

Making the link: migration, refugees and health needs

POLICY
PRÉCIS

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This issue of Policy Précis takes stock of relevant EU policies, funds, and programmes relating to the reception and integration of refugees and asylum seekers, with a special focus on health and the social determinants of health. It presents good practices from some members of EuroHealthNet and outlines where progress can be made.

The Situation

WHO Director-General, Dr Margaret Chan, called migration a “fact of life in a world increasingly defined by vast inequalities in income levels and opportunities” and designated four urgent needs:

- to have better data on the health needs of migrants as a foundation for setting realistic priorities for host countries;
- to make changes to the existing policy and legal frameworks in the host countries in order to guarantee access to health care and social services and to integrate migrants;
- to create migrant-sensitive, culturally and linguistically appropriate health systems;
- and to establish collaborative networks and international dialogue to cope with the challenges.¹

In 2015, 1,255,600 first time asylum seekers applied for international protection in the Member States of the EU, a number more than double that of the previous year (see Figure 1)². In the first quarter of 2016, the number of persons seeking asylum from non-EU countries in the EU28 reached 287,100³. According to the Fundamental Rights Agency, “with about 60 million people in the world forcibly displaced as a result of persecution, conflict, generalised violence or human rights violations, the scale of these movements is likely to continue for some time”⁴.

How effectively EU States can receive refugees and asylum seekers, provide access to health care and support social integration of migrants will be key for the future of the EU. The unprecedented number of people arriving in the EU has placed employment, education, health, housing and social systems of the host countries under additional pressure. This has prompted the EU to identify the phenomenon as a crisis and “as the immediate priority of action in the EU”⁵.

Many refugees and asylum seekers, due to immediate journey exhaustion and conditions and also the lack of appropriate health

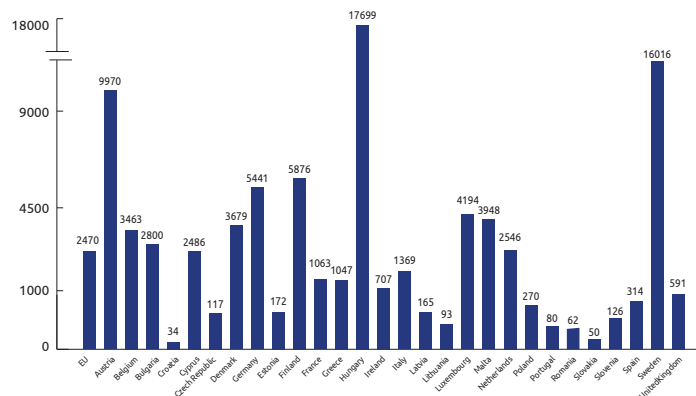


Figure 1 - First time asylum applicants in the EU Member States in 2015
Number of applicants per million inhabitants

care in their country of origin, suffer from health disorders⁶. Their state of health often lags behind that of host populations. There are wide variations between Member States in access to health care. They also experience inequities in access and quality of healthcare services often caused by linguistic and cultural barriers.⁷ In order to successfully tackle inequities “it is necessary for health systems not only to improve the services available to migrants ..., but also to address the social determinants of health across many sectors”⁸, such as employment, education, housing, social security, etc.

The scale of the migratory challenge requires collaborative actions between the EU member states, civil society, the European Commission, WHO, IOM and other international organisations, as well as cooperation between different disciplines and sectors. The European Council states that “migration is a global challenge that requires a strong response from the international community”⁹.



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EU Policies, Funds And Programmes

The European Commission (EC) has mobilised substantial resources and funded several projects to support healthcare systems in the EU Member States facing particular migratory challenges, while acknowledging that “...ill health and lack of access to health services can be a fundamental and ongoing obstacle to integration, with an impact on virtually all areas of life and shaping the ability to enter employment, education, learning the host country’s language and interacting with public institutions”¹⁰.

In June 2016 the EC adopted the ‘*Action Plan on the integration of third country nationals*’¹¹ focusing on “the principle of a two-way process of integration”, meaning that the EU does not only expect third-country nationals to embrace the fundamental values of the EU, but also provides opportunities to participate in the economy and the society of the country in which they settle down. The Action Plan includes policy priorities in relation to pre-departure/pre-arrival measures, education, labour market integration and vocational training, access to basic services, active participation and social inclusion.

The EC has more than doubled relevant EU funding in 2015 and 2016, both in and outside the EU (see Figure 2)¹², raising the budget of the *Asylum, Migration and Integration Fund* (AMIF) and the *Internal Security Fund* (ISF)¹³ to € 3.7 billion, including emergency assistance for healthcare actions and language, civic and labour market integration courses.

The *Emergency Support Instrument* provided € 300 million for 2016¹⁴ for health, education and protection services, water and sanitation, etc. EU Member States can also provide food and material assistance through the *Fund for European Aid to the Most Deprived* (FEAD).

The EC has earmarked € 14.7 million from the *Health Programme* (2014-2020) to support actions aiming to improve the state of health of refugees and migrants, including *personal health record* (PHR)¹⁵, its electronic platform for data collection, and analysis as

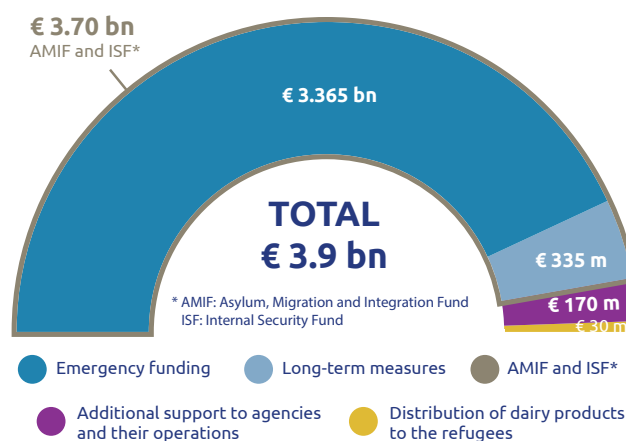


Figure 2 - Funding inside the EU

part of the RE-HEALTH action¹⁶, whose aim is to evaluate medical needs and reconstruct medical histories. The Annual work plan includes ‘*Support Member States under particular migratory pressure in their response to health related challenges*’¹⁷ and now supports projects and programmes¹⁸ such as *SH-CAPAC*, *8 NGOs in 11 STATES*, *EUR-HUMAN* and *IOM-RE-HEALTH*.

