

**Regional Committee for Europe**  
65th session

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**Ministerial lunch, Monday, 14 September 2015**  
**12:30, Conference Hall 5.1**

## **Migration and health**

### **Context and background**

1. According to United Nations estimates, the number of international migrants reached 232 million in 2013,<sup>1</sup> accounting for approximately 3% of the population worldwide. Migrants compose a heterogeneous group, including migrant workers and their families, undocumented migrants, internally displaced people, asylum seekers, refugees, unaccompanied minors and victims of human trafficking among others.
2. Approximately 8% of the population in the WHO European Region is estimated to be composed of migrants.<sup>2</sup> The increasing size and complexity of the migration issue and its impact on the health of both the migrant population and resident communities are gaining considerable interest at international, national and subnational levels from governments, academia, civil society and media.
3. In 2008, the World Health Assembly resolution WHA61.17 on the health of migrants called upon Member States to promote the development of migrant-sensitive health systems and policies, advocate and support an equitable access to health services for migrants, strengthen the collection of evidence to support policy-making, and foster cooperation between key stakeholders. Resolution WHA61.17 addressed two different but interrelated issues: the provision of services to respond to specific health needs of vulnerable migrants and the public health aspects associated with the migration process.
4. In 2011, a High-level Ministerial Meeting was convened by the Minister of Health of Italy in Rome in collaboration with the European Commission and with the support of the WHO Regional Office for Europe. The meeting was attended by the Ministers of

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<sup>1</sup> United Nations Department of Economic and Social Affairs. Population Facts No. 2013/2. New York: United Nations; 2013.

<sup>2</sup> The European health report 2012: charting the way to well-being. Copenhagen: WHO Regional Office for Europe; 2012.

Health of Greece and Malta, representatives from the Ministries of Health of Cyprus, France, Hungary (holding the presidency of the European Council) and Spain, and the International Organization for Migration (IOM), the European Centre for Disease Prevention and Control (ECDC), the WHO African Region (AFRO) and the WHO Eastern Mediterranean Region (EMRO).

5. As an outcome of the meeting, the Ministry of Health of Italy provided financial support to create the Public Health Aspects of Migration in Europe (PHAME) project aimed at providing technical assistance to Member States for the following purposes:

- to support the preparedness efforts of local health systems;
- to support the coordination of health response actions between ministries and health partners;
- to provide expert advice on public health operations, including disease surveillance, early warning and response systems, chronic disease management and psychosocial support;
- to improve health information systems with regard to migrant health data;
- to coordinate with the Office of the United Nations High Commissioner for Refugees, the European Commission, AFRO, EMRO, IOM and non-governmental organizations on existing public health and migration related programmes.

### ***PHAME project of the Regional Office for Europe***

6. The PHAME project was created under the umbrella of the European health policy framework, Health 2020, and contributes to the achievement of its objectives; mainly, the reduction of health inequities of vulnerable groups like migrants. While the PHAME project focused first on assisting Mediterranean countries in their response to the public health implications of large migrations, increasing support is being provided to other Member States, such as south-eastern European countries, following recent changes in migration routes.

### **Strengthening the public health capacity to deal with large influxes of migrants**

7. The sudden influxes of migrants to the WHO European Region pose significant challenges to the public health systems of transit and recipient countries and require a scaling up of basic services to meet the health needs of migrants while protecting the health of resident populations. At the request of ministries of health, joint assessment missions have been conducted in Bulgaria, Cyprus, Greece, Italy, Malta, Portugal, Serbia and Spain between June 2013 and June 2015 to assess the health-system capacity to adequately manage the public health implications of large migration flows, and identify areas where technical assistance would be needed. While the first assessments were conducted using the existing WHO *Toolkit for assessing health-system capacity for crisis management*, WHO experts realized that a more specific tool was needed to respond to this complex, resource-intensive and politically sensitive issue. The toolkit was therefore adapted and the outcome was the draft Toolkit for assessing local health-system capacity to manage large influxes of migrants in the acute phase.

8. After the identification of needs and priorities through the publication of joint reports, the Regional Office for Europe has provided technical assistance to improve the public health capacity to respond to migrant health needs, specifically through the preparation of intersectoral contingency plans that cover diverse areas, including the proper management of communicable and noncommunicable diseases and the reduction of public health risks, both morbidity and mortality, for resident and migrant populations.

