World Health Organization
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Public Health Aspects of Migration in Europe
- Newsletter -

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Issue 4 - January 2015

Content

EDITORIAL

Health is on the move: addressing the public health challenges of migration

Dr Zsuzsanna Jakab, WHO Regional Director for Europe (WHO/Europe)

After my second nomination as WHO Regional Director for Europe at the 64th session of the WHO Regional Committee for Europe, I highlighted the main priority of my second term: linking health to sustainable development. Health equity in the WHO European Region won't be achieved unless we work for the improvement of citizens' well-being in a more sustainable way. Along these lines, the importance of migration for the social, economic and environmental dimensions of sustainable development has been widely recognized at the international level. Nevertheless, migrants' full potential to contribute socially and economically to countries' development won't be achieved unless we address the public health aspects of migration. It is for this reason that a technical briefing on health and migration was organized at this year's Regional Committee, paving the way for a regional dialogue on the health of the 73 million migrants living in the WHO European Region.

Technical briefing on health and migration at the 64th session of the WHO Regional Committee for Europe © WHO/Europe

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From an emergency focus to a comprehensive and systemic approach

The health sector has traditionally addressed migration from an emergency and humanitarian crisis point of view. In 2011, WHO/Europe launched the Public Health Aspects of Migration in Europe (PHAME) project under the umbrella of the European policy framework Health 2020. The PHAME project focused first on providing technical assistance to Mediterranean countries facing large influxes of undocumented migrants as a result of the political turmoil in the north of Africa and the Middle East.

However, the migration phenomenon poses short-, medium- and long-term health challenges that are different but all impact the 53 countries of the WHO European Region. During the three years since the beginning of the PHAME project, Member States across the Region have requested technical assistance to strengthen health systems' capacity and flexibility to adapt to migrants' changing health needs. While southern Mediterranean countries often deal with undocumented migration, northern European Member States are currently addressing the challenge of integrating refugees and asylum seekers, and the eastern European countries are receiving a growing number of economic migrants.

The complexity and political sensitivity linked to migration are common across the European Region. In this scenario, the main question is: what is the role of public health in transforming these challenges into an opportunity for improving health for all?

Strengthening evidence-informed migrant health policies through research and advocacy

Migrants and ethnic minorities represent a population usually living in a vulnerable situation that causes avoidable and unjust health inequalities. Migrants' poor health status prevents them from fully contributing socially, economically and politically to societies.

First, it is important to raise awareness about the need to address migrants' health matters in an equal and inclusive way. In this regard, I welcome the great collaboration between WHO/Europe and the University of Pécs in Hungary in the production of this quarterly newsletter that is contributing to bringing relevant stakeholders together and starting a cross-sectoral and region-wide dialogue on migrants' health.

Second, there is a growing demand by Member States to strengthen health information for decision-making in the field of migration and health. Responding to this need, the European Advisory Committee on Health Research is currently working on the development of Health Evidence Network reports to synthesize the best available evidence on the public health responses to migration and identify potential gaps in order to inform policy-makers.

Migration and health represents a challenging field for public health, given the great diversity of actors involved in the process and the political sensitivities related to this field. At the same time, however, the multisectoral nature of this area brings an opportunity for the health sector and governments to explore ways to transform migrants' diversity into greater health equality and sustainability in Europe.

OVERVIEW

Migrants' health: a priority during the European Union (EU) Italian Presidency

Santino Severoni, Coordinator, WHO/Europe PHAME project

Sara Barragán Montes, WHO consultant on health and migration

Italy has brought migration to the forefront of the European agenda during its Presidency of the Council of the European Union. Throughout the second semester of 2014, the Italian Presidency organized a number of meetings and conferences to restart the dialogue on migration across the Mediterranean. Several events have focused on health as a key entry point to reducing inequities and vulnerability among migrant populations and to further promoting a Mediterranean and interregional dialogue on migrants' health.

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Conference on health inequities and vulnerability: capacity-building and interventions among EU Member States

The dissemination meeting on health inequities and vulnerabilities took place in Rome in October 2014 as part of a series of workshops and conferences co-organized with the Consumers, Health and Food Executive Agency (CHAFEA) of the European Commission.

Hosted under the auspices of the EU Italian Presidency, its main goal was the dissemination of the results of the 2nd EU Health Programme. Socioeconomic status, gender, age or belonging to minority groups (such as migrants and other ethnic minorities) are key determinants of health, resulting in unjust and avoidable health inequities. The work of the WHO Regional Office for Europe (WHO/Europe) in the field of migrants' health through the Public Health Aspects of Migration in Europe (PHAME) project was presented. Emphasis was placed on the public health implications of migration and the way WHO/Europe is assisting Mediterranean Member States in strengthening their health systems' responses to large-scale immigration.

Migrants wait at the port after their arrival in Sicily, Italy
© WHO/Europe

Conference on Health in the Mediterranean

During the same month, October 2014, the Italian Ministry of Health organized the Conference on Health in the Mediterranean in Rome, Italy. This 2-day event opened with a presentation of the Mediterranean projects in the field of public health that are promoted and funded by the Italian Ministry of Health, including the WHO/Europe PHAME project. A separate session was dedicated to the topic of migrants' health, which brought together key stakeholders; namely, WHO/Europe, the European Centre for Disease Prevention and Control (ECDC), the Directorate-General of Health and Consumers (DG SANCO) at the European Commission and the International Organization for Migration (IOM).

