

Public Health Aspects of Migration in Europe - Newsletter -



PÉCSI TUDOMÁNYEGYETEM UNIVERSITY OF PÉCS

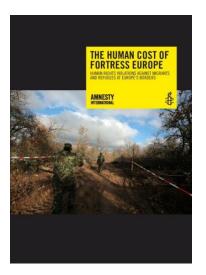
Issue 4 - January 2015

PUBLICATIONS

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

2014

(http://www.amnesty.eu/content/assets/Reports/EUR_0500120 14__Fortress_Europe_complete_web_EN.pdf)



Some in the European Union (EU) and the media have tried to justify increasingly harsh migration policies on the grounds that Europe is having to cope with an increasing number of refugees and migrants. It is also often argued that the vast majority of those entering Europe as irregular migrants are actually economic migrants. In 2013, 48% of all irregular entrants

and 63% of all those arriving as irregular migrants by sea came from Syria, Eritrea, Afghanistan and Somalia – countries torn by conflict and widespread human rights abuses. The majority of individuals fleeing these countries are clearly fleeing generalized violence or persecution and are in need of international protection. With safer routes into the EU being closed off by fences, increased surveillance and the deployment of increasingly more security forces, people are being forced to take more dangerous routes, and sometimes become trapped in countries in which they may suffer destitution, without access to social and economic rights, or face violence and even torture.

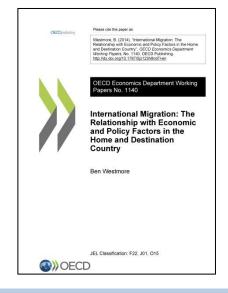
It is the sum total of these policies and practices – within, at and outside the EU's borders – that this report refers to as "Fortress Europe". It should not be assumed that responsibility for the construction of Fortress Europe and such abuses at the EU's borders lies solely, or even primarily, with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

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

2014

(http://www.oecd-ilibrary.org/economics/internationalmigration-the-relationship-with-economic-and-policyfactors-in-the-home-and-destination-country_5jz123h8nd7len)

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



About this newsletter: The newsletter has been established within the framework of the WHO Public Health Aspects of Migration in Europe (PHAME) project, based at the WHO European Office for Investment for Health and Development, Venice, Italy, in collaboration with the University of Pécs. The WHO PHAME project is funded by the Italian Ministry of Health. The quarterly newsletter is published by WHO/Europe and archived on its Migration and health website.



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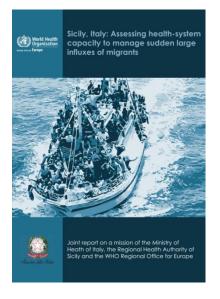
This paper uses data of the high-skilled and low-skilled migrant stock from 92 origin and 44 destination countries to highlight the relationship between economic factors and migration. The paper also attempts to uncover links with policy and demographic factors prevailing in the origin and destination countries. The analysis suggests that higher skill-specific wages in the destination country are associated with more migration. This relationship appears to be particularly strong for migrants from middle-income countries, supporting theories of an inverted-U relationship between origin country economic development and

the propensity to migrate. Policy differences between the destination and origin also appear important, for example in terms of regulations on businesses and labour markets, along with the relative quality of institutions. Combining the estimated coefficients from the model with the skill-specific wage profile from the OECD long-term growth projections highlights the potential for weaker future migrant flows to OECD countries than implied by past trends and embedded in official projections.

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

2014

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



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

This report presents the recommendations.

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

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

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

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