Chapter 1: Health and Migration in the European Union: Building a Shared Vision for Action

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Migrants as a critical issue in the European Union

International migration is among the most challenging phenomena of our time and Europe does not escape from its intertwined impact and influence. However, it should be recognised that it is not a new phenomena; rather, it has gained more visibility due to worldwide changes that have occurred over the last decades.

Migrations have posed challenges to European Union Member States on several fronts. On the one hand, migrations have influenced the international scenario making states become more aware of the growing interdependence and interconnections of their actions. On the other hand, states have become more accountable and policy has had to suit the needs, demands and viewpoints of their citizens. In this sense, the EU and all Member States face similar challenges pertaining to health and migration, namely how to find a balance between advocating human rights and welcoming migrants while also promoting and protecting the health of all citizens.

Europe is facing more than ever the impact of the mobility of people which has been fuelled by the circulation of EU citizens and the arrival of migrants from different regions of the world. Although the origin of migrants varies from country to country, all Member States have been or are experiencing migration. According to EUROSTAT, the number of non nationals living in the EU in 2004 was close to 25 million, representing about 5.5% of the total population. In most, but not all Member States, the foreign population has increased due to the influx of citizens from countries outside the EU.

Migrations have been caused by humanitarian, economic and practical issues. Among these, the health challenges are very significant. The EU, as agreed by Member States, shall respect fundamental rights as guaranteed in the European Convention for the Protection of Human Rights and Fundamental Freedoms. Therefore within this framework, health is a human right that ought to be protected.

One of the major explanations for migration is that it is the oldest action against poverty (Galbraith, 1979). Thus, migration involves push and pull factors for both the origin and host countries. At present, the EU needs migrants and there are two reasons for this: one is of demographic nature, the other economic. Both offer challenges and opportunities for the EU.

In demographic terms, European countries are facing the ageing of their population without replacement. Life expectancy has improved in all countries. People live longer, but not necessarily in better health. The low fertility rates registered in Member States put at risk the sustainability of pensions and health systems because the burden of social security systems is supported by fewer workers. A recent issue of Statistics in Focus, published by EUROSTAT, has stated that although ageing patterns across Europe are uneven, migration is the main driver of regional population growth and has therefore provided some demographic balance.

The economic challenge embodies the fact that most Member States face shortages of labour. National workers are unwilling to take low-paid jobs, so the increasing demand for low skilled workers is absorbed by the growing supply of workers coming from other regions of the world. Migrants have become important segments of national labour markets as they take the worst, more dangerous and low status jobs. Additionally, the EU needs a qualified labour force and some migrants have become strategic because they have valuable skills, including health professionals. Thus migrants have enabled Europe to fill the shortages of skilled labour. In this sense, the economic growth of the EU also relies on migration.

In fact, most immigrants today are labour migrants, seeking employment or working, in skilled and unskilled labour markets. In this sense, workforce development and training are also important aspects of the migrant’s health, especially if Member States wish to develop accessible and inclusive health services.

In addition to the demographic and economic needs of the EU, other factors have contributed to increasing migration from other regions of the world: political and economic instability, poverty, religious, racial and ethnic persecutions and natural catastrophes. Current predictions indicate that more migrants will come; hence there is an urgent need to understand what the impact of migrants will be on the EU.

The potential of migrants cannot be achieved if they are not healthy or have difficulty accessing healthcare services. Health inequalities, according to European values, are legally and morally unacceptable and therefore the health of migrants should be considered under ethical, moral, political and economic terms.

Migrants are a distinctive population with specific needs. Their health status, the determinants of their health and their health requirements need to be understood. Meeting their needs implies making decisions from a public health standpoint around issues such as knowing and assessing their needs, how to provide
universal coverage, how to reach out to migrant populations, and how to enable health systems to respond to this new situation. As data and information on the needs of migrants is largely unknown for most Member States, gathering the proper information to establish indicators in this area is urgently needed. Such data will enable policy-makers to make well informed decisions and to take action.

