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Public Health Aspects of Migration in Europe (PHAME)

Project implementation 2012–2015

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Introduction: Implementing the PHAME project: 2012 – 2015

1. In early 2011, a series of political, economic and humanitarian crises in the North-African region sparked a mass migration from northern Africa to southern European countries. In an attempt to coordinate the public health response to this migration, an international high-level meeting was held in Rome in April 2011, organized by the Italian Ministry of Health with the support of the European Union (EU), the World Health Organization (WHO) Regional Office for Europe, and attended by the European Centre for Disease Prevention and Control (ECDC), the International Organization of Migration (IOM), and representatives from the Ministries of Health of Spain, Greece, Cyprus, Malta, and Hungary as the holder of the EU Presidency. One of the outcomes of this meeting was the agreement among the participants to coordinate and strengthen the health sector capacity of European countries to respond to an increased inflow of migrant populations.

2. As a result, the WHO Regional Office for Europe, in collaboration with the Italian Ministry of Health, established the Public Health Aspects of Migration in Europe (PHAME) project in April 2012. This project aims at strengthening the health system capacity in relation to the health needs of mixed inflows of migrants and host populations; promoting immediate and necessary health interventions; migrant-sensitive health policies; improvements in the quality of health services delivered; and optimized utilization of health structures and resources in countries receiving migrant populations.

3. The PHAME project is aligned with the new WHO European health policy framework Health 2020. Health 2020 provides a comprehensive framework, which seeks to improve health and well-being universally across the entire WHO European Region; tackle health inequities within and between countries; and ensure sustainable, universal, and equitable people-centred health systems. Given the multisectoral nature of migration, the PHAME project adopts an intersectoral approach when working with Ministries of Health of WHO Member States, promoting migrant health as the responsibility of the whole-of-government and the whole-of society, and fostering new relationships across governmental sectors and with non-state actors.

4. The present report provides first an overview of the original and evolving objectives of the project agreed which have been revised regularly with the donor, the Ministry of Health of Italy. Second, it highlights the major activities and achievements of the PHAME project from April 2012 to August 2015, divided into the categories of technical assistance to countries; health information and research; advocacy and communication; partnerships; and the WHO Regional Committee process.

Background: PHAME project objectives

5. The PHAME project is a response to the call for action in the 2008 World Health Assembly (WHA) resolution 61.17 and to the recommendations of the WHO/IOM Global consultation on Migrant Health held in Madrid in 2010. It is implemented according to the European health policy framework, Health 2020, which supports action across government and society for the improvement of health and well-being; and it

pays particular attention to policies and interventions to reduce health inequalities and ensure people-centred health systems. The PHAME project proceeds under the direction of the Division of Policy and Governance for Health and Well-being of the WHO Regional Office for Europe, and is based at the European Office for Investment for Health and Development in Venice, Italy.

6. The objectives of the first three years of implementation of the PHAME project were agreed by the WHO Regional Office for Europe and the donor, the Ministry of Health of Italy, and revised on a yearly basis. Based on the structure of the project proposal signed by the Ministry of Health of Italy and the WHO Regional Office for Europe, the project activities have been divided into the following categories:

- technical assistance to countries;
- health information and research;
- advocacy and communication;
- partnerships and resource mobilization; and
- the WHO Regional Committee process.

The main activities and achievements under each category are further explained in detail in the following sections of the report.

7. The objectives of year 1 were developed based on the 'Rome Action Plan', which was the result of the international high-level meeting held in Rome in April 2011 upon the invitation of the Italian Government with the participation of Dr Zsuzsanna Jakab, Regional Director of the WHO Regional Office for Europe. The objectives of the Rome Action Plan include:

- (1) Technical assistance to countries:
 - a. Support the preparedness efforts of local health systems (emergency preparedness plans, contingency plans of health facilities and assessment of the health needs of migrants with different disease patterns than the host population).
 - b. Support the coordination of preparedness and health response actions between ministries and health partners.
 - c. Provide technical support on environmental health aspects (water and sanitation, food safety and waste management).
 - d. Provide expert advice on public health operations – disease surveillance, early warning and response system (jointly with the ECDC), chronic diseases and psychosocial support.
- (2) Strengthening health information and research on migrant health.
- (3) Fostering advocacy and communication to raise awareness and community mobilization, and targeting public health messages for migrants.
- (4) Establishing partnerships with the Office of the United Nations High Commissioner for Refugees (UNHCR), IOM, the European Commission (EC), NGOs and existing public health programs; and strengthening inter-country coordination aimed at sharing country experiences, and harmonizing best practices on public health interventions for migrants.