At the national level, the Italian Ministry of Health presented an overview of the Mare Nostrum operation and its health implications, while at the regional level, the region of Sicily presented the first contingency plan in Europe for the adequate management of migrants' public health needs, developed with the technical assistance of WHO/Europe.

Fundamental rights and migration to the EU

In November 2014, the Fundamental Rights Conference organized by the EU Agency for Fundamental Rights also focused on the issues of migration to the EU. The importance of a fundamental rights approach to migration policy was highlighted, especially as the end of Mare Nostrum – the military and humanitarian operation launched by the Italian authorities – is approaching, and the new operation Triton is beginning. The main emphasis was placed on the way the EU will respond to the large influxes of migration from the north of Africa and the Middle East.

WHO/Europe participated in this conference because of its increasing participation in related work at Mediterranean borders, through the PHAME project. The key role of public health surveillance at these borders was highlighted, and the strong link between health and integration policies was recognized. Access to health and achieving adequate health status are indispensable to ensure migrants' full social, economic and political participation in society.

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A global issue worth tackling: the work of the American Academy of Pediatrics (AAP) on migration and health and the need for international collaboration

Ayesha Kadir, MD, MPH, FAAP, London School of Hygiene & Tropical Medicine
Parmi Suchdev, MD, MPH, FAAP, Emory University Departments of Pediatrics and Global Health

Migration and health is a global issue. The movement of people – en mass and as individuals – is increasingly common all over the world. The reasons for migration are diverse, ranging from wilful movement by those in search of a better life, to people seeking refuge for political reasons or as a result of violent conflict. The issue of migration has been greatly politicized and, until recently, there has been limited sharing of information and experiences by public health workers on the health aspects of migration. This is further complicated by differing definitions of who is considered to be a migrant; for example, the unaccompanied minors in the United States from central America who are living along the United States–Mexico border are variably considered to be migrants or refugees by the different health, immigration and social institutions working with them.

The AAP is the largest professional organization of paediatricians in the United States, with 62 000 members working in all subspecialties of paediatrics, both in the United States and abroad. The AAP's Section on International Child Health (SOICH) is among the largest and most active of its sections, and has undertaken a mission to "promote and lead efforts to help children throughout the world attain optimal physical, mental and social health and well-being".

Of the almost 1000 SOICH members, more than half are paediatricians working outside of the United States, in 60 countries. The key components of the SOICH's work include education and training in global child health, domestic and international partnership with child health-focused institutions, and advocacy and policy work aimed at improving child health. SOICH members work in clinical, public health and academic settings, both domestically and abroad; in clinics and hospitals that serve refugees, immigrants, and internationally adopted children; at the United States Centers for Disease Control and Prevention (CDC), with Doctors without Borders and other nongovernmental health organizations; and with a number of bilateral international academic clinical and research partnerships. In particular, improving the cultural competency of health workers and trainees is a major part of the formal work of the SOICH, as well as the daily work of its individual members.

The health implications for migration are both obvious and subtle. The current Ebola virus epidemic in West Africa is a clear example of how the spread of communicable diseases is an important issue in human migration, both for migrants and the people they encounter along their journey as well as upon arrival at their destination. However, as evidenced by a later piece (in the Opinion section) of this newsletter, noncommunicable diseases and mental health are also important aspects of migration, affecting individuals as well as their larger social and health communities. As such, migration is more than a public health protection issue. Identifying and treating the health concerns of this vulnerable population is also a human rights issue. Coinciding with the AAP's increasing focus on child health and migration, Dr Santino Severoni gave a lecture on migration and health in Europe at the AAP National Conference and Exhibition this October. His talk brought into sharp perspective the complex dynamics of public health in the context of migration, the social and political contexts, and the importance of international collaboration to address this issue. Migrants face major barriers to meeting their basic needs, of which access to health care is only one. While it is commonplace for clinical and public health workers to consider the specific health-related issues associated with migration, the health of migrants is also both directly and indirectly affected by the physical, social, economic and political conditions they experience. Furthermore, the risks and consequences of communicable and noncommunicable diseases among migrants are affected by all other aspects of their life experiences. In order to promote optimal health among this group and in the population at large, a holistic approach is needed which considers policy across sectors and across borders.

At a time when migration has become increasingly recognized, and since the resources and expertise are now available to better understand how migration affects health, it has become important to examine the various health approaches to migrant groups across the globe, and the successes and challenges of each programme. Furthermore, an accurate understanding of the risks and challenges faced by migrants requires an ability to communicate and understand the perspectives and priorities of not only the migrants but also the various individuals and institutions working with them. Cultural competency and health diplomacy will be of increasing importance in the coming months and years, while developing a careful approach to migrant health.

If a better understanding and response to what is happening to migrants is to be achieved, including understanding what their needs are and what health risks they pose for themselves and for host communities, it is essential to work together across sectors

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and across international borders to share knowledge and experiences, and to form partnerships with other sectors in order to share what we know. Migration and health is a global issue because it occurs everywhere and because it is often relevant to individuals and groups who leave one country to live in another.

