Migration health and medicine Conference 22nd November 2019

Public health implications of refugee and migrant movements in the WHO European Region

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Migration and Health Programme Office of the Regional Director



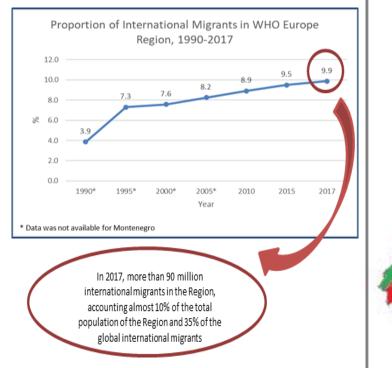






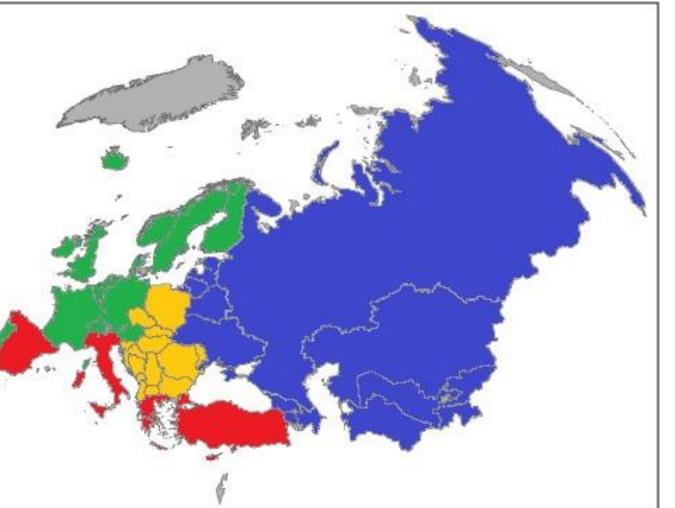


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Shift in migrant demographics means new health challenges: maternal and child health, older migrants, noncommunicable diseases

World Health Organization Europe











Migration and health in the international and regional agenda United Nations

- WHA 70.15
- WHO Global action plan to promote refugee and migrant health











Европейское региональное бюро



Global Compact

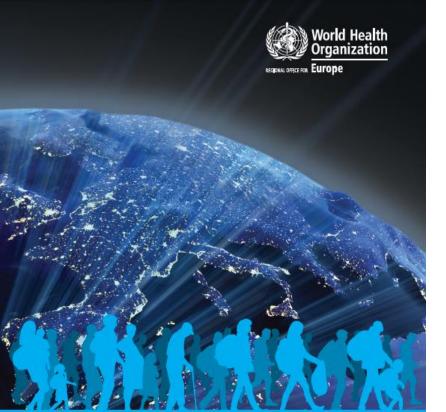
Global Compact

SUSTAINABLE GOALS

1 ^{no} ∕ ∄¥∰∰ ₩Î	2 ZERO MEINGER	3 GOOD HEALTH AND WELL-SEING	4 EDUCATION	5 GENDER EQUALITY	6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY	8 DECENT WORK AND ECONOMIC GROWTH	9 ADUSTRY, NNOAUTON ADINFRASTRUCTURE	10 REDUCED INEQUALITIES	11 SUSTAINABLE CITES	12 ESPONSIBILE CONSUMPTION AND PRODUCTION
13 CEIMATE	14 BELOW WATER	15 (HE AND 	16 PEACE JUSTICE AND STRONG INSTITUTIONS	17 PARTINEESHIPS FORTINE GOALS	SUSTAINABLE DEVELOPMENT GOALS

The Migration and Health Programme





Report on the health of refugees and migrants in the WHO European Region

No PUBLIC HEALTH
without REFUGEE and MIGRANT HEALTH



 Aim: to create an evidence base to support the Member States to promote refugee and migrant health by implementing the Strategy and Action Plan.