During years 2 and 3, the agreed objectives of the project included:

- (1) Technical assistance to countries:

- a. Preparation of several workshops with relevant European countries for the development and finalization of a methodology for countries to self-assess their health-system capacity to adequately manage the public health needs of migrants: the WHO 'Toolkit for assessing local health system capacity to manage large influxes of migrants in the acute phase'.
- b. Providing support to Member States by jointly assessing their health system capacity to cope with large scale migration, identifying needs for immediate technical assistance and potential areas for future collaboration to strengthen long-term capacity on public health and migration.
- c. Provision of technical assistance as previously identified and agreed during the assessments (i.e. development of multisectoral contingency plans to support response coordination, expert advice on public health operations and the establishment of long-term capacity for public health and migration).

(2) Health information and research:

- a. Development of a research agenda on migration and health for:
 - i. The collection of data, evidence and information on health and migration.
 - ii. The evaluation of existing practices, case studies and health system policies.

(3) Advocacy and communication:

- a. Dissemination of knowledge and information through the production of written and audio-visual material.

(4) WHO Regional Committee process:

- a. Participation at the 64th and 65th sessions of the WHO Regional Committee for Europe (RC64 and RC65):
 - i. organization of a Technical Briefing at RC64 and a Ministerial Lunch at RC65;
 - ii. presentation of the activities and results of the PHAME project and discussion about the migration and health-related needs throughout the WHO European Region and the necessity to address the issue in a comprehensive, systematic and sustainable way across the Region.

Technical assistance to countries

Development of the WHO 'Toolkit for assessing local health system capacity to manage large influxes of migrants in the acute phase'

8. After conducting a series of health system assessment missions to Greece, Malta and Lampedusa in 2011 using the then existing WHO Toolkit for Assessing Health System Capacity for Crisis Management, the PHAME team realized that a more specific tool was needed to respond to and address the complex, resource-intensive,

multisectoral and politically sensitive issues related to health and migration. To produce a new tool a comprehensive review of the elements needed to address the challenges posed by large migration was undertaken following the health system framework. Up to August 2015, the new tool- “Toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase”- has been used in joint assessments of the WHO Regional Office for Europe with Ministries of Health in Italy, Malta, Portugal, Spain, Greece, Cyprus, Bulgaria and Serbia. Similar exercises are under preparation in other European Member States such as the Former Yugoslav Republic of Macedonia, Turkey and Albania.

9. The toolkit has been revised and updated after each assessment mission, and several workshops and meetings have been organized with Member States to better adapt it to its expected use as a self-assessment tool for Ministries of Health:

- An Expert Consultation was organized in Rome, Italy, to revise the first draft on 28-29 May 2013: Participants included the Ministries of Health in Croatia, Greece, Italy, Kyrgyzstan, Malta, Portugal, Romania and Turkey; the ECDC; the IOM; the International Centre for Migration, Health and Development (ICMHD); the Italian National Institute of Health (ISS); the Italian Red Cross; the Italian National Institute for Health, Migration and Poverty (NIHMP); the Italian NGO Emergency; the international NGO Médecins Sans Frontières (MSF); and the WHO Regional Office for Europe.
- An international workshop to finalize the first draft of the ‘Toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase’ took place in Palermo, Sicily, on 19-20 February 2015: Participants included 15 technical experts from the Ministries of Health of Italy, Portugal, Greece and Malta, the WHO Regional Office for Europe and ICMHD, who had previously tested the toolkit during assessment missions in the previously mentioned countries.
- An interdivisional consultation to finalize the new tool was organized at the WHO Regional Office for Europe in Copenhagen on 5 June 2015. The toolkit was presented and discussed with relevant technical units from the WHO Regional Office for Europe. Experts throughout the office provided technical inputs from their areas of expertise, which have been incorporated into the latest draft. The toolkit is currently being finalized and it will be presented at the 65th session of the WHO Regional Committee for Europe.

Joint migration health assessments

10. A major outcome of the PHAME project is the assessment of the capacity of health systems to cope with the public health implications of large influxes of migrants, and the provision of recommendations to improve the capacity of the health system for such scenarios and to agree on standard operating procedures. The complexity and political sensitivity of migration, along with its multisectoral nature, resulted in extended periods of negotiation with Ministries of Health to assist them in: first, gaining the ownership in an area which has not been driven traditionally by the health sector; and second, supporting Ministries of Health to organize inter-sectoral tables to discuss migration from a public health perspective with a whole-of-government approach, addressing the public health implications of all sectors’ policies and interventions.