As migration rises on the policy agenda, the time is ripe to develop collaborations to improve our understanding of the situation across contexts, and to work together to promote the health and well-being of everyone.

More information on the AAP SOICH is available on their website (http://www2.aap.org/sections/ich/).

Overview of the situation at the borders of the EU

Denis Destrebecq, Senior analyst, FRONTEX Risk Analysis Unit

FRONTEX is the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union. The agency's main focus is on strengthening border control cooperation to facilitate bone fide migration management, combat cross-border crimes and prevent threats to the Member States. This includes preventing threats to public health, as defined by WHO's International Health Regulations (IHR).

Combining regular data reporting from all Member States and associated Schengen Area countries (a total of 31 countries) with information obtained from third countries and during operations, FRONTEX analyses the risks at the external borders of the EU. Contributions from international organizations also help to identify areas where capabilities could be improved. This risk analysis forms the starting point for all FRONTEX activities, from joint operations and training to research studies. It is also used by decision-makers to set priorities, develop counter-measures, and determine future goals.

At the EU level, the year 2014 saw a dramatic increase in the number of migrants illegally crossing borders. In just 9 months between January and September, Member States reported more than 200 000 detections, compared to roughly 107 000 detections for the entire year 2013. By the end of year it is expected that about 250 000 migrants will have illegally crossed EU borders – an unprecedented number.

As many as 90% of the illegal migrant border crossings were reported at sea borders. Most of these individuals were rescued by border control authorities while in distress in the Mediterranean Sea. Indeed, smugglers typically make use of frail or over-crowded boats in order to maximize their profits, putting migrants' lives at considerable risk. In the central Mediterranean, the number of confirmed deaths between January and September increased from 23 in 2013 to 143 in 2014. This means that the casualty ratio increased from an average of 0.70 per 1000 detections in 2013 to 1.03 per 1000 detections in 2014 (for the aforementioned 9-month period). A similar conclusion can be drawn from data reported by the United Nations High Commissioner for Refugees on the number of people lost at sea (those confirmed dead, plus people believed lost at sea), the ratio of which increased from 17 individuals lost at sea per 1000 detections in 2013 to 19 per 1000 detections in 2014 (again, for the same 9 months).

Compared to 2013, between January and September 2014, Italy reported a more than fourfold increase in detections of illegal border crossings (in the central Mediterranean area), while the number in Greece more than doubled (mostly in the eastern Mediterranean area). Detections in Spain (in the western Mediterranean area) increased by 50%, albeit from a significantly lower base level. Since 2001, Turkey and Libya have been principal transit countries.

The largest proportion of migrants report being of Syrian nationality (about 35% of the total recorded thus far in 2014). However, there are indications that a certain proportion are in fact not Syrian but claim this nationality in order to avoid being returned. The extent of this phenomenon is still poorly quantified. In addition, owing to the large number of arrivals, some migrants are registered as "unknown sub-Saharans"; most are believed to be from the Horn of Africa (notably from Eritrea and Sudan), but some might also come from West Africa. To adequately assess security and health risks, it is important to fill this knowledge gap.

After crossing the external borders, most migrants continue to their final destination countries, where they apply for asylum – largely in central and northern European Member States. Overall, the number of asylum applications in the EU soared in 2014. While in 2011, a larger proportion of asylum seekers migrated because of the bad economic situation in their home countries, the number of those escaping violence and armed conflict has appeared to grow.

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NEWS

Migration and health at the 2014 European Public Health (EPH) Conference

Erika Marek, University of Pécs Medical School
Allan Krasnik, University of Copenhagen
Raj Bhopal, University of Edinburgh
Santino Severoni, WHO Regional Office for Europe (WHO/Europe)

Pre-conference "Adaptation of health promotion and disease prevention interventions for migrant and ethnic minority populations: policy, practice and research"

EUROPEAN PUBLIC HEALTH CONFERENCE

This meeting was held in Glasgow on 19–20 November 2014 as a pre-conference event within the annual EPH Conference organized by the European Public Health Association (EUPHA). The meeting enjoyed the participation of more than 60 health care professionals from 22 countries and was planned by 3 EUPHA sections: the Migrant and Ethnic Minority Health Section, led in partnership with the sections for Chronic Diseases and Health Promotion. The pre-conference meeting was organized in collaboration with the Scottish Health Migration and Ethnicity Research Strategy Steering Group, West of Scotland Health and Ethnicity, and the Edinburgh Ethnicity and Health Research Group. It was financially supported by the EUPHA Migrant and Ethnic Minority Health Section and NHS Health Scotland.

The meeting had 2 major goals. First, in the tradition of past Migrant and Ethnic Minority Health Section pre-conferences and with reference to the theme of the meeting, to provide an overview of national policy on migration, ethnicity and health in the hosting nation (Scotland); and second, to share experience on the pre-conference theme, with the intention of furthering a common agenda across European countries and EUPHA sections.

During the first day's presentations the participants were provided with detailed overviews of the current situation as regards migration, ethnicity and health in Scotland, concerning the recent changes in ethnic health policies, improvements in service delivery, current research strategies and ongoing research, and also the situation and challenges in terms of the availability of health data on migration and ethnicity.

