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Summary Report

Migration, Health and Medicine Conference

22 November 2019, Brussels

**Jointly organised by the Federation of European Academies of Medicine (FEAM) with the
European Federation of Academies of Sciences and Humanities (ALLEA)**

**Hosted by the Royal Academies of Medicine of Belgium (ARMB and KAGB) in collaboration with
the French Academy of Medicine (ANM)**

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About the Federation of European Academies of Medicine (FEAM)

FEAM is the European umbrella group of Academies of Medicine, Medical Sections of Academies of Sciences and Academies of Pharmacy. It brings together 20 national Academies representing thousands among the best scientists in Europe. FEAM promotes cooperation between national Academies and provides a platform to formulate their collective voice on matters concerning medicine, health and biomedical research with a European dimension. Its mission is to extend to the European authorities the advisory role that national Academies exercise in their own countries on those matters.

About the European Federation of Academies of Sciences and Humanities (ALLEA)

ALLEA is the European Federation of Academies of Sciences and Humanities, representing more than 50 academies from over 40 countries in Europe. ALLEA operates at the interface of science, policy and society and speaks out on behalf of its members to promote science as a global public good.

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Disclaimer

The opinions presented in this report do not necessarily represent the views of all participants at the event, the Federation of European Academies of Medicine (FEAM), the European Federation of Academies of Sciences and Humanities (ALLEA) or its Member Academies.

All web references were accessed in December 2019.

Introduction

The estimated number of migrants in 2019 has reached 272 million¹. This number refers to “international migrants”, a term encompassing all people changing their country of habitual residence. With a population of 920 million and 53 countries, the World Health Organization (WHO) European region makes up for one seventh of the global population and accounts for around 35% of the world’s international migrant population².

During the past few decades, an increasing number of migrants and refugees have arrived in Europe. It is documented that more than 18,000 people have lost their lives in the Mediterranean while trying to arrive in Europe to escape conflicts, violence, natural disasters, human rights abuses, economic crises and instability³. Nonetheless, most the world’s migration flows occur within low and middle-income countries (LMICs) rather than from LMICs to high income countries⁴.

Migrant health is a complex topic with many factors such as socio-economic determinants of health, as well as biological and environmental interactions influencing health outcomes on migrant populations. This complicates the generalization of research findings from one community or from one country to the regional or global levels.

The issue is equally complex from the policy side. At the EU level, one reason for this complexity, is that while many aspects of migration and health can be dealt with a EU approach, the provision of healthcare services remains a competence of Member States. Access to healthcare services for migrants are different from Member State to Member State, and the implementation of EU strategies and policies is particularly difficult within this setting.

In spite of current efforts by the European Union, the WHO, the International Organization for Migration (IOM), Research Centers, NGOs, and Academia among others, more work is needed to provide scientifically validated data on the health of refugees and migrants across Europe and the world. The collection of valid and comparable data as well as scientifically sound analysis are essential to produce evidence-based policies.

Generating objective evidence and steering a well-informed and scientifically based debate were among the motivations to convene this **Conference on Migration, Health and Medicine**. This report summarizes the main messages discussed during the Conference. These messages are complemented by abstracts at the end of this report, and presentations by each speaker published on FEAM’s website⁵.

¹ <https://www.un.org/development/desa/en/news/population/international-migrant-stock-2019.html>

² World Health Organization, Regional Office for Europe, Report on the health of refugees and migrants in the WHO European Region. No public health without refugee and migrant health (2018).

³ <https://missingmigrants.iom.int/region/mediterranean>

⁴ Abubakar, Ibrahim, et al. "The UCL–Lancet Commission on Migration and Health: the health of a world on the move." *The Lancet* 392.10164 (2018): 2606-2654.

⁵ <https://www.feam.eu/events/migration-health-and-medicine-conference-22-november-2019/>

Migration is pervasive: people are “on the move” around the world

As mentioned by the Lancet Commission, migration is not a new phenomenon but rather a global reality:

“With one billion people on the move or having moved in 2018, **migration is a global reality**, which has also become a political lightning rod”⁶ (emphasis added).

It has been estimated that more than 90 million migrants live in the WHO European Region, which comprises 53 Member States⁷. This amounts to around 10% of its total population⁸. Statistics and estimates differ widely from country to country and also throughout the years. Statistics can also be perceived differently depending on how they are presented to the public. For instance, the increase in the number of refugees and migrants arriving to the European region –which was accentuated in 2015—gave much of the impetus for recent debate and work around migration. Nonetheless, data shows that most global migration occurs within low and middle income countries (LMICs) rather than from LMICs to high-income countries as the current debate would suggest⁹.

Statistics are further complicated by a complex terminology. The word migration is used to describe people moving from one country to another for many different reasons. Different conditions apply to migrants according to their legal status, with very important consequences for health and medicine. For instance, migrants have access to different healthcare services according to whether they are an asylum seeker, a refugee, or an irregular or undocumented migrant¹⁰. To complicate matters further, a migrants’ status is dynamic; an asylum seeker could become either a refugee or an irregular migrant according to the final decision about her or his right to asylum. While the terminology has been harmonised by the International Organisation on Migration (IOM), accurate and simple communication is essential to inform the public and reduce the spread of myths around migrants and migration.

Migration in the EU

Clear terminology is essential also at the European Union (EU) level. For instance, based on the freedom of movement of EU citizens, migration –in the sense of change in the country of a person’s habitual residence—happens within the borders of the European Union. However, the challenges discussed during the Conference focused on the movement of third country nationals into the EU.

The EU has allocated a significant budget for migration to deal with the large number of distressed people arriving to the EU’s Member States¹¹. This issue remains a priority for the next EU Commission and also within the next Multiannual Financial Framework (MFF 2021-2027), which

⁶ Abubakar et al., op. cit.

⁷ <http://www.euro.who.int/en/about-us>

⁸ World Health Organization (2018), op. cit., p. 2.

⁹ Abubakar et al. op. cit., p. 2610.