9. Collaboration was established with the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union (FRONTEX). For the first time, the Regional Office contributed to the production of the FRONTEX Annual Risk Analysis 2015 through the writing of the first health risk assessment chapter.

10. The successful development of PHAME project activities depends on close collaboration between the country of origin of migrants, and transiting and receiving countries. To achieve this, a close working relationship between the Regional Office for Europe and AFRO and EMRO will be a key asset and resource for providing strategic support to Member States.

### **Advancing the evidence on migrant health for policy-making**

11. The European Advisory Committee on Health Research has recommended the strengthening of the analysis of existing evidence on public health and migration. An interdivisional working group has been established by the Division of Policy and Governance for Health and Well-being and the Division of Information, Evidence, Research and Innovation of the WHO Regional Office for Europe. Three Health Evidence Network reports have been produced to synthesize the evidence on the quality and access to health care by different migrant groups, including: refugees and asylum seekers; labour migrants; and undocumented migrants. These reports will be available at the 65th session of the Regional Committee for Europe.

### ***A European-wide phenomenon: experiences from countries***

12. The Regional Office for Europe, under the PHAME project, conducted its first assessment missions in countries in southern European (Cyprus, Greece, Italy, Malta, Portugal and Spain) that are or could potentially be affected by large influxes of migrants coming from Africa and the Middle East due to their geographical location. In recent months, however, other European countries such as those located in the south-eastern part of the European Region have also requested technical assistance due to changes in migration routes. Responding to these requests, assessment missions have already been conducted in Bulgaria and Serbia, and preparations for others are under way. The nature and evolution of the migration phenomenon indicates that a comprehensive and systemic approach is needed to respond effectively to the different public health needs and specificities across the WHO European Region, which also necessitates interregional coordination to support information sharing on the countries of origin, transit and destination.

13. The ultimate objective of these joint assessment missions conducted with the ministries of health is to identify areas where technical support is needed in order to

strengthen health systems and identify best practices in the management of the public health implications of migration, thereby benefiting knowledge exchange among countries. Examples of support provided include the strengthening of public health capacity through the development of contingency plans for public health and migration, and the definition of standard operating procedures for health care delivery in migration centres under the competence of the Ministry of Interior, such as in the case of Italy. The latter was achieved by establishing an interministerial working group composed of the Ministry of Health and the Ministry of Interior among other stakeholders in Italy.

14. The main areas identified for technical cooperation include:

- strengthening public health capacity through the development of intersectoral contingency plans for migration scenarios;
- improving the surveillance and management of communicable and noncommunicable diseases;
- putting in place life-saving interventions to protect the health of the migrant and the resident population, which include the management of common noncommunicable diseases such as diabetes and hypertension;
- supporting health information systems relevant to migration and health through data collection, evidence and research;
- strengthening the health system through adequate training on migrant health for health and non-health staff involved in the management of migration.

### ***Next steps***

15. A technical briefing on health and migration was organized at the 64th session of the Regional Committee for Europe, involving the active participation of Cyprus, Greece, Italy, Malta, Portugal, the Russian Federation and Spain. After an overview of the activities undertaken by the Regional Office in the area of health and migration, possibilities for future collaboration were discussed.

16. The Twenty-second Standing Committee of the Regional Committee for Europe in its session in December 2014 agreed to have an informal discussion at the 65th session of the Regional Committee for Europe in the form of a ministerial lunch in order to seek the views and guidance of Member States, on an informal basis, on what the role of the Regional Office in this area of work should be in the coming years.

17. If it is needed and requested by Member States, an Action Plan on Migration and Health could be developed for the 66th session of the Regional Committee for Europe to address the growing public health challenges of migration in the Region. The focus of the Action Plan would be to strengthen public health aspects of migration and address migrants' health needs while protecting the health of the population as a whole. Emphasis would also be given to the detection and management of public health risks and the reduction of morbidity and mortality for both resident populations and migrants. Strengthening WHO interregional collaboration would be strategically important for knowledge sharing of public health information on the countries of origin, transit and destination.