As the adaptation of health promotion and disease prevention interventions for migrant and ethnic minority populations was the main focus of the meeting, during these 2 days, 9 invited presenters shared the experiences of their various national and international research projects and interventions, with special reference to the pre-conference theme; namely, how these health promotion interventions might be adapted for migrant and ethnic minority populations, and what obstacles and challenges the adaption process could face. These shared experiences encouraged joint thinking and discussions among the participants of the meeting. By the end of the second day some thought-provoking lessons and conclusions were defined, as detailed here.

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- A strong need exists for common, international definitions of the main concepts regarding ethnicity and migrants, as well as methodologies, such as patient-centered care, health inequality impact assessment, etc.
- The terminology for adaption of interventions needs further development and refinement in order to establish common grounds for discussions and actions. This includes agreements on a clear typology for relevant adaption approaches and the main elements involved.
- It is important to document which kinds of adaptations contribute to the effectiveness of health promotion among migrants and ethnic minorities; for example, whether interventions are related to surface versus deep structures; targeting individuals versus communities; focusing on commonalities across groups versus specificities within groups, and on observable behaviours versus cultural values, etc. This will also provide an opportunity for learning in order to increase the quality of programmes for health promotion and prevention in the entire population.
- Ineffective programmes should not be adapted. Interventions which are not proven effective in the first place are no more likely to be successful among migrants and ethnic minorities after adaption. More research is needed to study the contribution of specific cultural adaptations to interventions that are known to be effective and to find out which components of the programmes are the most important for effectiveness.
- It is crucial to include cultural and broader diversity competencies in the training of medical and health promotion staff, and ensure relevant training curricula are developed. Interventions should be adapted as much as possible to the existing working method of health care providers in order to provide diversity-appropriate care in multi-ethnic practice.

The efforts to develop well-adapted health promotion programmes should build on partnerships between government agencies, public and private institutions and organizations aiming to promote equity and justice at international, national and local levels.

Further information and the detailed programme are available on the EPH Conference website (http://www.ephconference.org/pre-conferences-75) and the presentations will be made available on the EUPHA website in due course (http://www.eupha.org).

Conference session "Population-group challenges in public health: migrant and ethnic minority health"

The plenary session on migrant and ethnic minority health took place on 22 November 2014 at the EUPHA Conference. It was organized in collaboration with the European Observatory on Health Systems and Policies and moderated by the Director of the Observatory, Josep Figueras. The session was attended by keynote speakers, such as: Raj Bhopal, Professor of Public Health, who addressed the audience on the issue of reducing the inequity gap by focusing on the matter from the point of view of ethnicity and migration and gave examples relating to cancer, heart disease and diabetes; and Marine Buissonnière, Director of the Open Society Foundations Public Health Program, who presented on Roma health in Europe, the political diagnosis and community care. The 2 main presentations were followed by a discussion in which Karl Ekdahl (Head of the Public Health Capacity and Communication Unit at the European Centre for Disease Prevention and Control (ECDC)) and Santino Severoni (Coordinator of the WHO/Europe Public Health Aspects of Migration in Europe (PHAME) project) participated as panelists and shared with the audience their work in this field.

Discussions focused on the public health aspects of migration and, more specifically, on tackling both communicable and noncommunicable diseases among this population group, which is often faced with vulnerable situations. The economic impact of heath and migration was also discussed, highlighting the benefits of addressing adequately this area of work in order to minimize its negative impact on national economies and improve migrants' potential to contribute socially and economically to recipient societies.

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Healthy ageing of Roma communities

István Szilárd, Chief Scientific Adviser, University of Pécs Medical School

On 27–29 October 2014 the University of Pécs Medical School, in cooperation with the WHO/Europe Vulnerability and Health Programme, held a European-level expert symposium entitled "Healthy ageing of Roma communities: endowers – realities – perspectives".

The symposium of researchers, academics, representatives of Roma and civil organizations from 11 countries was sponsored by the Hungarian State Secretariat for Social Affairs and Social Inclusion. Participants had already adopted the Pécs Declaration on Healthy Ageing of Roma Communities, which provides an overview of the current health conditions of Roma in Europe and lists essential recommendations for improving their health both at individual and community levels.

The Declaration is available on the WHO/Europe website (http://www.euro.who.int/en/health-topics/health-determinants/roma-health/news/news/2014/11/european-experts-adopt-declaration-on-healthy-ageing-of-roma-communities).

Memorandum of understanding signed between WHO/Europe and the University of Pécs on migration and health

István Szilárd, Chief Scientific Adviser, University of Pécs Medical School

Dr Zsuzsanna Jakab, WHO Regional Director for Europe visited the University of Pécs on 10 November 2014, giving a presentation as part of the Szentágothai memorial scientific conference, entitled "WHO results, tasks and challenges in the European Region within the context of Health 2020". During her visit she signed a memorandum of understanding between WHO and the University of Pécs, with migrant health as the focus.

More information about the Regional Director's visit is available on the WHO/Europe website (http://www.euro.who.int/en/countries/hungary/news/news/2014/11/new-collaboration-on-migrant-health-with-university-of-pecs,-hungary).