¹⁰ See UNHCR Master Glossary of Terms, <https://www.refworld.org/docid/42ce7d444.html>.

¹¹ See European Commission, A step-change in migration, management and border security https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20190306_managing-migration-factsheet-step-change-migration-management-border-security-timeline_en.pdf

foresees more coherence and links between programmes (e.g. external action, humanitarian investments, health programme, and Cohesion Funds, among others).

During the Conference, the impact of these investments was subject to further debate. Some participants and speakers mentioned that most of the budget is used for border control and only a little fraction is addressing health. It was also mentioned that while a rapid decline in the number of people coming to the EU could be interpreted as a positive outcome during the past few years, one of the possible reasons for this decline seems to be related to the EU providing financial help to Turkey to keep an important number of migrants within their territory. The unintended consequences of this and similar actions were discussed. While there was no unanimous view on the potential effects (and potential unintended consequences) of EU's activities on border control, this emerged as an important aspect deserving more cross-sectoral discussion, including the health sector.

The overall effects of migration were not the focus of this Conference. However, several speakers and participants referred to the potential positive effects of migration. This seems to be the case for Europe, where migration might balance a demographic negative growth trend (in terms of birth rates) and might not create significant burdens for EU citizens¹².

Specific actions to address health and migration in the EU

In addition to international treaties¹³, health is recognised as a right at the EU level¹⁴. For refugees, access to healthcare is enshrined in article 30 of the Directive for international protection¹⁵. However, for other types of migrants, including irregular migrants, the situation is different from country to country¹⁶. The different situation according to the migrants' status, coupled with other factors such as lack of information and awareness about legal entitlements, often results in barriers to accessing healthcare for vulnerable populations.

Closely related to the question of legal entitlements is the cost of providing health services to migrants. One of the most forceful arguments in policy debates comes from economic cost savings in providing access to healthcare services. A study discussed during the Conference found important cost savings in providing timely healthcare services for migrants, compared to delaying access to such care¹⁷.

¹² d'Albis H, Boubtane E, Coulibaly D. Macroeconomic evidence suggests that asylum seekers are not a 'burden' for Western European countries. *Science Advances* 2018; 4.

¹³ See the United Nations International Covenant on Economic, Social and Cultural rights.

¹⁴ See article 35 of the Charter of Fundamental Rights of the European Union, and the European Pillar of Social Rights https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en

¹⁵ See article 30 of Directive 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted establishes that "Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection".

¹⁶ <https://fra.europa.eu/en/publication/2016/healthcare-entitlements-migrants-irregular-situation-eu-28>

¹⁷ See Trummer, U., Novak-Zezula ,S., Renner, A., Wilczewska, I. (2016) Cost Savings Through Timely Treatment for Irregular Migrants and EU Citizens without Insurance. Commissioned by IOM, RO

While the provision of healthcare remains a national competence at the EU level, the European Commission cooperates with other organisations, including the WHO, IOM and NGOs on health and migration¹⁸. A particularly interesting area is at the intersection of health, migration and integration. Integrating migrants as health workers has the potential of contributing to address current shortages of healthcare workers. Many pieces of EU law (including rules on asylum, reception conditions and qualifications) interact to provide a legal framework in this area. Improvements to the current situation can be achieved by systematically assessing and supporting arriving migrants with a long-term vision that includes needs and skills' assessment as well as their potential integration into the job market and in particular, to the health workforce, when applicable.

Therefore, an important message that emerged is that broad collaboration is needed between EU and Member States as well as across sectors and institutions. These include the European Commission (DG Health and other DGs), the ECDC, the WHO, the IOM, NGOs, universities, academies and other organisations.

The health of migrants: a complex picture calling for more data to combat myths and improve conditions

An important message that emerged during the Conference, is that contrary to common wisdom, most migrants tend to be healthy when they leave their country of origin¹⁹. Factors such as strenuous conditions during the travel, violence, overcrowding in detention centres and camps, are important drivers of migrants' health problems "on the road", and at their places of destination²⁰.

However, it is important to avoid generalisations regarding the health status of migrants. Specific health areas have specific outcomes. For instance, a paradox of unexpected good maternal and perinatal health outcomes has been described and explored by experts both in the US and Europe²¹. In terms of communicable diseases, data shows that the prevalence of many transmittable diseases is lower when migrants arrive²². An important message reiterated by several speakers during the Conference- was that the flow of migrants does not pose a public health threat for local populations, in particular for Europeans. Many communicable diseases acquired by migrants are linked to overcrowding conditions in centres where migrants are hosted while "in transit" or at their destination and most of these could be easily prevented with better hygienic conditions in such centres.

Brussels, Migration Health Division in the Framework of the EQUI-Health Project 'Fostering Health Provision for Migrants, the Roma, and other Vulnerable Groups'.

¹⁸ Information about these initiatives can be found on the website of DG SANTE/ Migrant health:

https://ec.europa.eu/health/social_determinants/migrants_en

and a list of deliverables/ projects is available at:

https://ec.europa.eu/health/sites/health/files/social_determinants/docs/migrants_projects_en.pdf

¹⁹ See Abubakar et al., p. 2609-2610.

²⁰ Greenaway, Christina, and Francesco Castelli. "Infectious diseases at different stages of migration: an expert review." *Journal of travel medicine* 26.2 (2019).

²¹ See Hummer, Robert A., et al. "Paradox found (again): Infant mortality among the Mexican-origin population in the United States." *Demography* 44.3 (2007): 441-457 and Racape, Judith, et al. "Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socio-economic status." *BMC pregnancy and childbirth* 16.1 (2016): 75.

²² See Greenaway and Castelli (2019), op. cit.

Conversely, non-communicable diseases and especially mental health, seem to pose a particular problem for migrants. Mental health emerged as a critical aspect of migrants' health²³. Women, small children and other special groups within migrant populations are particularly vulnerable, and the challenge of violence both physical and psychological is dramatic in some of these groups²⁴.