11. The assessments are conducted jointly with the Ministries of Health, whose representatives are an integral part of the assessment team and participate throughout the entire mission from beginning to end. Furthermore, specific experts are identified prior to the mission to form the assessment team based on the needs of the countries. Collaboration with other organizations has taken place in this regard, through the participation of IOM, UNHCR or ECDC. Each assessment mission starts with a stakeholders meeting, bringing together all relevant governmental and non-state actors under the leadership of the Ministry of Health to review the role of each sector in the management of migration and the public health impact of their policies and interventions. This is followed by individual interviews and visits to hot spots, including all types of migration centres, to assess the situation in the field, interview local stakeholders and the migrant community where possible. At the end of the mission, a debriefing meeting is organized with the Ministry of Health, where areas for technical assistance and future collaboration as well as best practices and gaps, are discussed. Following the assessment, a report is published jointly with the Ministries of Health and the WHO Regional Office for Europe where the main findings, best practices and recommendations are reflected.

12. The following assessment missions have been conducted up to August 2015:

- A joint rapid health need assessment of Lampedusa Island, Italy, on 16-19 May 2012, conducted by the WHO Regional Office for Europe with the Italian Ministry of Health and NIHMP.
- Assessment of the health system capacity to manage large influxes of migrants in Sicily, Italy, on 9-16 October 2013, by the WHO Regional Office for Europe, the Italian Regional Health Department of Sicily and ICMHD. This assessment was requested by the Ministry of Health of Italy due to the evolving situation in Sicily, where migrants started to arrive by boat all across the island.
- Assessment of the health system capacity to manage large influxes of migrants in Portugal, on 11-15 November 2013 by the Ministry of Health of Portugal, the WHO Regional Office for Europe and ICMHD.
- Assessment of the health system capacity to manage large influxes of migrants in Malta, on 25-29 November 2013, by the Ministry of Health of Malta, the WHO Regional Office for Europe, the American Centre for Disease Control (CDC), the ECDC, and ICMHD.
- Assessment of the health system capacity to manage large influxes of migrants in Spain on 21-25 July, by the Ministry of Health of Spain, the WHO Regional Office for Europe, and the WHO Collaborating Centre on Social Inclusion and Health (Institute of Social Development and Peace at the University of Alicante).
- Assessment of health system capacity to manage large influxes of migrants in Cyprus on 7-9 December, by the Ministry of Health of Cyprus and the WHO Regional Office for Europe.
- Assessment of the health system capacity to manage large influxes of migrants, in Greece on 14-19 December, by the Ministry of Health of Greece and the WHO Regional Office for Europe and in collaboration with ECDC.

- Assessment of health system capacity to manage large influxes of migrants in Bulgaria, on 23-26 February 2015 by the Ministry of Health of Bulgaria and the WHO Regional Office for Europe.
- Assessment of the health system capacity to manage large influxes of migrants in Serbia on 29 June-3 July, by the Ministry of Health of Serbia and the WHO Regional Office for Europe and in collaboration with IOM.
- Assessment missions in other countries such as the Former Yugoslav Republic of Macedonia, Albania and Turkey are under preparation.

13. All reports from the previous assessment missions are being finalized jointly with the Ministries of Health and will be presented at the 65th session of the Regional Committee. They contain the main findings from the mission, as well as highlighted best practices and recommendations. Those already published can be accessed at: <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications>

Technical support on health and migration

14. After agreement with Ministries of Health on the most urgent health and migration-related needs, technical assistance has been provided in the following areas:

- Support to the Ministry of Health of Italy and the National Centre for Epidemiology, Surveillance and Health Promotion of the National Institute of Health (CNESPS-ISS) in setting up a syndromic surveillance system in April 2013 to monitor the health of the migrant population and to respond rapidly to any health emergency. A syndromic surveillance was implemented in migration centres complementing the existing mandatory infectious disease notification system.
- Assistance to the Sicily Region Health Authority in Italy for the preparation, launch and revision of the Regional Health Contingency Plan for large influxes of migrants. Sicily has become the pioneer in the WHO European Region in the development of an operational strategy to respond to the public health implications of sudden and large arrivals of immigrants. The document identifies all actors involved in the public health response to migration, integrating their roles in a coherent process. Additionally, it includes an overview of the key legislation in place as well as a detailed definition of the information flows among all these actors.
- Designing of a training session on public health best practices for security personnel in Sicily, Italy.
- In coordination with Cà Foscari University in Venice and ICHMD (International, development of an intercultural mediation model to provide technical assistance to Malta in relation to intercultural mediation for migrants.
- Participation at a series of inter-ministerial tables organized by the Ministry of Interior of Italy with national representatives of the Ministry of Health, Ministry of Interior, INMP, MSF, and Red Cross. This inter-ministerial table informed policies of the MoI and migrants' centres regulations, including the definition of

standard operating procedures for the delivery of health care in migration centres in Italy.