Zsuzsanna Jakab, WHO Regional Director for Europe and Attila Miseta, Dean of the University of Pécs Medical School, signed a Memorandum of Understanding on 10 November 2014, establishing closer collaboration between WHO/Europe and the University on migrant health issues © University of Pécs

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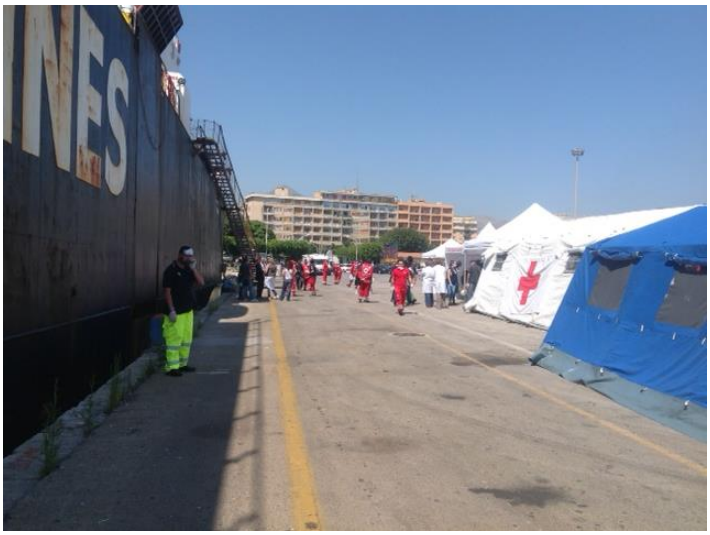
Data on health behaviours in the migrant population to inform policy-making: WHO, Ca' Foscari University and the Italian National Institute of Health (ISS) "Immigrants and health in Italy" report

Stefano Campostrini, Dean, Ca' Foscari Graduate School
Santino Severoni, Coordinator, WHO/Europe PHAME project
Matteo Dembech, WHO consultant on health and migration

When one thinks about the health status of migrants, the focus is almost exclusively on health threats posed by dangerous infectious diseases being imported. Even in technical settings, there is a tendency to focus on the health problems of the undocumented migrants who arrive at the coast in grave condition after perilous trips across the Mediterranean. Without denying the importance of these concerns, the reality of migrant health is far more complex and nuanced.

The WHO/Europe PHAME project collaborates with the University of Ca' Foscari in Venice, Italy and the ISS on the production of scientific evidence that will inform the policies of WHO/Europe Member States. This collaboration led to a study examining the various health behaviours displayed by the resident migrant population in Italy.



Point of arrival for migrants in Sicily after being rescued in the sea © WHO/Europe

Migrants account for approximately 8% of the population in Italy (almost 5 million people), although this figure varies by age group and region. Migrants often have different health beliefs, attitudes and behaviours, formed in their countries of origin, and their disease patterns may also differ from those of the local population. Understanding these factors is critical to providing adequate preventive and curative services and essential for the targeting of health promotion and prevention activities.

The WHO report "Immigrants and health in Italy" is based on data from the Italian Behavioural Risk Factor Surveillance System (PASSI) for which, under the guidance of the ISS, the Italian local health units conducted more than 230 000 interviews that provided the opportunity to examine various health behaviours in the resident migrant population. These data will serve to stimulate discussion in Italy and other European countries concerning the complex reality of the health status and health behaviors of migrants.

The report, in line with the WHO Health 2020 policy framework, collects evidence on health inequities. The data collected demonstrate a set of differences and inequities between citizens and migrants, and between migrants, depending on their origins. In many cases, the migrants exhibit more positive health behaviours than the Italian population – a finding that suggests the need to emphasize the positive aspects of migrant health care status, while not losing sight of the negatives that can be improved upon, and to build on or maintain current levels of health care as integration takes place. The report is expected to be released early in 2015.

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EVENTS

Who: the Royal Society of Medicine global health programme

What: Global Health Film initiative: "Return to Homs"

When: 18 February 2015

Where: Royal Society of Medicine, London, United Kingdom

Link: https://www.rsm.ac.uk/events/events-listing/2014-2015/groups/global-health/ghf04-global-health-film-initiative-return-to-homs.aspx

Who: **RE**search into implementation **ST**rategies to support patients of different **OR**igins and language background in a variety of **E**uropean primary care settings (RESTORE) project; Economic Commission and University of Limerick

What: RESTORE Closing Conference 2015

When: 26–27 March 2015

Where: University of Limerick, Limerick, Ireland

Link: http://www.fp7restore.eu/

Who: the Swiss Forum for Migration and Population Studies (SFM) and the National Centre of Competence in Research (NCCR) for Migration and Mobility Studies at the University of Neuchatel

What: 12th International Migration, Integration and Social Cohesion (IMISCOE) Conference – Rights, Democracy and Migration

When: 25–27 June 2015

Where: Geneva, Switzerland

Link: http://www.imiscoe.org/news/network-news/281-12th-imiscoe-conference-rights-democracy-and-migration-geneva-25-27-june-2015

Who: the International Epidemiological Association (IEA), the Netherlands Epidemiology Society (VvE), the European Epidemiology Federation (EEF) and the Epidemiology department at Maastricht University

