to address the improvement of living conditions influencing health: i.e. prevent overcrowding, ensure immunization, access to clean water and basic sanitation
Observed CDs during 2015 Refugee crises

Health problems of migrants not different from resident populations

Dangerous journeys

<table>
<thead>
<tr>
<th>Frequent problems &amp; diagnoses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastro intestinal disorders</td>
<td>8.8</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>1.9</td>
</tr>
<tr>
<td>Hears</td>
<td>1.4</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>0.7</td>
</tr>
<tr>
<td>Muscle-skeletal</td>
<td>2.5</td>
</tr>
<tr>
<td>Neurologic</td>
<td>3.1</td>
</tr>
<tr>
<td>Respiratory tract infections</td>
<td>19.6</td>
</tr>
<tr>
<td>Skin</td>
<td>54.5</td>
</tr>
<tr>
<td>Endocrine/Metabolic/Nutritional</td>
<td>0.9</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>0.5</td>
</tr>
<tr>
<td>Female genital apparatus</td>
<td>0.3</td>
</tr>
<tr>
<td>Male genital apparatus</td>
<td>0.2</td>
</tr>
<tr>
<td>Urinary system</td>
<td>0.3</td>
</tr>
<tr>
<td>Injuries and trauma</td>
<td>9.4</td>
</tr>
</tbody>
</table>

CDs 2.5%
Key Issues in connection with Non-Communicable Diseases

• There are important **gaps in the treatment continuity** of those refugees and asylum seekers affected by non-communicable conditions

• **Mental health problems should receive priority**
  attention and mental health promotion and psychosocial support should be put in place

• **Intersectoral action and health in all policies** are fundamental for improving the health situation of refugees and migrants

• **Sexual and reproductive health** and prevention and treatment of sexual violence and other forms of violence ought to be contemplated as part of the health response
Key issues on health systems

- Ensure entitlements and access to services for all migrants throughout the migration trajectory
- Implement structural changes as needed, and develop a multi-stakeholder approach
- Ensure provisions for migrants are incorporated into general health system planning and future strategy documents
- Act intersectorally and foster exchanges of information and good practice among all services working with migrants
- Strengthen health information systems
Key issues on health systems

• **Tackle informal barriers by:**
  - Ensuring interpretation and translation
  - Providing staff training and ensuring adequate psychosocial and work environment support
  - Providing information and educating migrants on health system navigation, as well as promoting health literacy
  - Providing targeted health promotion based on existing evidence of good practice
  - Adopting a system-wide approach where cultural sensitivity is incorporated throughout.
Towards a Strategy and Action Plan

Rome High-level Meeting on Refugee and Migrant Health – outcome document:

- **Addressing the health needs** of refugees and migrants and the public health implications of migration warrants action and a **concerted and coordinated response**, based on the principles of solidarity and humanity.
- Essential for population health and for acknowledgement of human right to health for all.
- Public health interventions needed as **short-term measures** and for the **long-term**, with focus on the most vulnerable.
- Strengthening national, international and **intersectoral collaboration**.
- **Building bridges** of collaboration between the European, African and Eastern Mediterranean WHO Regions to foster platforms of **common action in origin, transit and destination countries**
- Cooperation among UN agencies and international organizations.
Strategy and action plan for refugee and migrant health in the WHO European Region 2016–2022

Strategic areas:
1. public health preparedness and response
2. health systems strengthening and resilience
3. preventing communicable diseases
4. preventing and reducing the risks posed by noncommunicable diseases
5. health screening
6. health information and communication
7. social determinants of health
8. advocating for the right to health of refugees, asylum seekers and migrants
9. towards a framework for collaborative action

To be presented to 53 MS at RC 66 in Sept 2016
Thank you!

Please subscribe to the WHO EURO Health and Migration Newsletter

http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/phame-newsletter