- Support Malta in the development of the migrants' health component of the national contingency plan, in collaboration with the Alert and Response Operations Unit of the Division of Communicable Diseases, Health Security and Environment (DCE).
- Contribution to the 'Regional consultation on WHO health-sector strategies for HIV, viral hepatitis and sexually transmitted infections (STIs)'.

15. Inter-country coordination:

- With regards to EU Presidencies, technical support was given to Greece and Italy in 2014, in order to strengthen international dialogue on health and migration and enhance inter-country cooperation.
- The PHAME team has also contributed to the TAIEX meeting in Tirana on 19-20 March to search for common policy approaches to health and migration in South Eastern European countries, and is in close contact with the countries of the South Eastern European Health Network regarding the growing migrant and health-related needs.
- Collaboration with other international organizations and NGOs is included under the section 'partnerships'.

Health information and research

Developing a research agenda on Health and Migration with the involvement of the European Advisory Committee on Health Research (EACHR) of the WHO Regional Office for Europe

16. After the PHAME team presented its work to the EACHR, a sub-committee on migration and health was established in order to provide advice about how to develop and strengthen the health research agenda on migrant health in the WHO European region. This sub-committee commissioned the Institute of Public Health of the Catholic University of Sacred Heart in Italy, the Medical University of Vienna in Austria, and the Uppsala University in Sweden to produce three Health Evidence Network (HEN) reports aiming at reviewing the literature and synthesizing the best available evidence to address the following policy question: which policies and interventions work to improve reduction of inequalities in accessibility and quality of health care delivery for migrants? Each report focuses on a particular migrant group: undocumented migrants; labour migrants; and refugees and asylum seekers. These 3 reports on migrant health are coordinated jointly by the Division of Information, Evidence, Research and Innovation and the PHAME project of the Division of Policy and Governance for Health and Well-being of WHO/Europe. They will be presented at 65th session of the WHO Regional Committee for Europe. Additional HEN reports looking at specific areas in the field of migrant health are expected to be commissioned.

Strengthening evidence and disseminating information on health and migration

17. The following studies and scientific articles have been written and published throughout the first three years of implementation of the PHAME project:

- Descriptive study on the health status of migrants arriving to Sicily: the study analyses the main causes of hospitalization among migrants in Sicily, the prevalence of avoidable hospitalizations and the economic impact at regional level.
- Health and migration country profiles in the WHO European Region: Country profiles for the 53 Member States of the WHO European Region are being developed, including quantitative and qualitative indicators that present the key data on migrant health in each country.
- Migration and Health database within the WHO/Europe web-based portal: In collaboration with the DIR Division, the aim of this database is to bring together structured information on migrant health from different sources/providers to allow easy access to quantitative (interactive data presentations and access to underlying indicators and data) and qualitative data.
- Case study article on imported cases of meningococcal meningitis: The introduction of different serotypes of diseases is a public health challenge in the globalization era. A scientific article is being produced concerning the report of two imported cases of meningococcal meningitis caused by a serotype of *Neisseria meningitidis* that is not endemic in Italy.
- Public Health Panorama article on Intersectoral action for migrant health: The theme of the first issue of 'Public Health Panorama', the new Journal of the WHO Regional Office for Europe, was "lessons from the field" and the PHAME team together with the Sicilian health authorities contributed with a policy article on the work done in the field of health and migration in Sicily from the first assessment mission to the finalization of the multisectoral contingency plan.

Conducting joint research with other IOs and academia

18. During the first three years of implementation, the PHAME project has conducted several research studies on migration and health jointly with other IOs and academic institutions, including:

- An ECDC Project Framework to Monitor Migrant Health and Infectious Diseases: A meeting at ECDC was held, involving Dr Guenaël Rodier, Director of the Communicable Diseases Division of WHO Regional Office for Europe, the PHAME team and head researchers from the Italian National Centre for Epidemiology, Surveillance and Health Promotion (ISS). Outcomes included the agreement on modalities of cooperation for establishing a framework able to permit early warning and response to communicable diseases in migrant populations.
- The development and launch of a publication on Migration and non-communicable diseases: in collaboration with Ca' Foscari University in Venice

and the ISS and using the PASSI (Process for Agent Societies Specification and Implementation) methodology, the study analyses health risk behaviours with regards to non-communicable diseases and the level of access to health care for the migrant population living in Italy.