Results

- Migratory trends in the region
- Health profile
- Healthcare organization and delivery
- Progress in the region







Всемирная организация здравоохранения

Baseline data on Migration in the WHO European Region

- *Migrants and refugees are likely to be healthy in general* and often even healthier than host populations in the early stages of migration and displacement.
- Refugees and migrants appear to have lower prevalence rates for many noncommunicable diseases on arrival compared with host populations, however, prevalence rates, especially for obesity, begin to converge with longer duration of stay.

cf. WHO EURO (2018) Report of the health of refugees and migrants in the WHO European Region



Report on the health of refugees and migrants in the WHO European Region

No PUBLIC HEALTH without REFUGEE and MIGRANT HEALTH



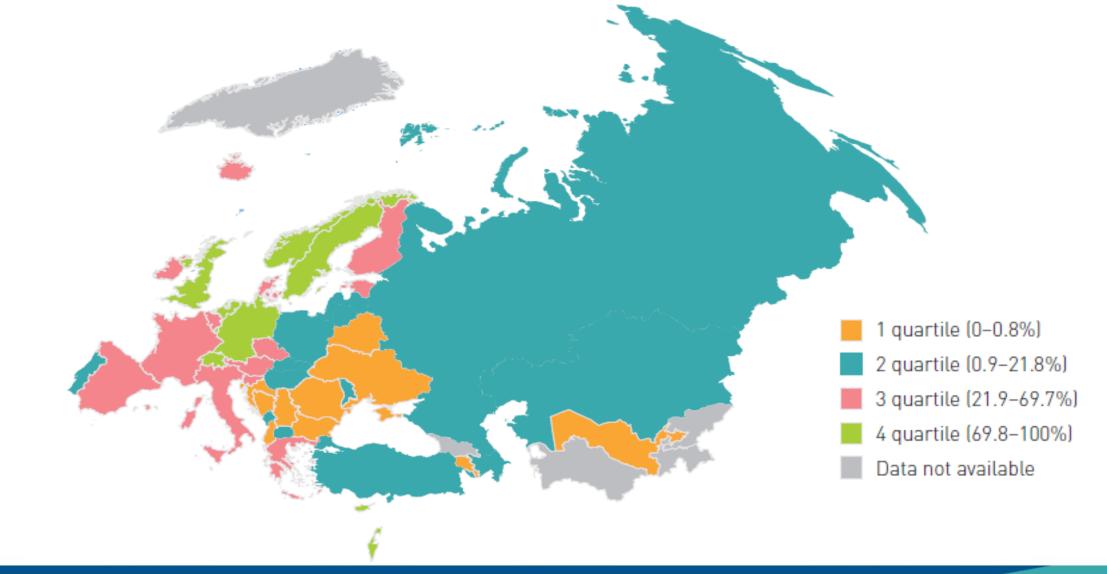






Percentage of cases of foreign origin among total number of diagnoses of TB in Member

States of the WHO European Region



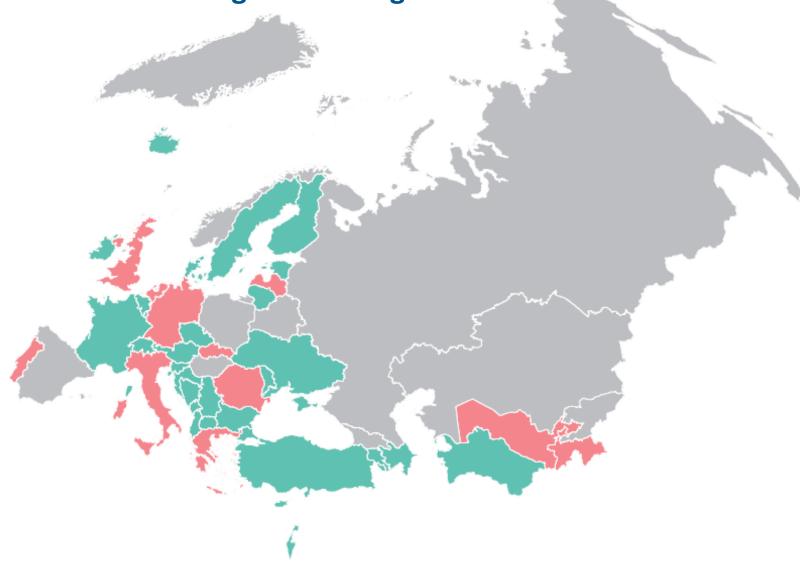
Member States of the WHO European Region with a national immunization

