

NEWS

The EUPHA Granada Declaration calls upon all European governments to protect the health of migrants and ethnic minorities

(http://www.eph.org/IMG/pdf/Granada_Declaration.pdf)

In April 2014 in Granada the Andalusian School of Public Health hosted the 5th European Conference of the European Public Health Association (EUPHA) on Migrant and Ethnic Minority Health. Throughout the four-day event, 350 participants attended 12 workshops, 5 plenary sessions, 96 oral presentations and 120 poster presentations that covered different aspects of health migration.

The conference addressed the living standards of migrants in Europe and the impact of the current economic and financial crisis on migrants' lives and their access to health care.

The Granada declaration

As a result of the conference, the Granada declaration was adopted. This document reiterates the importance of

government cooperation to reduce inequities in Europe. In the context of the economic crisis, it highlights that migrants are one of the groups most negatively affected by the cuts on health and social services. Furthermore, in some European countries the crisis has led to a reduction of migrants' entitlements to public services.

The Granada declaration addresses also the determinants of health. Migrants and ethnic minorities are frequently exposed to poor living and employment conditions. Tackling the social determinants of health, as the access to good quality jobs, is essential to improve their health and wellbeing. Finally, this document calls for urgent action to avoid the raise of xenophobia, discrimination and violence against migrants and ethnic minorities in the European countries.

World Health Day 2014: Preventing vector-borne diseases

“Small bite, big threat”

(<http://who.int/mediacentre/news/releases/2014/small-bite-big-threat/en/>)

István Szilárd, Chief Scientific Adviser and coordinator of the ERASMUS Lifelong Learning Program co-financed CHANCE project, University of Pécs Medical School

Each year since 1950, the 7th day of April – marking the founding of WHO – is dedicated to global health as World Health Day. Its main aim is to draw worldwide attention to a subject of major importance to health and health threats globally. In 2012, the subject was ageing and health; in 2013 healthy blood pressure was the focus of the programme worldwide.

On 2 April 2014, WHO issued a declaration in Geneva.

“A global health agenda that gives higher priority to vector control could save many lives and avert much suffering. Simple, cost-effective interventions like insecticide-treated bed nets and indoor spraying have already saved millions of lives. No one in the 21st century should die from the bite of a mosquito, a sandfly, a blackfly or a tick” stated Dr Margaret Chan, WHO Director-General.

Discrimination – a European health hazard

Åsa Nihlén, Human rights focal point, WHO/Europe

Why human rights perspectives matter in communicable disease prevention and control among migrant populations in Europe today

In today's Europe, a person's health protection and access to health services are still very much a matter of national boundaries and legal status. This complicates a migrant's right to health and sometimes leaves people on the move without access to health services in the receiving country. Even when access is granted, xenophobia and stereotypes may cause discriminatory practices within the health system, which in turn creates stigma and negatively affects a migrant's health-seeking behaviour.

Public health measures need to be as inclusive as possible in order to be effective. Discrimination and exclusion are a public health hazard. This is particularly true in the case of communicable diseases, as these can spread rapidly within and across borders. Denying migrants their right to vaccinations, or not granting inclusive access to treatment and control programmes for some of the WHO European Region's most common infectious diseases, infringes not only on the right to health of the migrant, but also that of populations.

At one extreme of the discussion of public health inclusiveness is the ongoing debate over forced testing and treatment of certain diseases; should migrant reception facilities and related health services provide compulsory screening for certain communicable diseases? The public health community is split, with arguments concerning ethics, but also efficiency. The human rights framework is clear on this matter. Any screening for communicable diseases must always be carried out with informed consent, adequate pre-test information or counselling, post-test counselling, protection of confidentiality and referral to health care services.

Evidence – mainly from the HIV epidemic – has also shown that testing must be voluntary and that informed choice is central to creating a climate of confidence and trust between the person being tested and the service providers, which in turn is crucial for any follow-up action.

The Special Rapporteur on the right to health reported to the United Nations General Assembly in 2009 on the right to health and informed consent, stating that guaranteeing informed consent is a fundamental feature of respecting an individual's autonomy, self-determination and human dignity in an appropriate continuum of voluntary health-care services. The report also specified that public health measures should always strive for voluntary participation to be fully effective and minimize any compromise in terms of individuals' rights to privacy and self-determination. According to the 1985 Siracusa Principles, any restrictions to this must be non-discriminatory; in accordance with the law, legitimate and necessary; and the least restrictive reasonably available alternative. Importantly, restrictions must be fully respectful of dignity, human rights and fundamental freedoms.



Temporary immigration centre in Sicily, Italy, 2014.
WHO/Sara Barragán

Certain groups deserve special consideration in terms of the protection of informed consent, as a result of vulnerabilities stemming from economic, social and cultural circumstances. One such group is migrants, regardless of their legal status.

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For readers interested in human rights perspectives relating to migrants' health issues, I would recommend the reading the reports of the United Nations Special Rapporteur on the Right to Health, which encompass a wide selection of topics. These reports do not always exclusively cover migrant health issues, but the themes are always applicable and many perspectives and arguments can be taken from them to

enrich the discussion on migrant health rights in Europe today.

It is possible to access these reports via the Office of the High Commissioner for Human Rights website.

(<http://www.ohchr.org/EN/Issues/Health/Pages/AnnualReports.aspx>)

Saving lives of migrants in the Mediterranean: new European Union (EU) search and rescue rules

Matteo Dembech, Consultant, Public Health Aspects of Migration (PHAME) project, WHO/Europe

The policies of the Union – on border checks, asylum and immigration – and their implementation should be governed by the principle of solidarity and fair sharing of responsibility among Member States.

Article 80, Treaty on the functioning of the European Union

In October 2013, a working group entitled “Task Force Mediterranean” was set up by the EU in order to identify tools for preventing boats overloaded with migrants from sinking and thus the occupants from drowning while attempting to reach EU territory by crossing the Mediterranean Sea. The numerous tragedies at sea of recent years called for action and one of the goals of the Task Force was to reinforce border surveillance and to contribute to assuring the protection of migrants in the Mediterranean.

threatening risks related to so-called boat migration. The new binding rules apply to all Frontex operations and include more extensive provisions on the protection of human rights. Indeed, the rules mandate medical, legal and mediation staff presence on board rescuing vessels and minimize the possibility of push-backs and punishment of occasional rescuers.

The migration process often exposes migrants to an accumulation of disadvantages, including harmful situations and vulnerability. The new rules pay specific attention to vulnerable groups, whereby “the participating units shall address the special needs of children, including unaccompanied minors, victims of trafficking, persons in need of urgent medical assistance, disabled persons, persons in need of international protection and other persons in a particularly vulnerable situation”.

Can we protect the health of migrants? Can we reduce health inequities? Can we improve inter-country governance? These are a few questions that countries and international organizations are asking themselves when confronted with the challenges posed by sudden migration. The new EU search and rescue rules are part of a long-needed set of reforms aiming to improve health for all, reduce health inequities and ultimately save the lives of migrants. This is further confirmation that recognition at the macro level and the involvement of the whole government and the whole society must be positioned at the base of the pyramid for successful reforms.



Migrants being rescued in Sicily, Italy, 2013.
WHO/Matteo Dembech

On 13 May 2014 the Council of the European Union adopted new rules for the surveillance of the EU's external sea borders by introducing a number of elements intended to reduce life-