- A Study about the governmental and non-state actors in the field of health and migration in the WHO European Region: In collaboration with the ISS, this comprehensive review gathers all main actors participating in efforts to improve the health of migrants and identifies their specific roles. It also highlights gaps and duplications in the work carried out, aiming at improving cooperation among all the actors identified for the achievement of common objectives.
- A Study on the health hazards during the migrant journey: The PHAME project in partnership with the ISS is conducting a study that aims to understand the health risks and hazards that a migrant can face, from when he/she exits the country of origin until he/she arrives at the country of destination.

Advocacy and communication

Web page on Migration and Health within the WHO Regional Office for Europe website

19. The creation of this web page, done jointly with the WEB unit of the Communications team, meant the introduction of a new health topic in the WHO/Europe website. The page on Migration and Health provides visibility to the work of the PHAME project. It is divided into the following sections: news, events, the PHAME newsletter, policy, and country work, publications, multimedia and contact information. The target audience is broad and includes: policy-makers, donors, partners, health and non-health stakeholders involved in migration, academia, WHO collaborative centres and the general public.

WHO Newsletter Public Health Aspects of Migration in Europe

This quarterly newsletter is developed in partnership with the Faculty of Medicine of the University of Pécs in Hungary. It includes news, know-how and best practices, and encourages a cross-national political dialogue on migration. The newsletter is produced in collaboration with the Web Unit of the Communications Team at the WHO Regional Office for Europe. It is available both in English and Russian; sent through HTML to all subscribers' e-mail addresses, and available as well at the Migration and Health webpage. Up to August 2015, six issues have been produced focusing each in one specific aspect of migrant health (i.e. communicable diseases, non-communicable diseases, health systems, intersectoral action, etc.).

Production of audiovisual material:

20. A short video that highlights the technical work of the PHAME project in countries in line with Health 2020 is available at the following link: <https://www.youtube.com/watch?v=7MqUTP-Dx14>

21. “How do you choose to see me?”, a short video to raise awareness regarding equity, health and integration policies on migration was produced by the PHAME team in collaboration with the Communications Team of the WHO Regional Office for Europe and is available at the following link: <https://www.youtube.com/watch?v=JPYIpSbmztA>

Advocating for migrant health in the European Region

The work and findings of the PHAME project have been widely shared at numerous conferences, meetings and events throughout the WHO European Region during 2012-2015 with the aim to raise awareness and promote international, inter-country and intersectoral dialogue on migrant health. For example, the PHAME team has contributed to the XII Conference of the Italian National Focal Points for Infectious Diseases and Migrants in Italy in 2013; the International Conference on Intercultural Mediation in Health Care in Spain in 2013; the Conference ‘Adapting European health systems to diversity’ in Portugal in 2013; the Conference ‘Crossing the line – tackling health aspects & implications of human trafficking’ in Austria in 2013; the 7th EPH Conference ‘Mind the gap: reducing inequalities in health and healthcare’ in Scotland in 2014; the IOM roundtable on migration and health in Turkmenistan in 2014; the 22nd International Border Police Conference of FRONTEX in Poland in 2014; the EUPHA’s 5th European Conference on Migrant and Ethnic Minority Health in Spain in 2014; the MILSA Conference in Sweden in 2014 and 2015; the RESTORE Conference in Ireland in 2015; or the MSF Tuberculosis and Migration Symposium in Armenia in 2015.

Partnerships and resource mobilization

22. Besides the continuous collaboration with Ministries of Health across the WHO European Region, many of the activities of the PHAME project during its first three years of implementation have been discussed, designed and implemented in close collaboration with other IOs and NGOs, including:

- The Office of the United Nations High Commissioner for Refugees (UNHCR): the Memorandum of Understanding with UNHCR has been revised to further strengthen cooperation between the WHO Regional Office for Europe and UNHCR for the benefit of refugees, returnees, and internally-displaced people, and regular meetings have been organized during the assessment missions in countries.
- IOM (Equi-health project): IOM started the Equi-health project in early 2013 soon after the WHO Regional Office for Europe started the PHAME project. Given the projects’ contents and respective mandates, the creation of synergies and coordination between the two was beneficial and necessary. Regular meetings have taken place in WHO and IOM premises, as well as during the assessment missions in countries.
- FRONTEX: result of the collaboration established between the PHAME team and FRONTEX, the FRONTEX Annual Risk Analysis 2015 included the first ‘health risk assessment’ chapter. The chapter was written by the PHAME team in collaboration with other relevant technical units at the WHO Regional Office for Europe.