programme that includes refugees and migrants

Countries that have national immunization programme

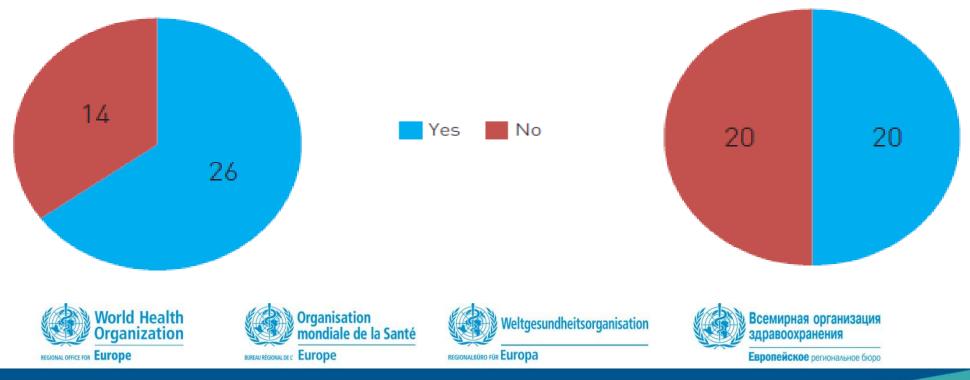
Countries that have national immunization programme considering migrants and refugees

Data not available



Progress made by the Member States

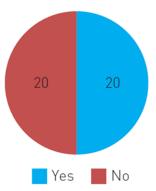
Has the Member State developed a regional or national contingency plan for large arrivals of refugees and migrants? Does the Member State routinely collect and include data on migration-related variables in the existing local/regional/national datasets?



Current gaps in migrant health data in the **European Region (Strategic Priority Area 9)**

- Lack of scientifically valid & comparable migrant health ulletdata throughout the European Region
- Lack of data on vulnerable groups such as irregular • migrants
- Lack of data disaggregated by sex, migration status and ulletage
- Lack of data on overall health status (often only specific ulletdiseases)

Does the Member State routinely collect and include data on migration-related variables in the existing local/regional/national datasets?



cf. WHO EURO (2018) Progress report on the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region.











WHO report on the health of refugees and migrants

- Need for more systematic research (Strategic Priority area 9)
- Limited access to health system (Strategic priority area 2)

Obstacles to accessing healthcare

Structural obstacles Language, financial hurdle, legal framework, entitlements

Providers Capacity, language, understanding/culturally sensitive

The report showed that today MS are divided (in terms of health system access) into 3 groups:

- 1. Only emergency
- 2. Emergency plus
- 3. Full access





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• Aim: To inform and provide technical guidance or advice to policymakers and decision-makers on areas of migration and health

• Recurring themes:

- People-centered principles (access, entitlements, utilization and quality of care)
- Prioritize community centered approaches that build local capacities
- Diversity-sensitive and health equity focused policies and practices should be integrated throughout health and social services









Migrant-Specific Risk Factors

Pre-migration stage

Conflict, persecution, violence, discrimination, poverty

During the journey

Violence, trafficking, smuggling, exploitation, slavery, death

Arrival

Detention, discrimination, family separation, limited access to health care, poor housing, lack of access to other services, lack of access to justice, low-levels of integration, and disadvantaged socioeconomic positions in country of destination







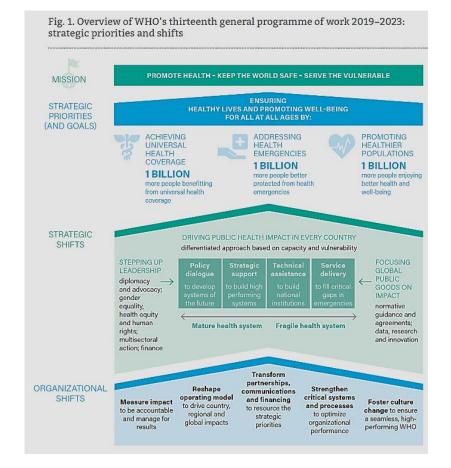




авоохранения Европейское региональное бюро Source: Reuters 2015

GPW 13 and the Three Billion Goal

- WHO General Programme of Work 2019-2023
- Three strategic priorities
 - Achieving universal health coverage
 - Addressing health emergencies
 - Promoting healthier populations
- Three billion goal



"There is no public health without refugee and migrant health

There is no UHC without refugee and migrant health"











