

# Public Health Aspects of Migration in Europe - Newsletter -



Issue 3 - September 2014

### **PUBLICATIONS**

## Jobs for immigrants (vol. 4): labour market integration in Italy

2014

(http://www.oecd-

ilibrary.org/docserver/download/8114121e.pdf?expires=1405 938146&id=id&accname=ocid195767&checksum=48709E17C DF3216AEF32C2A6C1A7129C)

Until the mid-1990s, the share of migrants in Italy was relatively low in international comparison. With a persistent demand for foreign workers in low-skilled and low-paid jobs, the proximity of conflict areas and the enlargement of the

European Union (EU) to Romania and Bulgaria in 2007, migration to Italy has increased rapidly over the last 15 years. This report presents an overview of the skills and qualifications of immigrants in Italy, their key labour market outcomes in international comparison, and their evolution over time, given the highly segmented Italian labour market and its high share of informal jobs. It analyses the framework for integration and the main integration policy instruments. Special attention is paid to funding issues and to the distribution of competences between national and subnational actors. Finally, this report reviews integration at school and the school-to-work transition of the children of immigrants.

Access to healthcare for people facing multiple vulnerability factors in 27 cities across 10 countries. Report on the social and medical data gathered in 2013 in eight European countries, Turkey and Canada

(http://mdmeuroblog.files.wordpress.com/2014/05/access-to-healthcare-27-cities-10-countries-doctors-of-the-world1.pdf)

This Médecins du monde (Doctors of the World) report presents the analysis of data collected in 27 cities in 10 countries: 8 European countries, together with Turkey and Canada.

In many countries, groups which were already vulnerable before the crisis (undocumented migrants, asylum seekers, drug users, sex workers, destitute European citizens and homeless people) are seeing a deterioration or even removal of the safety nets and social networks which provided them with basic support.

Almost half the patients seen by Doctors of the World have permission to reside in Europe. For people from both the EU and beyond who do not have permission to reside, the situation is even more difficult. In 2013, 76.3% of those asked reported having had at least one violent experience. The types of violence most frequently reported were hunger and having lived in a country at war. Almost 20% of people reported having experienced violence in the country where they were surveyed.

The 3 barriers to access care most frequently cited by patients were financial problems (25.0%), administrative problems (22.8%) and lack of knowledge or understanding of the health care system and of their rights (21.7%). Personal health only represented 2.3% of the reasons cited for migration. These results clearly contradict the myth that migrants come to Europe for the purpose of using health care services.

**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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#### **Annual Risk Analysis 2014**

(http://frontex.europa.eu/assets/Publications/Risk\_Analysis/Annual Risk Analysis 2014.pdf)

FRONTEX is the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union. FRONTEX Annual Risk Analysis 2014 focuses on describing current challenges that are likely to impact on operations coordinated along the external borders. It presents the latest update regarding the situation before the border, at the border and after the border.

Illegal border crossing along the EU's external borders sharply increased between 2012 and 2013, from approximately 72 500 to 107 000, which represents an annual increase of 48%. While the annual increase is significant, the 2013 level is comparable to the totals reported by Member States in 2009 and 2010 (104 600 and 104 000, respectively), and is still lower than the total reported during the Arab Spring in 2011 (141 000). Most detections of illegal border crossing were of

Syrians, Eritreans, Afghans and Albanians, who together accounted for 52% (55 400) of the total number detected.

Based on FRONTEX Risk Analysis Network data for 2013, the number of asylum applications submitted in the EU have continued to increase. Preliminary data indicate an overall increase of about 28%.

In 2013, there was a steady trend whereby about 159 000 third-country nationals were effectively returned to third countries. This total does not include readmissions between Member States. In 2012 the United Kingdom and Greece were the Member States conducting the largest number of returns.

Looking ahead, everything points to a heightened likelihood of large numbers of illegal border crossings into the EU and an increased number of migrants in need of assistance, not only as regards search and rescue operations but also in terms of international protection, in particular in the southern section of the external border, along the Eastern Mediterranean and central Mediterranean routes.

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