- European Commission: A series of meetings and teleconferences have been organized with DG SANTE as well as within the Health Security Committee to strengthen coordination between the two organisms.
- PROMOVAX, Greece: development of tools to "promote vaccinations among migrant populations in Europe", aimed at promoting access to immunization in migrant populations.
- As noted in the previous sections of the report, activities have been developed in partnerships with other institutions, such as the ECDC, the Italian National Institute of Health (ISS); the Ca' Foscari University in Venice, Italy; the University of Pècs in Hungary; or WHO Collaborating Centres such as the International Centre for Migration, Health and Development.

23. The following resource mobilization activities have been undertaken during the first three years of implementation of the project:

- Creation of a Knowledge Hub on Health and Migration in Sicily: The establishment of a Knowledge Hub on Health and Migration in the Italian region of Sicily was negotiated with the Sicilian health authorities and is currently being finalized. This Knowledge Hub seeks to provide leadership in improving health and eliminating health disparities in the context of international migration in the WHO European Region, through multi-disciplinary courses that bring together research findings, policy and practice implications, and share these with key actors in public health development arena.
- Continuation of the PHAME project: The first three-year phase of the PHAME project will come to an end on 5 December 2015. Securing the continuity of the project is essential in order to finalize the development of a region-wide strategy to migrants' health, as explained in the section 'WHO Regional Committee process'. Italy has agreed to fund the continuation of the PHAME project for an additional three-year phase under the same terms.
- Migrant health in the Russian Federation: The Ministry of Health of the Russian Federation has also expressed interest in funding a sub-project on "Strengthening strategic planning and migration management in protection of public health and well-being in the Russian Federation" for a period of 3 years.

WHO Regional Committee process

24. The growing migration influxes from Africa and the Middle East to European countries and the increasing need to address its public health implications have also been translated into an increasing demand from the Standing Committee of the Regional Committee for Europe (SCRC).

Technical Briefing on Health and Migration at the 64th session of the Regional Committee for Europe (RC64) in September 2014

25. Upon request and approval of the SCRC, a Technical Briefing on Health and Migration was organized, chaired by Italy and attended by representatives of the

delegations from Cyprus, Greece, Italy, Malta, Portugal, the Russian Federation and Spain. After the presentation of the results and activities of the project and the situation and main challenges in terms of health and migration in the WHO European Region, the floor was opened for discussion among the audience on possible responses and ways forward. The eight countries present at the Technical Briefing actively contributed to the discussion, outlining the main challenges posed by migration to their health systems, and their collaboration with the WHO PHAME project. All of the countries expressed the wish for increased collaboration with the WHO Regional Office for Europe on this area and the need for technical assistance.

Ministerial Lunch on Migration and Health at the 65th session of the Regional Committee for Europe (RC65) in September 2015

26. In December 2014 the SCRC agreed to hold a preliminary discussion in the form of a Ministerial Lunch on Migration and Health at RC65, before conducting consultations with Member States to prepare the documentation for a formal discussion at RC66. Upon Member States' agreement after RC65, a series of technical consultations will be organized to map out countries' priorities and needs, as well as best practices, with the aim to identify common challenges and a way forward to address health and migration in a more systematic, comprehensive and sustainable way in the European Region.

Conclusions

27. Mass international movements of refugees and asylum seekers are a matter of great current political concern and sensitivity, which can only be expected to increase. It seems clear that the flows will continue for the foreseeable future, and there is considerable international pressure for policy steps across the European Region to manage the migration phenomenon in a more sensitive and humane way.¹

28. There are significant public health dimensions. Public health represents both a challenge and potentially a part of the positive policy response. The health and health system consequences of present and future migration flows are profound, and need to be addressed in a common way and within a principled framework. The health needs of the diverse overlapping migration groups, as well as the impact on host populations, need to be identified in order to propose policy recommendations and interventions that reflect this diversity.

29. Health 2020 provides the agreed Regional context for this discussion and also for policy development. It pays particular attention to vulnerability, resulting from exclusionary processes that operate differentially across the whole of society and give rise to the social gradient in health. Actions should focus on addressing exclusionary processes, identifying individuals or groups who are socially excluded and considering them specifically in both policy making and related research.