This suggests that further emphasis should be given to mental health in migrants. Overall, given the important differences between different groups of migrants, a single snapshot on the status of the health in migrants is difficult, if not impossible. Better data can help to combat myths around migration, including in terms of actual numbers of migrants, the state of their health and the absence of public health threats to local populations due to the flow of migrants.

Overall, more longitudinal data is needed to better understand the health of migrants and the effect that other socio-economic determinants of health such as education, might have. Collecting, storing and using health data is a required but sensitive issue. Due protection to individuals and vulnerable populations is essential to foster trust and help data collection, sharing and analysis.

Global action on Migration and Health

The World Health Organisation (WHO) has been working on migrants' health²⁵. The European Regional Office of the WHO adopted a Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region in 2016. The European Regional office of the WHO has developed evidence-based responses to the needs of these groups and produced a report discussing the challenges and opportunities for developing and promoting migrant-sensitive health systems in the 53 Member States²⁶.

Once again, this report showed the need for data to be constantly updated. Data is especially lacking for vulnerable groups such as irregular migrants and on a disaggregated basis (by sex, age, and migration status). Accurate data that is scientifically valid and comparable is key to provide an accurate overview of this complex and changing situation and essential for evidence-based migration and health policies.

The power of data goes beyond specific migration and health programmes. Most speakers agreed that data on current number of migrants arriving to the EU and their state of health supports the lack of any threat for the health of EU populations or healthcare systems. Data is therefore also useful to clarify politically sensitive issues.

²³ See for instance, Camilla Hvidtfeldt, Jørgen Holm Petersen, Marie Norredam, Prolonged periods of waiting for an asylum decision and the risk of psychiatric diagnoses: a 22-year longitudinal cohort study from Denmark, *International Journal of Epidemiology*, and Priebe S, Giacco D, El-Nagib R. Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (Health Evidence Network (HEN) Synthesis Report 47).

²⁴ F El-Khoury, K Marr, M Melchior, M Héron, Equipe Baromètre Santé 2017, Verbal victimisation and mental health of sexual minority adults in France, *European Journal of Public Health*, Volume 29, Issue Supplement_4, November 2019

²⁵ See among others, Resolution of the World Health Assembly, WHA61.17 (2008), "Health of migrants" and WHA70.15 (2017), "Promoting the health of refugees and migrants" WHA61.17.

²⁶ World Health Organization (2018).

Looking at present trends on migration and health with a view towards the future

People are on the move for very different reasons. Climate change and conflicts (which are both also related to each other) might change the current situation and lead to a migrant crisis²⁷. The lack of availability of water in vast regions of the world might exacerbate this. Currently, the EU is putting forward an ambitious green deal, and it was suggested that the effects of climate change in migration and health should be thoroughly considered in this plan²⁸. It is essential that complex issues such as climate change, conflict resolution and migrants' health are addressed with a multi-sectoral and holistic approach.

Public health authorities need to work with NGOs, Universities, enforcement authorities and many other sectors to tackle such a complex landscape. The particular role of NGOs in migration and migrants' health was described as a key but difficult question. By working in the field, NGOs are well placed to better understand and represent the voice of vulnerable and underrepresented populations (including migrants and refugees). An example of this is the study undertaken by Doctors of the World (Médecins du Monde)²⁹ in Niger, Morocco and Tunisia, which exposed the severe conditions and violence suffered by migrants during their strenuous journeys³⁰. However, NGOs are facing increasing challenges, including lack of funding.

Universities have also contributed to a wide debate on migration and health, for instance through the M8 Alliance's Expert Meeting on Migrants' and Refugees' Health. Such discussions supported by careful reviews and analyses can shed light and help address these critical issues with evidence and scientific information³¹. In a similar role, Academies can contribute to foster a broad dialogue with multiple sectors. As independent organisations representing the research communities and a wide number of European experts in multiple disciplines, FEAM and ALLEA have joined their voices to call for a wider and continuous debate that helps to produce reliable, validated and comparable data to inform policies and combat myths around migration and health.

This "Migration, Health and Medicine" Conference marked the beginning of this work, which will continue with the Bicentennial Symposium organised by the French Academy of Medicine with various partners, including FEAM and ALLEA, which will take place in Paris on 22 January 2020³².

²⁷ Watts N, Adger WN, Agnolucci P, et al. Health and climate change: policy responses to protect public health. *Lancet* 2015; 386: 1861–914.

²⁸ https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission_en.pdf

²⁹ <https://www.medecinsdumonde.org>

³⁰ E Spoel, K Accoe, S Heymans, P Verbeeren, X de Béthune, Migrants' social determinants of health: living conditions, violence exposure, access to healthcare, *European Journal of Public Health*, Volume 29, Issue Supplement_4, November 2019.

³¹ Bempong, N., Sheath, D., Seybold, J. et al. Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert Meeting. *Public Health Rev* 40, 3 (2019) doi:10.1186/s40985-019-0113-3

³² https://www.feam.eu/?post_type=events&p=1993

Annex 1. Abstracts of presentations

George Griffin

Introduction

We are gathered today as a privileged audience. We have good access to clean water, housing and most of all education. It is widely known that socio economic determinants are key factors that affect an individuals' health. Different in such important health determinants between different population groups are important contributing factors to health inequalities. For instance, large inequalities exist with regard to tobacco consumption and education across Europe.

FEAM is therefore glad to work with the European Federation of Academies of Sciences and Humanities (ALLEA) on health inequalities to contribute to tackling the problems affecting people at a disadvantage, including people that are at a disadvantaged position because of migration. FEAM is the Federation of European Academies of Medicine. It represents 20 Member Academies of Medicine, Medical sections of Science Academies, Academies of Veterinary and Pharmaceutical Sciences. FEAM's mission is to promote cooperation between national Academies and provide them with a platform to formulate a collective voice on matters concerning medicine, biomedical research, and health. We aim to extend to the European authorities the advisory role that they exercise in their own countries on those matters.

