

OVERVIEW

Migrants' health: a priority during the European Union (EU) Italian Presidency

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Italy has brought migration to the forefront of the European agenda during its Presidency of the Council of the European Union. Throughout the second semester of 2014, the Italian Presidency organized a number of meetings and conferences to restart the dialogue on migration across the Mediterranean. Several events have focused on health as a key entry point to reducing inequities and vulnerability among migrant populations and to further promoting a Mediterranean and interregional dialogue on migrants' health.

Conference on health inequities and vulnerability: capacity-building and interventions among EU Member States

The dissemination meeting on health inequities and vulnerabilities took place in Rome in October 2014 as part of a series of workshops and conferences co-organized with the Consumers, Health and Food Executive Agency (CHAFAEA) of the European Commission.



Migrants wait at the port after their arrival in Sicily, Italy

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Hosted under the auspices of the EU Italian Presidency, its main goal was the dissemination of the results of the 2nd EU Health Programme. Socioeconomic status, gender, age or belonging to minority groups (such as migrants and other ethnic minorities) are key determinants of health, resulting in unjust and avoidable health inequities. The work of the WHO Regional Office for Europe (WHO/Europe) in the field of migrants' health through the Public Health Aspects of Migration in Europe (PHAME) project was presented. Emphasis was placed on the public health implications of migration and the way WHO/Europe is assisting Mediterranean Member States in strengthening their health systems' responses to large-scale immigration.

Conference on Health in the Mediterranean

During the same month, October 2014, the Italian Ministry of Health organized the Conference on Health in the Mediterranean in Rome, Italy. This 2-day event opened with a presentation of the Mediterranean projects in the field of public health that are promoted and funded by the Italian Ministry of Health, including the WHO/Europe PHAME project. A separate session was dedicated to the topic of migrants' health, which brought together key stakeholders; namely, WHO/Europe, the European Centre for Disease Prevention and Control (ECDC), the Directorate-General of Health and Consumers (DG SANCO) at the European Commission and the International Organization for Migration (IOM). At the national level, the Italian Ministry of Health presented an overview of the "Mare Nostrum" operation and its health implications, while at the regional level, the region of Sicily presented the first contingency plan in Europe for the adequate management of migrants' public health needs, developed with the technical assistance of WHO/Europe.

Fundamental rights and migration to the EU

In November 2014, the Fundamental Rights Conference organized by the EU Agency for Fundamental Rights also focused on the issues of migration to the EU. The importance of a fundamental rights approach to migration policy was highlighted, especially as the end of Mare Nostrum – the military and humanitarian operation launched by the Italian authorities – is approaching, and the new operation Triton is beginning. The main emphasis was placed on the way the EU will respond to the large influxes of migration from the north

of Africa and the Middle East.

WHO/Europe participated in this conference because of its increasing participation in related work at Mediterranean borders, through the PHAME project. The key role of public health surveillance at these borders was highlighted, and the strong link between health and integration policies was recognized. Access to health and achieving adequate health status are indispensable to ensure migrants' full social, economic and political participation in society.

A global issue worth tackling: the work of the American Academy of Pediatrics (AAP) on migration and health and the need for international collaboration

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Migration and health is a global issue. The movement of people – en masse and as individuals – is increasingly common all over the world. The reasons for migration are diverse, ranging from wilful movement by those in search of a better life, to people seeking refuge for political reasons or as a result of violent conflict. The issue of migration has been greatly politicized and, until recently, there has been limited sharing of information and experiences by public health workers on the health aspects of migration. This is further complicated by differing definitions of who is considered to be a migrant; for example, the unaccompanied minors in the United States from central America who are living along the United States–Mexico border are variably considered to be migrants or refugees by the different health, immigration and social institutions working with them.

The AAP is the largest professional organization of paediatricians in the United States, with 62 000 members working in all subspecialties of paediatrics, both in the United States and abroad. The AAP's Section on International Child Health (SOICH) is among the largest and most active of its sections, and has undertaken a mission to "promote and lead

efforts to help children throughout the world attain optimal physical, mental and social health and well-being".

Of the almost 1000 SOICH members, more than half are paediatricians working outside of the United States, in 60 countries. The key components of the SOICH's work include education and training in global child health, domestic and international partnership with child health-focused institutions, and advocacy and policy work aimed at improving child health. SOICH members work in clinical, public health and academic settings, both domestically and abroad; in clinics and hospitals that serve refugees, immigrants, and internationally adopted children; at the United States Centers for Disease Control and Prevention (CDC), with Doctors without Borders and other nongovernmental health organizations; and with a number of bilateral international academic clinical and research partnerships. In particular, improving the cultural competency of health workers and trainees is a major part of the formal work of the SOICH, as well as the daily work of its individual members.