¹ United Nations Statement attributable to the Secretary-General on recent refugee/migrant tragedies. New York, 28 August 2015. (<http://www.un.org/sg/statements>, accessed 29 August 2015)

30. The emphasis is on the various approaches required to meet the needs of different types of migrants and to address the immediate health requirements of large influxes of migrants upon arrival, as well as the longer-term provision of health care for migrants who remain in host countries. Meeting both requirements will imply the strengthening of health systems. In addition, migration and health is an issue requiring an intersectoral approach, rather than simply an isolated response from the health sector.

Migrants' vulnerability to health risks

31. Mass international migration² to the WHO European region is usually composed of mixed flows of refugees and migrants. The main migrant target population for health action is newly arrived migrants who are most at risk. International migrants experience vulnerability to health risks and exposure to potential hazards and stress due to the causes for migrating; the conditions of the journey; and the insertion into new environments. The burden of ill health among excluded migrant groups is often unacceptably large. The health conditions and environment at the migrants' place of origin determine many baseline health characteristics, with health risks increasing during the migratory journey, for example owing to traumatic experiences.³ After arrival, poverty and social exclusion exert the greatest influence on health outcomes, with the availability, accessibility, acceptability and quality of services in the host environment influencing the health of migrants.⁴

32. On arrival, a variety of factors may increase psychosocial vulnerability and hinder successful integration. Migrants may experience obstacles in accessing services because of stigmatization, lack of information about services and lack of information in other than the predominant languages of host countries. The vulnerability of most migrants leaves them exposed to hazardous working environments, poor housing, labour exploitation and inadequate access to health care.

33. Generally migrants' illnesses are largely similar to those of the rest of host population, although some groups may have a higher prevalence of health problems, including communicable diseases; poor nutrition; high rates of alcohol and drug abuse; reproductive and sexual ill health; occupational health problems; and mental disorders. In addition, limited access to health prevention and care during the transit and early insertion phases of migration increases the resultant burden of untreated non-communicable conditions.

34. There are also usually health concerns amongst the host population, particularly concerning communicable diseases. It is important that the host population is both given

² The term "mass international migration" does not pose limits with regard to migrants' legal status (documented or undocumented) or to the causes of the migration (natural or man-made).

³ Migrant health: background note to the ECDC report on migration and infectious diseases in the EU. Stockholm: European Centre for Disease Prevention and Control, 2009 (http://www.ecdc.europa.eu/en/publications/Publications/0907_TER_Migrant_health_Background_note.pdf, accessed 6 September 2015).

⁴ How health systems can address health inequalities linked to migration and ethnicity. Copenhagen: WHO Regional Office for Europe, 2010. (http://www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf, accessed 6 September 2015).

clear and reliable information about risks, and reassured by the presence of good public health surveillance and control mechanisms.

Policy solutions

35. Policy action will focus on meeting the immediate health requirements of large influxes of migrants upon arrival, as well as the longer-term provision of health care for migrants who remained in host countries. The concerns and needs of the host population must also be recognized and responded to.

36. The goal is that all Member States have in place a minimum health system capacity to be able to address the health challenges of migration and inter-country cooperation to mitigate mortality and morbidity. To achieve this goal strengthening inter-country and inter-Regional collaboration will be vital.

37. Based on the work of the PHAME Project 2012-15, the following policy options are important and provide a template for future action. Working with Member States PHAME will pursue progress in these policy areas during 2015-20.

- (1) Many of the health and socioeconomic challenges associated with migration are the product of global inequity, and action that focuses solely on host countries will be less effective than integrated global and inter-regional programmes within WHO designed to mitigate the factors in the country and region of origin, transit and destination.
- (2) The economic, social and environmental determinants of health need to be addressed in the context of vulnerability and adversity. A whole of government and whole of society approach is required, based around shared values, evidence, and multi-sector policy dialogue, to guarantee a proper dialogue on migrants' health and appropriate intersectoral actions across all the governmental and non-state actors involved.
- (3) As recommended by Health 2020 the development of national health policies, strategies and plans is required, providing for the equitable improvement of health and well-being for the whole population, and the provision of effective and efficient health services of good quality to all, with a particular focus on those at the lower end of the health gradient and vulnerable groups, including migrants.
- (4) Strong public health in responding to the health needs of whole populations and vulnerable groups, including migrants, is vital to the implementation of Health 2020. Concerns about the public health impact of mass population movements are often focused on the spread of communicable diseases. These concerns need to be addressed through well-functioning public health services including surveillance and health protection; necessary and proportionate interventions; and good public and community information. A proper approach will aim to protect the health of migrants and the resident community, and will also reduce migrants' stigma and discrimination.