The purpose of this Conference is to contribute to better understanding and wide debate on migration, health and medicine. As independent bodies providing scientific advice and exercising an advisory role for policymakers, Academies are well-positioned to address complex questions such as health and migration and health inequalities. FEAM will continue this work with a forthcoming symposium that will take place in Paris to discuss health inequalities, and health and migration.

Graham Caie

Introduction

Let me start this short address by expressing gratitude to the hosts, our co-organisers, today's speakers and panelists as well as the audience who took the time to join us today as we address a highly debated, polarized topic that has been surrounding migration in Europe lately. My name is Graham Caie and I am the Vice President of ALLEA, the European Federation of Academies of Sciences and Humanities. Through its membership, ALLEA covers more than 50 academies from over 40 EU and non-EU countries. Since its foundation in 1994, ALLEA speaks out on behalf of its members on the European and international stages, promotes science as a global public good, and facilitates scientific collaboration across borders and disciplines. By unifying the best scientists across the Council of Europe region, ALLEA also provides scientific advice to policy via multiple initiatives, as the present one where we have joined forces with FEAM and the Belgian Academies, but also through the SAPEA project in providing evidence-based policy advice to the European Commission via its Scientific Advise Mechanism. Interdisciplinarity as well as independent and timely scientific advice lie at the core of our activities and belong to the strategic priorities we have set for the next 5-year period ending in 2024. We thus greatly appreciate the opportunity to work with FEAM on the topic of migration.

“Migrant” is an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. Note: At the international level, no universally accepted definition for “migrant” exists. This, ladies and gentlemen, is what the International Organization for Migration lists on their website in an attempt to determine common working terminology. Well, being clear on semantics is a good start! Yet, as we dive deeper into this domain, there is much more to take into account than just the change of person’s country of residence. Over the last few years there has been a rapid increase in the number of migrants coming to Europe as a result of war or persecution. Much of this migration has been from countries such as Iraq, Syria, Afghanistan, Libya, North and West Africa and elsewhere. This has presented Europe with challenges and opportunities – the most familiar emerging in the labour and housing markets, education and culture. However, another equally important aspect is health and – as a result – the need of healthcare systems in host countries to adapt to these recent changes.

Access to good quality and equitable healthcare is an essential aspect of social inclusion of migrants. These people have gone through traumatic experiences and have put their lives in peril to reach a safe environment in Europe; an environment that will help them succeed. In turn, European societies should follow a pathway marked by solidarity and shared responsibility, where respect for human dignity, democracy and equality determine our common agenda on migration. We should further leverage national and European efforts to address migrant health, by working together in an effective way and by meeting our international and ethical obligations.

To inform health-policy decisions, particularly around the burden of migration on health systems, we see a need for more robust evidence. Though data on migrant health service use is inconsistent across Europe, such data is needed to ensure policy decisions around entitlement to care or health priorities are evidence-based, and to advocate for accessible and appropriate services for migrants. To that effect, Academies that assemble cross-cutting, multi-disciplinary expertise and the one that transcends borders are well placed to act as a source of independent and trustworthy information. By synthesizing scholarly acquired knowledge across all disciplines, Academies are in an undoubtedly unique position to offer qualified counselling to policy, including on the issue of migration. Today, we will look at this topic from different angles and I am confident that each and every presentation will spark your interest to engage in a constructive and lively dialogue, so we can leave this room at the end of the day with important takeaways and invest further thoughts in them.

John Ryan

European Commission Activities on Migration and Health

The past four years have seen an unprecedented effort by the EU to address the challenge of migration, which has contributed to reducing irregular arrivals to the lowest level in 5 years. The EU has offered protection and support to millions of people. It has done so by supporting Member States on the external border in handling large numbers of arrivals and financing numerous projects across the EU to support the integration of refugees and other legally residing third-country nationals. Working together with partners worldwide to address root causes and promote orderly migration management, including the readmission of migrants irregularly staying in the EU.

Additionally, the health sector plays an important role as catalyzer for social and economic development and integration of migrants in European countries. Acknowledging the importance of health and the right to health, a variety of projects have been initiated with the aim of improving the access and quality of healthcare for migrants.

This work must continue. The fact that the number of irregular arrivals is decreasing is no guarantee for the future, considering the likely continuation of migratory pressures. Addressing the root causes of irregular migration is inevitably a long-term project. Managing migration needs a sustained, long-term and united effort from the EU, based on the principles of solidarity and fair sharing of responsibility. In terms of health, some key action points include supporting health system strengthening and resilience in countries of origin, supporting the training of the health workforce in transit and host/destination countries and developing the health information system. Under these broad action points, multiple activities, joint actions, grant agreements and contracts with NGO's have been ongoing, as part of the Third Health Programme 2014-2020. Training of healthcare workers, joint actions on health inequalities and currently, integrating more of EU health policies in activities related to migration. All these initiatives are already delivering results and have the potential to deliver further³³.

Elisabeth Waagensen

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

Directly concerning almost 10% of the total population in the WHO European Region, migration is a growing phenomenon, influencing the health and development of migrant and host communities. This should be addressed with strong interventions focusing on Universal Health Coverage and using the building blocks of health systems. Migration and Health as a topic has attracted significant political and technical interest in recent years, and the Migration and Health Programme at the WHO Regional Office for Europe, works within four main pillars of work to provide evidence-informed responses to the public health challenge. The publication of the "Report on the health of refugees and migrants in the WHO European Region", the first of its kind, created an evidence base with the aim of catalysing progress towards developing and promoting migrant-sensitive health systems in the 53 Member States of the WHO European Region and beyond. This presentation aims to introduce the programme and briefly discuss the main public health outcomes of the report concerning disease specific outcomes, the health system challenges and the importance of available health data.