What: European Congress of Epidemiology 2015 – Healthy Living

When: 25–27 June 2015

Where: Maastricht, the Netherlands

Link: http://www.healthyliving2015.nl/

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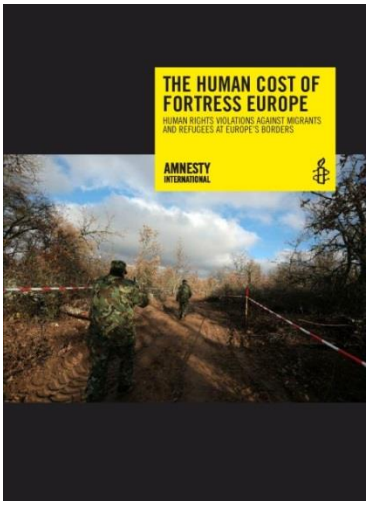
PUBLICATIONS

The human cost of Fortress Europe. Human rights violations against migrants and refugees at Europe's borders

2014

(http://www.amnesty.eu/content/assets/Reports/EUR_05001201 4__Fortress_Europe_complete_web_EN.pdf)



Some in the European Union (EU) and the media have tried to justify increasingly harsh migration policies on the grounds that Europe is having to cope with an increasing number of refugees and migrants. It is also often argued that the vast majority of those entering Europe as irregular migrants are actually economic migrants. In 2013, 48% of all irregular entrants and 63% of all those arriving as irregular migrants by sea came from Syria, Eritrea, Afghanistan and Somalia – countries torn by conflict and widespread human rights abuses. The majority of individuals fleeing these countries are clearly fleeing generalized violence or persecution and are in need of international protection. With safer routes into the EU being closed off by fences, increased surveillance and the deployment of increasingly more security forces, people are being forced to take more dangerous routes, and sometimes become trapped in countries in which they may suffer destitution, without access to social and economic rights, or face violence and even torture.

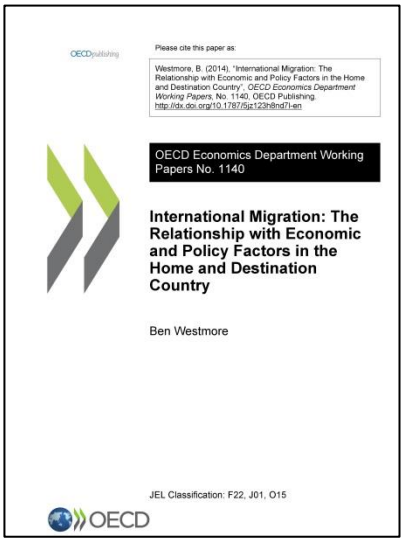
It is the sum total of these policies and practices – within, at and outside the EU's borders – that this report refers to as "Fortress Europe". It should not be assumed that responsibility for the construction of Fortress Europe and such abuses at the EU's borders lies solely, or even primarily, with the countries along the EU's southern and eastern edges. These are, for the most part, countries of transit, whereas the forbidden lands that most migrants are trying to reach are countries further north. It is these countries that are designing and paying for Fortress Europe.

International migration: the relationship with economic and policy factors in the home and destination country

2014

(http://www.oecd-ilibrary.org/economics/international-migration-the-relationship-with-economic-and-policy-factors-in-the-home-and-destination-country_5jz123h8nd7l-en)

Unfavourable demographic trends in many Organisation for Economic Co-operation and Development (OECD) countries threaten the sustainability of potential labour resources, gross domestic product growth and fiscal positions. One factor that is expected to mitigate these trends is continued inflows of migrant workers from low-income economies.



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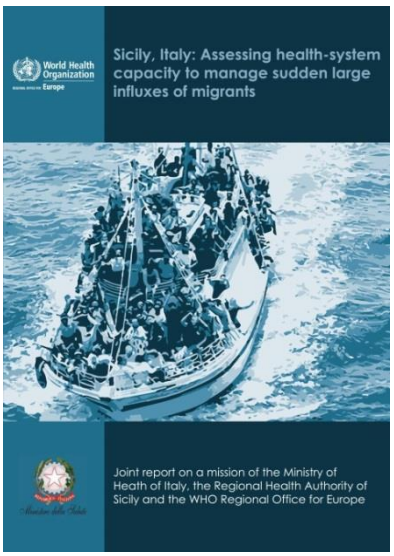
This paper uses data of the high-skilled and low-skilled migrant stock from 92 origin and 44 destination countries to highlight the relationship between economic factors and migration. The paper also attempts to uncover links with policy and demographic factors prevailing in the origin and destination countries. The analysis suggests that higher skill-specific wages in the destination country are associated with more migration. This relationship appears to be particularly strong for migrants from middle-income countries, supporting theories of an inverted-U relationship between origin country economic development and the propensity to migrate. Policy differences between the destination and origin also appear important, for example in terms of regulations on businesses and labour markets, along with the relative quality of institutions. Combining the estimated coefficients from the model with the skill-specific wage profile from the OECD long-term growth projections highlights the potential for weaker future migrant flows to OECD countries than implied by past trends and embedded in official projections.

Sicily, Italy: assessing health-system capacity to manage sudden large influxes of migrants. Joint report on a mission of the Regional Health Authority of Sicily and the WHO Regional Office for Europe, with the support of the Italian Ministry of Health

2014

(http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2014/sicily,-italy-assessing-health-system-capacity-to-manage-sudden-large-influxes-of-migrants2)



In response to influxes of migrants to the European Region, the WHO Regional Office for Europe and the Ministry of Health of Italy revised the WHO toolkit for assessing health systems' capacity for crisis management in 2013. The Regional Office organized a mission to Sicily in October 2013 both to pilot-test the draft toolkit and to assess ongoing preparedness and response activities. This report presents the mission's findings and recommendations.