- (5) Here the European Action Plan for Strengthening Public Health Capacities and Services, based on the implementation of ten Essential Public Health Operations (EPHOs), which was approved by the Regional Committee in 2012, provides relevant and detailed guidance. Another example of good practice is the “minimum package for cross-border TB control and care”⁵ and the framework provided by the International Health Regulations may be taken into account as a useful basis to be potentially expanded to cover the complete area of migrants’ health.
- (6) Public health reporting at both national and local levels to politicians, professionals and other health system actors, and the public should cover both the distributions and determinants of current health experience, as well as policy proposals for improvements in health and well-being over time. Here a key action should be the inclusion of reporting on migrant health issues, and advocacy for meeting migrant health needs.
- (7) Measures that combat socially exclusionary processes are likely to have the most fundamental effect on the health of migrants. Policies should address inequities in the state of health of migrants, Roma and others made vulnerable through exclusionary processes and in the accessibility and quality of health and social services available to them. Integrated policy approaches designed to tackle the multiple causes of social exclusion are the most successful.
- (8) Migrants also frequently confront gender-specific challenges, particularly in the context of maternal, new-born and child health, sexual and reproductive health, and violence. Migrants should have early access to reproductive health services, preventive health services and health promotion, screening and diagnostic care, as well as prenatal and obstetric services. Special attention should be paid to women and girls who have been trafficked, as many have been exposed to gender-based violence.
- (9) Health system preparedness is crucially important, strengthening countries’ health-system capacity to provide migrants with necessary health support at the initial stages; supporting them to overcome the difficulties of arriving to a new environment. Here the Public Health Aspects of Migration in Europe (PHAME) project has developed an assessment tool to assess on a country by country basis the public health, health system preparedness and capacity to respond to the health needs created by mass international migration.
- (10) The provision of health care services sensitive to the needs of migrants should take into consideration cultural, religious, linguistic and gender need. Newly arrived migrants also need guidance on how to deal with health system barriers in the country of arrival.

⁵ Dara et al. Minimum package for cross-border TB control and care: a Wolfheze consensus statement. *Eur Respir J.* 2012 2; 40: 1081-1090 (<http://erj.ersjournals.com/content/40/5/1081.full.pdf>, accessed 6 September 2015)

- (11) An agreement on a minimum package of health services for international migrants is of paramount importance. Such services should include the promotion of financial protection mechanisms for migrants, as well as to address the financial impact of such services on the health systems at the countries of destination.
- (12) Improved health information is needed on migrants' health status, modifiable risk behaviours and access to healthcare; including the necessary disaggregation of data, and guaranteeing the comparability and improving data disparity among different health databases and different countries. A particular need is to have more data concerning undocumented migrants. Data should be available to both migrants and health providers.
- (13) Effective advocacy for migrants right to health is required in order to reduce discrimination and stigmatization; eliminating barriers for migrants' access to healthcare and to the needed conditions to enjoy a healthy life. Here positive political and societal willingness and commitment is of vital importance, together with societal advocacy to recognize human rights and reduce discrimination and stigma. Such advocacy should certainly include efforts to gain ownership within the health sector and amongst health professionals.

Priority actions for PHAME 2015-20

38. The strategic recommendations considered at a WHO/IOM Global Consultation held in Madrid in 2010⁶ provide a long term perspective for the work on migrant health, and are suggested as a basis for the future work of PHAME during 2015-20. Subject the views of Member States and the Regional Committee, it is proposed that PHAME should work with Member States to:

- Strengthen the preparedness and response capacity in the European Region, specifically on the management of communicable and noncommunicable disease, and on intersectoral approaches for health and migration.
- Continue to provide assistance to European Mediterranean countries on migration and health, and expand assistance to countries in the eastern part of the Region.
- Foster the understanding and strengthening the capacity of the health sector in Member States to identify and respond to public health and migration needs.
- Support health information systems relevant to migration and health through data collection, evidence and research in the European Region
- Disseminate best practices and encourage cross-country knowledge exchange

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⁶ Health of Migrants-the way forward. Report of a Global Consultation. Madrid, Spain, 3-5 March 2010. Geneva: World Health Organization, 2010. (http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf, accessed 6 September 2015)