³³ Information about these initiatives can be found on the website of DG SANTE/ Migrant health: https://ec.europa.eu/health/social_determinants/migrants_en and a list of deliverables/ projects is available at: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/migrants_projects_en.pdf

Xavier de Bethune

From care for migrants on their road to the identification of a model of health and migration: the experience of Doctors of the World (DoTW)

Migration has been identified as an important socio economic determinant of health. This comparative quali-quantitative survey developed in 4 locations (including Niger, Morocco and Tunisia) identified further information about different factors such as living conditions, exposure to violence and access to healthcare as composing the overall picture for migrants' health.

The study comprised interviews for 461 migrants and found that events such as long duration, violence, barriers to access healthcare, are present in migration and have an overall negative impact on health. The study recommended that authorities should address the structural factors of violence against migrants and that the health needs of migrants should be taken into account in policies at all levels.

Sonja Novak-Zezula

Migrant health and its economic aspects

While the right to health care is acknowledged in many international declarations, national regulations in the majority of EU member states are restricting entitlements to access healthcare services to certain population groups depending on their legal status. Besides legal regulations, often “practical” barriers (such as language and cultural barriers) affect the accessibility of healthcare services for migrant groups.

The main arguments for improving access to health care for migrant groups have often been primarily based on public health considerations, human rights claims and ethical principles of equity. However, the respective political debates often focus on economic arguments such as (presumed) related health expenses, and the need to safeguard scarce resources.

A vignette study, carried out at the Center for Health and Migration within the framework of IOM's EQUI-HEALTH project “Fostering health provision for migrants, the Roma, and other vulnerable groups”, evaluated the economic costs of timely treatment provided in a primary health care setting versus the costs of delayed treatment in a hospital, the latter occurring most often due to exclusion from the mainstream health care system. Using a micro-costing approach in four European countries (AT, BE, ES, IT) analysing six primary care sensitive medical conditions, the study shows the cost-saving potential of timely treatment in primary care settings.

Maria Melchior

Mental health of adults and young people

Migrants are an important share of the population in many countries, yet with the exception of asylum seekers and refugees, the mental health difficulties they may face, as well as the underlying mechanisms have not been extensively studied. Using data from various epidemiological sources,

this talk will aim to show where we stand currently and where future research in this area should head.

Manuel Carballo

Migrant Health and Infectious Diseases: A Cause for Concern?

If, why and to what extent, there should be concern about migration and infectious diseases has long been a theme of international public health debate. Today it has also become a recurrent theme in much of the public and political discourse surrounding what is seen as a growing wave of migration in and between countries. In both cases, the outcomes of current debates will have major implications for how one of the most important demographic and social shifts in recorded history will be managed by national governments and the international community. Infectious diseases seen as being associated with migration and migrants have always been a cause of fear and public health interventions, but in an era of vastly improved prevention, diagnostic and treatment modalities on the one hand, and a growing respect for human rights and the ethics of screening on the other, the nature of the debate will have to change. As it does, we may have to acknowledge that we may not necessarily know enough about the migration-disease nexus. In the case of the public and political debate, robust evidence is often lacking or has been inappropriately used when it has been available. Given that forced migration will continue to increase in the coming years, it is imperative that we try to arrive at mid-way conclusions that can support the health policy and political decisions that are called for.

Ibrahim Abubakar

The UCL-Lancet Commission on Migration and Health: the health of a world on the move

With one billion people on the move, migration is a global reality and an important determinant of health. Although estimates indicate that the majority of global migration occurs within low- and middle-income countries (LMICs), the most prominent dialogue focuses almost exclusively on migration from LMICs to high-income countries. Today, populist discourse demonises the very same individuals who uphold economies, bolster social services and contribute to health services in both origin and destination locations. Drawing on the UCL-Lancet Commission on Migration and Health this talk challenges pervasive myths on migration and health in order inform public discourse and policy.

The themes in the full commission report, some of which will be addressed in this talk include 4 key areas. First, we challenge common myths and highlight the diversity, dynamics, and benefits of modern migration as they relate to population and individual health. Migrants generally contribute more to the wealth of host societies than they cost. Second, we examine multi-sector determinants of health and consider the implication of current sector-siloed approaches. The health of people who migrate depends greatly on structural and political factors that determine the impetus for migration, the conditions of their journey and their destination. Third, we critically review key challenges to healthy migration. Population mobility provides economic, social and cultural dividends for those who migrate and their host communities. Furthermore, the right to health, regardless of location or migration status, is enshrined in numerous human rights

instruments. However, attention to migration focuses largely on security concerns and where there is conjoining of the words ‘health’ and ‘migration’ it is either limited to small subsets of society and policy, or negatively construed. Fourth, we examine equity in access to health and health services and offer evidence-based solutions to improve the health of migrants. Migrants must be explicitly included in universal health coverage commitments. Ultimately, the cost of failing to be health-inclusive may be more expensive to national economies, health security and global health than the modest investments required.

We conclude that migration must be treated as a central feature of 21st century health and development. Commitments to health of migrating populations should be considered across all Sustainable Development Goals (SDGs) and in the implementation of the Global Migration and Refugee Compacts. The Commission offers recommendations that view population mobility as an asset to global health.

Pierre Buekens

Maternal and Perinatal Care Among Migrants

Perinatal outcomes are often surprisingly good among migrants. This paradox has been well described in the United States. Mothers of Mexican origin have fewer low birthweight and preterm deliveries than non-Hispanic white women. This “Hispanic paradox” also applies to infant mortality, which is low among children born to women of Mexican origin. In Europe, women of North African origin have few low birthweight and preterm deliveries. This paradox could be explained in part by a healthy migrant effect and a protective culture. Examples of protective culture include low frequency of smoking and alcohol use and strong social networks. Acculturation often has a negative impact on perinatal outcomes.

A similar paradox was observed during wars. For example, maternal and child health improved in many areas during both World Wars, except in cases of extreme famine. This improvement has been linked, in part, to better access to emergency obstetrical care, to nutritional supplementation programs, and to the empowerment of women.

Today, access to care remains a challenge for many migrants and refugees. There are large national and regional variations of eligibility to affordable maternal and perinatal care for undocumented migrants. By the same token, overmedicalization is also a risk, with some groups of migrants having high rates of Cesarean sections.