The main public health concern identified is persistent overcrowding in migrant centres. This results in the poor hygienic conditions observed, to different degrees, in all the centres visited. In terms of emergency preparedness and response, interministerial coordination and several aspects of the existing health information system represent key leadership issues that need further strengthening. WHO can support the regional authorities in setting up sustainable regional mechanisms of preparedness for and response to influxes of migrants.

The assessment team made 5 key recommendations in need of urgent consideration by countries.

1. Minimum standards of living conditions in all existing types of migrant centre should be urgently established and maintained.
2. Sites that are used or could be used as additional migrant centres should be identified and mapped and the adequacy of any site chosen as a migrant centre should be certified before using it.
3. Coordination and the flow of information should be improved between the regional and provincial representatives of the interior and health ministries.
4. A common health information management system should be established and the existing surveillance system revised.
5. A public health risk communication strategy should be defined and implemented.

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RECOMMENDED READING

Brzoska P et al. 2014

Reviewing the topic of migration and health as a new national health target for Germany. Int J Public Health 2014; Nov 12 (subscription required)

(http://link.springer.com/article/10.1007%2Fs00038-014-0617-z)

UNODC 2014

Global report on trafficking in persons. New York (NY): United Nations Office on Drugs and Crime; 2014

(http://www.unodc.org/documents/human-trafficking/2014/GLOTIP_2014_full_report.pdf)

Napier et al. 2014

Culture and health. Lancet 2014; 384 (1 November):1607–1639

(http://www.sciencedirect.com/science/article/pii/S0140673614616032)

OPINION

This article represents the opinion of the author(s) and publications and does not necessarily represent the views of WHO, the University of Pécs or the Editorial Board of this newsletter.

Noncommunicable diseases and the mental health impact of international migration. Challenges for the 21st century

Árpád Baráth, Professor, University of Pécs, Department of Community and Social Studies

Health today is best conceived as the multi-axial capacity of living systems for survival, growth, regeneration, adaptation to an ever-changing environment, self-regulation, and ability to recover from the debilitating effects of illness, disease or injury. As far as the health of migrant human populations is concerned, there is growing evidence that both the patterns of health behaviour and vulnerability to various health conditions are in many ways specific to these groups, and different both from the morbidity patterns of the host populations they move into, and the health profile of the populations from which they have moved away. The major axes of these health disparities are: infectious diseases, noncommunicable (or non-infectious) diseases, injuries, mental health problems, and traumatic stress (specifically, post-traumatic stress disorder (PTSD)).

A useful metaphor for migrant health is to think of it as an iceberg, where what is known about it is only a tiny part above on the surface (for example, clinical symptoms), and the far larger part is beneath the surface; that is, unseen by most western-trained physicians and health practitioners.

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There are several reasons for these hidden patterns of noncommunicable diseases and mental health conditions among migrants. One of them is certainly the thoroughly complex etymology of both types of illness, in addition to which, their phenomenology is culturally heavily blended.

It is worth remembering that noncommunicable diseases and mental health problems both result from complex interactions between genetic, environmental, social, cultural, behavioural and personality factors that shape the immunocompetence (or -incompetence) of a person throughout their lifespan *(1)*.

Another reason can be found in the communication gap between western-trained health professionals and their migrant patients coming from (often distant) non-western cultures. As Roholof et al. point out, many of these patients expect to be predominantly treated for their somatic symptoms, rather than mental problems, which they hide either from fear (possibly of stigmatization), or because they are unable to vocalize them or are simply unaware of them *(2)*. Often, these somatizations result in misunderstandings and problems in the diagnostic and therapeutic process.

Next, western health and social care systems in most countries are still heavily biased towards a bio-medical model of health and illness; a long-recognized trap into which modern medicine has fallen throughout the last century *(3)*. Finally, migrants tend to experience poorer access to health care compared to the host population. The most vulnerable groups are unauthorized or undocumented migrants and asylum seekers. The prevailing – and largely unchanging – public and official attitude has been to treat them as invaders without rights within host societies, and thus conclude that they should be sent back to the countries from which they came *(4)*.

According to an overview of the situation in 17 Member States of the European Union, published in April 2013 in *The Lancet (5)*, migrants coming to Europe seem to have initially lower incidence and mortality rates for cancer than native populations, although the prevalence rates tend to converge over time. Some groups of migrants have higher rates of cancers related to infectious diseases, such as stomach cancer, nasopharyngeal cancer, hepatic cancer, Kaposi's sarcoma, cervical cancer, and some lymphomas. Large variations exist in terms of cardiovascular disease incidence. Substantially higher incidence, prevalence, and mortality rates have been recorded among migrants for diabetes, probably due to a combination of genetic factors, changing environments, and insufficient medical intervention or control.

Lifestyle factors such as obesity are of particular concern, because migrants from low-income countries tend to abandon their traditional dietary habits and adopt a westernized, energy-rich diet and more sedentary lifestyle.