In the medium term, the European Social Fund (ESF) (€ 86.4 billions 2014-2020) will gain increasing importance for the integration of refugees. EU Member States can use the *European Social Fund* for education, employment and social inclusion projects, the *European Regional Development Fund* (ERDF) for financing related infrastructural measures¹⁹, and the *European Agricultural Fund for Rural Development*²⁰ (EAFRD) to support job creation and the provision of basic services and actions for social inclusion.

The announcement of the EU ‘*Skills Tool Kit for Third Country Nationals*’ (*New Skills Agenda*) for early profiling and assessing of skills and qualifications for third country nationals, and on-line language learning programmes such as the Erasmus+ programme will support new actions.²¹ Tools for health professional training will be included to facilitate the access and improve the quality of health services for migrants and ethnic minorities²².



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Making It Happen

Members and partners of EuroHealthNet are taking action. A few examples:

GERMANY

The **Federal Centre for Health Education (BZgA - Bundeszentrale für gesundheitliche Aufklärung)** in Germany provides information brochures for migrants, asylum-seekers and medical professionals, working with them in 29 languages. Topics of the brochures include, among others, sex education and family planning, the most common illnesses of children and the related preventive measures, obesity, personal hygiene, addictions, organ donation, etc.²³



Figure 3. Leaflet produced by Bundeszentrale für gesundheitliche Aufklärung, BZgA.

The online portal zanzu.de (or zanzu.be for Belgium) was set up by BZgA in cooperation with the Belgium NGO Sensoa. The portal provides simple information on sexual health in 13 different languages concerning the human body, pregnancy and birth, contraception, HIV/AIDS and other sexually transmitted infections, as well as sexuality and relationships. An important part is the detailed information on the rights and laws in Germany and Belgium, as well as existing support and counselling structures. zanzu.de/zanzu.be use extensive illustrations and graphics as tools for communication. The website has been developed for professionals but it can also be consulted by adult migrants.

Zanzu is based on the concept of human rights, in particular the basic sexual and reproductive rights of all human beings. It provides comprehensive information enabling people to live self-determined lives and make informed and responsible decisions.

SWEDEN

To meet the extraordinary healthcare demand in the **Västra Götaland** region of Sweden, among other projects, a Refugee Health Clinic has been set up with a specifically knowledgeable team. This strengthens primary health care in the region and helps patients to navigate the health care system. *Bräcke diakoni* in Skara runs a mobile team working for a number of health centres with outreaching medical screening and care activities for migrants, while the Public Dental Service operates a fully-equipped mobile dental clinic that can be placed in reception centres.

The **Swedish Association of Local and Regional Authorities (SALAR)** also actively supports migrants and asylum-seekers²⁴. As senior adviser Jonas Frykman says: "Examination is offered to identify illness and control infectious diseases while also informing people about opportunities for health and dental care. Health surveys are voluntary and an interpreter can be involved. However, there is an interpreter shortage in general and it is a challenge to communicate wellbeing for different migrant communities. There is also a strained situation relating to dentistry, psychiatry and primary care, and a higher pressure on ambulances providing support for maternal and child health. SALAR supports municipalities, county councils and regions by providing networks, sharing good practices, and getting involved in pilot projects aimed to develop new methods by raising awareness of the situation to the state level."

GREECE

The **Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis)** in Greece participated in the EC-funded PROVOMAX project²⁵, in which they promoted vaccination among migrants and asylum-seekers, developed educational materials both for third-country nationals and health professionals to assist them in their work with third-country nationals, and proposed recommendations for policy-makers.

Examples of EU-funded projects

- **EU-HEP-SCREEN¹**, aimed at screening for Hepatitis B and C among migrants in the EU;
- **EQUI-Health²**, an action run by the International Organization for Migration and co-financed by the EC with the aim of improving the access and appropriateness of health care services, health promotion and prevention to meet the needs of

migrants, Roma people and other vulnerable ethnic minority groups, including irregular migrants residing in the EU;

- **MEM-TP³**, providing training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including Roma peoples.

Pathways To Progress

EuroHealthNet's mission is to help build healthier communities and tackle health inequalities within and between European States. Supporting integration, equal access and health promotion for all, while working across the social determinants of health is the way forward for building a united and diverse Europe for future generations. In summary, these good practice pathways should become systematic:

- EU and state policies, national and community programmes should **better integrate health promotion knowledge** to help address key social factors for health and wellbeing such as education, employment, housing and social security;
- **A better, more complementary use of available EU funds** can be achieved, such as utilising ESIF to improve infrastructures and training practitioners and interpreters, including people from migrant and refugee communities;
- Health care systems and services could **better address health needs and mental wellbeing** by taking cultural and language differences more into account; this can be included in current EU wide performance and sustainability frameworks being developed;
- **Global migration trends should be clearly integrated in the UN 2030 Agenda** for Sustainable Development and in its monitoring, with transformative processes undertaken globally, nationally and locally to achieve the Sustainable Development Goals.

FOOTNOTES

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