Migrants and refugees should be expected to have similar or better maternal and perinatal health outcomes than the rest of the population. Health authorities should carefully monitor maternal and perinatal indicators among migrants and react quickly if they are not found to be optimal.

Luciano Saso

Refugee and migrant health issues in Europe: the important role of Universities

Several studies indicate that refugees have higher morbidity from several mental health disorders such as post-traumatic stress disorder, anxiety and depression compared to the native population or family reunification immigrants. That can be due to pre-, during- or post-migration stressors. Universities and other higher education institutions can play an important role in favoring the

integration of refugees, thus reducing the post-migration living difficulties and possible mental disorders, by providing:

1. Training of experts (medical professionals, intercultural mediators, psychologists, etc.) for refugee centres and hospitals to offer high quality and culturally acceptable medical services. Some of these experts could be former refugees themselves since many of them are highly educated. Fast tracks for the recognition of academic and professional titles should be implemented as recently done in Sweden.
2. Education opportunities for young people, facilitating the access by full recognition of previous studies, skills and titles, creating preparatory and bridging courses, providing more scholarships, etc.
3. Research opportunities for all qualified refugees also in collaboration with the initiative Science4Refugees by the European Commission³⁴.
4. Cultural and sport offers, very useful to facilitate integration of young people.
5. Advice to Political Authorities

Many “good practices” can be found on the Refugee Welcome Map of the European University Association (EUA)³⁵. Universities, in cooperation with other organizations of the Civil Society can prepare projects which can be funded under different European schemes:

- Erasmus+ programme is already funding more than 70 projects addressing migration issues³⁶
- A call on “Migrants’ health: Best practices in care provision for vulnerable migrants and refugees” was published within the 3rd Health Programme³⁷
- The Asylum, Migration and Integration Fund (AMIF) (€ 3.137 billion for the period 2014-20) promotes the efficient management of migration flows and the implementation, strengthening and development of a common Union approach to asylum and immigration³⁸

Another European tool which could be strengthened is the European Voluntary Service³⁹. Allocating more funds and resources it would be possible to organize trainings for young Europeans in view of short placements in refugee facilities inside and outside the EU under the supervision of expert staff members. This measure would be very useful to improve the quality of the refugee centres and, in this moment of crisis for the EU, could help to reinforce, among young people, the European values (peace, reconciliation, democracy and human rights) for which the EU was deservedly awarded the Nobel Peace Prize in 2012.

³⁴ <http://ec.europa.eu/euraxess/index.cfm/jobs/science4refugees>

³⁵ <https://www.eua.eu/101-projects/541-refugees-welcome-map>

³⁶ https://ec.europa.eu/budget/euprojects/search-projects_en?combine=&broad_area=345&project_country=All&programme=All&priorities=All&=Apply

³⁷ <http://ec.europa.eu/research/participants/portal/desktop/en/home.html>

³⁸ http://ec.europa.eu/dgs/home-affairs/financing/fundings/migration-asylum-borders/asylum-migration-integration-fund/index_en.htm

³⁹ https://europa.eu/youth/EU/volunteering/european-voluntary-service_en

Alfred Spira

Access of migrants to healthcare in European countries

People who are moving from their country to a foreign one for more than one year may be either regular migrants, asylum seekers, refugees or undocumented migrants. Their rights to access to health services are completely different according to their legal status in their host country.

The 1966 UN International Covenant on Economic, Social and Cultural rights as well as the 2013 EU Directive for International protection recognize the right for everyone to the enjoyment of the highest attainable standard of physical and mental health and access to emergency care and essential treatment of illnesses and of serious mental disorders. All EU member states recognize these European human rights. But, paradoxically, within member States, health care legal entitlements rely on very diverse national regulations. Access to health care for migrants in European countries is a national competence. It is often dependent upon the legal status of migrants, with undocumented migrants facing the biggest challenges in accessing health care. This creates a paradox with contradictory demands of inclusion within the health care systems seen as a human right and exclusion from health care through national definitions of inclusion like citizenship of origin, insurance contributions, or a specific status such as registered asylum seeker or refugee. Contradictory demands create uncertainty for health care organisations (mostly NGOs) and their personnel: if they provide care, they may act against national legal and financial regulations; if they do not provide care, they violate human rights and exclude the most vulnerable. This paradox cannot be resolved at a practice level but has to be managed in such a way that neither human rights nor national regulations are violated, in accordance with European and national regulations⁴⁰.

Diversity of access to health services in European countries will be analyzed in this presentation, focusing on national regulations and difficulties resulting in the lack of health services provision. The examples of France and Germany will be detailed. On top of barriers to receive care generated by lack of entitlement due to legal status (undocumented migrants, asylum seekers, refugees), other barriers emerge from the low awareness of chronic disease risks among migrants who are often in good health as a consequence of the “healthy migrant effect”; low awareness of the organization of health services in host countries; problems arising from language and communication problems.

Improvements may arise from ensuring that all health staff are aware of rights and entitlements, access to timely high-quality interpreting services, information and education for migrant patients about national health care services, exchange of migrant personal health information between countries.