Not until the late 1980s and early 1900s was much attention given to mental health aspects and impacts of migration; that is, until new waves of refugees and asylum seekers had emerged from crisis areas, first coming from the Indo-Chinese refugee crisis, followed by the demographic catastrophe around the former Yugoslav Republic of Macedonia and neighbouring countries. Large numbers of these forced migrants were heavily traumatized *(6)* and – worse still – no assessment of their mental state was carried out and the notion of mental health issues was largely ignored (as can still be the case today), both by immigration services and public health officials.

Bhugra and Jones published one of the first summary reviews of studies from the 1980s and 1990s *(7)* highlighting the existence of significant diversity in the prevalence rates of 3 major groups of mental disorders, compared both among themselves and with those of the general population in countries of origin and host countries: (a) schizophrenia; (b) other common mental health problems, such as depression and anxiety disorders; and (c) suicide and suicidal tendencies. "When people migrate from one nation or culture to another", maintains Bhugra in another paper *(8)*, "they carry their knowledge and expressions of distress with them. On settling down in the new culture, their cultural identity is likely to change and that encourages a degree of belonging; they also attempt to settle down by either assimilation or bi-culturalism". The rather well-known rule from cultural anthropology can also be added here: the larger the gap between a migrant's root culture and the culture of a receiving mainstream society, the greater the risk of facing cultural identity crises. Some groups may cope better with such crises, in a healthy and constructive way, whereas many others run into a complex mix of devastating feelings of isolation and social exclusion, known by the generic term rootlessness *(9)*.

A new framework of understanding has come to light; deeper in terms of the origin both of noncommunicable diseases and mental health problems in the context of 21st century international migration.

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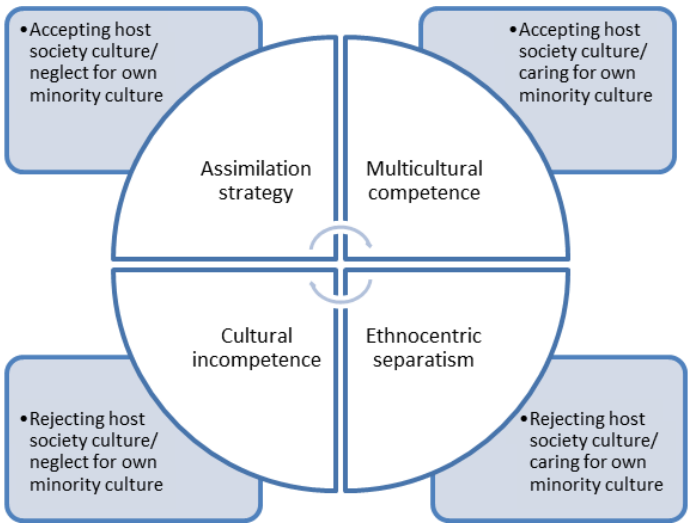
The point is that in "new" waves of migration we find a massive influx, not only of individuals and individual families, but entire large communities, with their religions and ideologies from traditional community-based (*Gemeinschaft*) types of cultures (from non-western societies) into modern individualistic, social contract-based (*Gesellschaft*) cultural settings (western societies), to use this differentiation first introduced by German sociologist Ferdinand Tönnies over a century ago (1887) *(10)*. Today we talk about a clash of civilizations (or culture clash) *(11)*, rather than about the melting pots of different cultures envisioned by many for the "new worlds" over the years, decades and centuries. Rather than drawing any particular conclusion, this brief overview comes to a close with a simple diagram (Fig. 1) highlighting the fact that most migrant communities and ethnic/cultural minorities in modern Europe sit at a crossroads of identity formation, both for themselves and for their children.

Fig. 1. Migrant and minority groups at a crossroads of cultural identity formation in modern Europe



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INFORMATION SOURCES

Organisation for Economic Co-operation and Development (OECD) International Migration Outlook 2014

(http://www.oecd-ilibrary.org/docserver/download/8114101e.pdf?expires=1417435694&id=id&accname=ocid41017807&checksum=151BCEBB5766BC08A141C748E9D83106)

The 38th report of the OECD's Continuous Reporting System on Migration highlights the most recent developments in migration flows and policies in OECD countries and some selected non-OECD countries. The publication is divided into 4 chapters:

1. recent developments in international migration trends;
2. labour market integration of immigrants and their children – developing, activating and using skills;
3. managing labour migration – smart policies to support economic growth;
4. country notes – recent changes in migration movements and policies.

Asylum and Migration Glossary 3.0: a tool for better comparability

(http://emn.ie/files/p_20141124094056emn-glossary-en-version.pdf)

This glossary has been produced by the European Migration Network (EMN), coordinated by the European Commission. Its main objective is to facilitate discussions around migration and across all the multifaceted actors and issues involved. In order to improve understanding and comparability, the EMN glossary offers a common vocabulary, including 400 terms, taken mainly from the European Union acquis and of which almost 100 are new terms.

Contact us

Public Health and Migration Division of Policy and Governance for Health and Well-being

European Office for Investment for Health and Development

WHO Regional Office for Europe
Castello 3252/3253
I-30122 Venice, Italy
Email: *WHOvenicePHM@ihd.euro.who.int*

University of Pécs Medical School

Chair of Migration Health

Szigeti St. 12
H-7624 Pécs, Hungary
Email: *mighealth-unipecs@aok.pte.hu*

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