The health implications for migration are both obvious and subtle. The current Ebola virus epidemic in West Africa is a clear example of how the spread of communicable diseases is an important issue in human migration, both for migrants and the people they encounter along their journey as well as upon arrival at their destination. However, as evidenced by a later piece (in the Opinion section) of this newsletter, noncommunicable diseases and mental health are also important aspects of migration, affecting individuals as well as their larger social and health communities. As such, migration is more than a public health protection issue. Identifying and treating the health concerns of this vulnerable population is also a human rights issue. Coinciding with the AAP's increasing focus on child health and migration, Dr Santino Severoni gave a lecture on migration and health in Europe at the AAP National Conference and Exhibition this October. His talk brought into sharp perspective the complex dynamics of public health in the context of migration, the social and political contexts, and the importance of international collaboration to address this issue. Migrants face major barriers to meeting their basic needs, of which access to health care is only one. While it is commonplace for clinical and public health workers to consider the specific health-related issues associated with migration, the health of migrants is also both directly and indirectly affected by the physical, social, economic and political conditions they experience. Furthermore, the risks and consequences of communicable and noncommunicable diseases among migrants are affected by all other aspects of their life experiences. In order to promote optimal health among this group and in the population at large, a holistic approach is needed which considers policy across sectors and across borders.

At a time when migration has become increasingly recognized, and since the resources and expertise are now available to better understand how migration affects health, it has become important to examine the various health approaches to migrant groups across the globe, and the successes and challenges of each programme. Furthermore, an accurate understanding of the risks and challenges faced by migrants requires an ability to communicate and understand the perspectives and priorities of not only the migrants but also the various individuals and institutions working with them. Cultural competency and health diplomacy will be of increasing importance in the coming months and years, while developing a careful approach to migrant health.

If a better understanding and response to what is happening to migrants is to be achieved, including understanding what their needs are and what health risks they pose for themselves and for host communities, it is essential to work together across sectors and across international borders to share knowledge and experiences, and to form partnerships with other sectors in order to share what we know. Migration and health is a global issue because it occurs everywhere and because it is often relevant to individuals and groups who leave one country to live in another.

As migration rises on the policy agenda, the time is ripe to develop collaborations to improve our understanding of the situation across contexts, and to work together to promote the health and well-being of everyone.

More information on the AAP SOICH is available on their website (<http://www2.aap.org/sections/ich/>).

Overview of the situation at the borders of the EU

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FRONTEX is the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union. The agency's main focus is on strengthening border control cooperation to facilitate bone fide migration management, combat cross-border crimes and prevent threats to the Member States. This includes preventing threats to public health, as defined by WHO's International Health Regulations (IHR).

Combining regular data reporting from all Member States and

associated Schengen Area countries (a total of 31 countries) with information obtained from third countries and during operations, FRONTEX analyses the risks at the external borders of the EU. Contributions from international organizations also help to identify areas where capabilities could be improved. This risk analysis forms the starting point for all FRONTEX activities, from joint operations and training to research studies. It is also used by decision-makers to set priorities, develop counter-measures, and determine future goals.

At the EU level, the year 2014 saw a dramatic increase in the number of migrants illegally crossing borders. In just 9 months between January and September, Member States reported more than 200 000 detections, compared to roughly 107 000 detections for the entire year 2013. By the end of year it is expected that about 250 000 migrants will have illegally crossed EU borders – an unprecedented number.

As many as 90% of the illegal migrant border crossings were reported at sea borders. Most of these individuals were rescued by border control authorities while in distress in the Mediterranean Sea. Indeed, smugglers typically make use of frail or over-crowded boats in order to maximize their profits, putting migrants' lives at considerable risk. In the central Mediterranean, the number of confirmed deaths between January and September increased from 23 in 2013 to 143 in 2014. This means that the casualty ratio increased from an average of 0.70 per 1000 detections in 2013 to 1.03 per 1000 detections in 2014 (for the aforementioned 9-month period). A similar conclusion can be drawn from data reported by the United Nations High Commissioner for Refugees on the number of people lost at sea (those confirmed dead, plus people believed lost at sea), the ratio of which increased from 17 individuals lost at sea per 1000 detections in 2013 to 19 per 1000 detections in 2014 (again, for the same 9 months).

Compared to 2013, between January and September 2014, Italy reported a more than fourfold increase in detections of illegal border crossings (in the central Mediterranean area), while the number in Greece more than doubled (mostly in the eastern Mediterranean area). Detections in Spain (in the western Mediterranean area) increased by 50%, albeit from a significantly lower base level. Since 2001, Turkey and Libya have been principal transit countries.

The largest proportion of migrants report being of Syrian nationality (about 35% of the total recorded thus far in 2014). However, there are indications that a certain proportion are in fact not Syrian but claim this nationality in order to avoid being returned. The extent of this phenomenon is still poorly quantified. In addition, owing to the large number of arrivals, some migrants are registered as "unknown sub-Saharan"; most are believed to be from the Horn of Africa (notably from Eritrea and Sudan), but some might also come from West Africa. To adequately assess security and health risks, it is important to fill this knowledge gap.

After crossing the external borders, most migrants continue to their final destination countries, where they apply for asylum – largely in central and northern European Member States. Overall, the number of asylum applications in the EU soared in 2014. While in 2011, a larger proportion of asylum seekers migrated because of the bad economic situation in their home countries, the number of those escaping violence and armed conflict has appeared to grow.