⁴⁰ Karl-Trummer, Ursula, Novak-Zezula, Sonja, Metzler, Birgit (2009): Managing a Paradox: Health Care for Undocumented Migrants in the EU. In: Finnish Journal of Ethnicity and Migration; 4, 2; 53-60; http://c-hm.com/wp-content/uploads/2019/09/Managing-a-Paradox_Health-Care-for-UDMs-in-the-EU_2009.pdf

Annex 2. Speakers' Biographies

Professor George Griffin, President of FEAM



George Griffin is the President of the Federation of European Academies of Medicine (FEAM). He is Emeritus Professor of Infectious Diseases and Medicine at St George's, University of London, a Board Member of Public Health England and a fellow of the UK Academy of Medical Sciences. Prof. Griffin gained his BSc in Pharmacology and Molecular Biology at King's College London Sciences, where he was awarded the Delegacy Prize for Excellence in Preclinical Science. He was awarded a PhD in Cell Biology/Biochemistry at the University of Hull, and returned to clinical studies at St George, University of London, where he was awarded the MBBS. During this time, he was awarded a Harkness Fellowship of the Commonwealth Fund of New York at Harvard Medical School. On return to the UK, he continued clinical training at the Royal Postgraduate Medical School where he was tutor in Medicine, and the National Hospital for Nervous Diseases. He then returned to St George's as lecturer, was awarded a Wellcome Trust Senior Lectureship and became consultant physician on the Clinical Infection Unit where he was instrumental in developing an internationally renowned research unit twinned to the Clinical Unit. He held prestigious research fellowships in the University of Michigan and National Institutes of Health. Professor Griffin was awarded the distinction of CBE in 2018 (Commander of the British Empire) for his research and its contribution to Public Health. His research has focused on the host response to infection at cell, molecular and whole body level and his principal clinical contributions have been in the characterisation of intestinal disease in HIV infection, mechanisms of weight loss in HIV and definition of loss of mucosal immune response in advanced HIV infection.

Professor Graham Caie, President of ALLEA



Professor Graham Caie CBE currently serves as Vice President of ALLEA, the European Federation of Academies of Sciences and Humanities. He is a Fellow and former Vice President of the Royal Society of Edinburgh and Deputy Chair of the National Library of Scotland. He is on the Advisory Board of the British Council, Scotland, and on the Court (governing body) of Queen Margaret University, Edinburgh. He is a former Vice Principal of the University of Glasgow where he is now Professorial Research Fellow. He is Emeritus Professor of English Language at the University of Glasgow and a Founding Fellow of the English Association.

John F. Ryan, Director, Public Health, Country knowledge and crisis management, European Commission



John F. Ryan is Director of the Commission Public Health, country knowledge, crisis management directorate since September 2016. Previously, in the same department, he was the Head of Unit responsible for health threats, health information, the cancer programme, the pollution related disease programme, the drugs prevention programme, the health monitoring programme, the health promotion programme, the rare diseases programme and the injury prevention programme. Most recently, he led the unit responsible for health determinants and inequalities. He was a Commission representative on the Board of the EU Lisbon Drugs Agency, and is currently the Commission representative on the Board of the European Centre for Disease Prevention and Control. He also had the charge of dealing with tobacco control issues including product regulation directives, tobacco advertising, and the WHO international treaty negotiations for a tobacco convention. He has previously worked in other European Commission departments dealing with the completion of the internal market, and on international trade negotiations. He is also an official of the Irish civil service (on leave).

Dr Elisabeth Waagensen, Medical doctor and consultant for the Migration and Health Programme at the WHO Regional Office for Europe



Elisabeth Waagensen is a Medical Doctor and a Master in Disaster Management from the School of Global Health at the University of Copenhagen, currently a consultant for the Migration and Health Programme at the WHO Regional Office for Europe.

Dr. Waagensen worked in clinical medicine for a number of years, also earning a degree in Health Coaching from the Institute of Integrative Nutrition in New York. Whether in medical practice or in coaching, the importance of working intensively with personal motivation methods and promoting prevention of illness through a holistic approach to health and well-being that tackles the specific determinants of health that an individual may face in their own life has remained a focus of her work.

While finishing her thesis on the perception of preparedness by Danish medical doctors in case of large-scale Emergencies, Elisabeth started working with the Migration and Health Programme. Her primary responsibilities include developing the research and evidence agenda for the programme, acting as focal point for the WHO Collaborating Centers in Refugee and Migrant health, and for administrating the production of publications from the programme.

Dr. Xavier de Béthune, Medical Director, Médecins du Monde, Belgium



Dr. Xavier de Béthune is Health Director with Doctors of the World-Belgium. He supervised for 4 years an increasing number of programmes taking care of the health and even more of the rights of migrants in Belgium, Europe, North Africa and Niger. He used to be a quality of care expert in hospitals in Belgium after having spent 20 years in health development programs in several African countries and in the academic world. Today he mainly represents the health expert of DotW on health and migration, Dr Estelle Spoel. She is presenting her study at the EPHA in Marseille.

Dr Sonja Novak-Zezula, Managing Director of the Center for Health and Migration, Austria



Sonja Novak-Zezula, Ph.D in Sociology, Mag.rer.soc.oec. in Communication Sciences, is Managing Director of the Center for Health and Migration and Executive Partner of Trummer & Novak-Zezula OG. Her main fields of research are health and migration with a special focus on vulnerable migrant groups, and quality development of health services and public health systems.

Dr Maria Melchior, INSERM, Epidemiologist Research Director at the French National Institute of Health and Medical Research (INSERM)



Maria Melchior is Research Director at the French National Institute of Health and Medical Research (INSERM) (ScD in Social Epidemiology at Harvard University). Her research focuses on social inequalities in mental health, with a particular emphasis on developmental trajectories from childhood to adulthood and the intergenerational transmission of psychiatric disorders. Most projects have relied on data collected in longitudinal cohort studies of children set up in France (EDEN, ELFE, TEMPO) or other countries (Dunedin study set in New Zealand, ELDEQ in Canada). Maria Melchior received the Research Prize of the European Psychiatric Association (2012) and the Early Career Award of the International Society of Behavioral Medicine (2004). She is the author or co-author of over one hundred publications in international peer-reviewed journals. Since 2018, she's head of the Department of Health at the Convergences Institute on Migrations in Paris.

Professor Manuel Carballo, Executive Director of the International Centre for Migration Health and Development ICMHD, former Chief of Social and Behavioral Research, WHO Global Program on AIDS, former Public Health Advisor to Bosnia and Herzegovina, former Professor of Clinical Public Health at the Columbia University Mailman School of Public Health, New York.



Dr Manuel Carballo is an epidemiologist specialized in migration and migrant health. He is Executive Director of the International Centre for Migration Health and Development in Geneva. Prior to joining ICMHD, he held a number of senior scientist posts at WHO. He was the Scientific Coordinator of the first International Study on Breastfeeding and Child and Maternal Health undertaken by WHO. Then in 1986 he was one of the three-person team asked to develop the WHO Global Program on AIDS (GPA) where he remained until 1992 as Chief of Behavioral Research on HIV/AIDS. Since joining ICMHD he has coordinated major studies on the impact of migration on the epidemiology of viral hepatitis, migration and diabetes, impact of war on maternal and child health, access to healthcare and social integration of migrants, and psychosocial health of displaced populations. He is a technical adviser to the ECDC, the Council of Europe, WHO and UNAIDS on migration and health.

Professor Ibrahim Abubakar, Director, UCL Institute for Global Health / Chair, Lancet Commission on Migration and Health



Professor Ibrahim Abubakar (MBBS, DPH, MSc, PhD, FFPH, FRCPE, FRCP) Director of the University College London Institute for Global Health (IGH). He is honorary Consultant at Public Health England, an NIHR Senior Investigator and honorary professor at the London School of Hygiene and Tropical Medicine. Over the last 3 decades he has had a career with leadership roles spanning clinical, academic and public service work. He was a senior scientist at the MRC Clinical Trials Unit and was head of TB at Public Health England until his appointment at UCL IGH. Prior to joining UCL in 2012, he was Professor in Health Protection at the Norwich Medical School. He qualified in medicine and initially trained in general medicine before specialising in public health medicine. His academic training was undertaken at the London School of Hygiene and Tropical Medicine, University of Cambridge, the University of East Anglia and Ahmadu Bello University.

He has extensive experience of expert advisory group and funding panel work and is currently chair of the WHO main advisory group for tuberculosis - Scientific and Technical Advisory Group for TB (STAG TB),

chair of the Wellcome Trust Population Health ERG and the UK NICE guideline development group for obesity, board member of the Open Society Foundations public health programme, the African Research Excellence Foundation, the WHO HIV and Hepatitis Strategic Advisory Committee and the MRC Global Health Board. He chaired the UCL Lancet Commission on Migration and Health.

His global health research interests combine health system and policy and a focus on the epidemiology and control of diseases affecting vulnerable populations including tuberculosis, HIV, hepatitis and emerging infections with studies in multiple countries. He has published over 300 peer reviewed papers (h-index 62), several book chapters and an infectious disease epidemiology textbook. He is currently leading a Lancet Nigeria Series.

Professor Pierre Buekens, Director of the center for emerging Reproductive and perinatal Epidemiology Tulane university USA



Pierre Buekens *MD, MPH, PhD*, is W. H. Watkins Professor of Epidemiology at the School of Public Health and Tropical Medicine and Adjunct Professor of Obstetrics and Gynecology at the School of Medicine at Tulane University, New Orleans. He is also Director of the Center for Emerging Reproductive and Perinatal Epidemiology (CERPE). Dr. Buekens was Dean of Tulane School of Public Health and Tropical Medicine from 2003 to 2018. He previously was Professor and Chair of the Department of Maternal and Child Health and Associate Dean for Global Health in the School of Public Health at The University of North Carolina at Chapel Hill. Dr. Buekens earned his MD, MPH, and PhD degrees from the Free University of Brussels (Belgium). In 2010 he was awarded an Honorary Doctorate in Medical Sciences by the University of Suriname. He is a Corresponding Member of the Royal Academy of Medicine of Belgium and is immediate past chair of the Board of the Consortium of Universities for Global Health (CUGH). Dr. Buekens' research interests are in global perinatal and reproductive epidemiology.

Professor Luciano Saso, Vice-Rector for European University Networks, Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy



Luciano Saso is Professor at the Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy. Professor Saso received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 220 scientific articles published in peer reviewed international journals with impact factor (SASO-L in www.pubmed.com, total impact factor > 500, H-index Google Scholar 43, Scopus 35). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years.

Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 15 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA.

Prof. Saso is the Representative of Sapienza in the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and organized three Expert Meetings on Migrant and Refugee Health in Rome <https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>

Professor Erika Vlieghe, Head, Department of General Internal Medicine, Infectious diseases and Tropical medicine, University Hospital Antwerp



Dr. Erika Vlieghe is Head of the Department of General Internal Medicine, Infectious diseases and Tropical Medicine at the University Hospital Antwerp. She is an internal medicine and infectious diseases specialist with extensive experience in Belgium as well as in the tropics. She also works as a senior clinical staff member and researcher at the Institute of Tropical Medicine in Antwerp. Prof. Vlieghe teaches tropical medicine and infectious diseases at ITM and University of Antwerp.

The past few years she carried out pioneering research on antibiotic resistance in Southeast Asia in the framework of her PhD. In October 2014 she was appointed as national Ebola coordinator in Belgium.

Professor Alfred Spira, French Academy of Medicine



Alfred Spira (MD, PhD) is an Honorary Professor of Public Health and Epidemiology at Paris School of Medicine, a member of the French National Academy of Medicine. Head of Epidemiology Department at the Bicêtre Hospital, he led research units at Inserm on Human reproduction epidemiology and Public Health research and then developed the National Institute for Public Health Research (IReSP). He participated in numerous international research consortia and national and international scientific committees, particularly with WHO. Since January 2014, he has been a volunteer doctor at the French Médecins du Monde and Samusocial de Paris, a member of the National Support Group of the Federation of Solidarity Actors. He promotes a multidisciplinary and political position for public health, where each discipline brings its critical views and dialogues with others, while keeping its theoretical and methodological specificities.

He contributes to the consideration of public health through numerous interventions: articles in the major press, radio (Science Culture) and TV programs (Journal of Health), organization of public debates (Jeudis de la santé with Inserm, Institut Pasteur and Liberation), participation in associative and political life. Through his social and political commitment, he contributes to the consideration of health in social dynamics, in the face of major contemporary issues such as environmental changes, human migrations, and access to human rights for all.

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