Many have argued that migration may be one of the solutions to compensate ageing, low fertility, labour demands, by creating economic growth and sustainability. In view of that, it is important to recognise the relevance of migration for the EU and to consider the health of migrants as a key aspect for everyone’s well-being, recognising that the true potential of migration cannot be completely achieved if migrants are not healthy.

The profile of migrants
Migrants represent different categories of people in terms of origin, socio-economic status, gender, age, culture, religion, and reasons for migrating. Although this diversity is recognised, the Portuguese Presidency of the Council of the EU has decided to focus on migrants who are non-EU citizens. It is therefore important to assess who these migrants are and to enhance their inclusion by designing appropriate policies and to determine the health implications for both the countries of origin and destination.

For public health purposes migrants can be defined as a vast category. They range from long term labour migrants who migrate due to economic need and in response to labour shortages, temporary workers who migrate for shorter periods of time as a response to a concrete labour demand, refugees who leave their countries of origin due to conflict, wars and persecutions, international students and trafficked or smuggled people who have been taken clandestinely and are forced to work in the host country. Migrants also include family members who have joined the first comer, usually labour migrants and unaccompanied minors that are subject to specific regulations and the descendants of migrants who have settled as the host country, in some cases for more than one generation. Moreover, when being mobility of people and travelling, migrations today include circular migration, return migration and international tourism and travel. All of them have specific implications for health.

As previously mentioned, labour shortages in the EU include both, highly qualified workers and less skilled workers. In some cases, migration may mean brain drain for the country of origin. Nonetheless, brain gain and brain circulation are more desirable types of international mobility if they bring positive contributions to both countries of origin and destination. Consequently, ethical recruitment in all sectors of the economy is endorsed by the Portuguese Presidency.

By looking at the profile of migrants one is able to identify some groups that are in a more vulnerable position than others due to the differential risks and conditions they face. For example, unskilled labour migrants who work in risky sectors (construction, mining, agriculture, among others) are more likely to suffer accidents. Additionally if they are irregular, fear of deportation makes them more vulnerable as they are less likely to claim related health rights or seek access to health services. Refugees are more susceptible to distress as a consequence of war, torture, persecution, etc. Those who are victims of trafficking or smuggling are confronted with exploitation and inhumane treatment that result in overexposure to health risks. The descendants of migrants, while facing identity crisis, have mixed feelings about their belonging and are at greater risk of depression.

Most of world migrants, about 64 million, live in Europe (UN Migration Chart, 2006) and its current migration flows are very heterogeneous. Some streams are linked to the colonial past and historical bonds of countries within the EU while others are mainly a consequence of new migration flows due to labour demands. The latest trends indicate that migration is more pronounced and has grown at the fastest rate in countries of Southern Europe and Ireland. Family reunification and regularisation programmes which allow for the statistical visibility of migrants have been a major source for the increasing migrant populations (OIM, 2015). Portugal mirrors the European trend, with long term and settled migration linked to former colonial ties, especially with Africa but also with Brazil (Padilla and Pexoto, 2007), and the more recent migration pattern with the arrival of citizens from Ukraine, Moldavia and Russia to fulfil labour needs.

The profiles of migrants are therefore very diverse. While some migrants may not face any special threat or radical change, others encounter many and can put people in a more vulnerable situation. Upon their arrival, some migrants experience totally new environments including culture, legal systems, weather, eating habits, and working conditions, among others. Migrants also bring with them their own traditions, habits, beliefs and practices. On the health side, migrants become exposed to new diseases and/or may carry some others that are foreign to the host country. Consequently the health dimension of migration is a critical issue for the EU and for Member States.

What has been done so far?
The EU has acknowledged both the demographic and economic challenges of migration and aims to find positive solutions to these challenges. The EU has agreed on the need to establish common migration policies among its Member States. This has not been an easy task as it has remained a competence of Member States and is subject to unanimity. Moreover, the debate on migration is sensitive and in some cases divisive. However, it is possible to discuss what has been done at the EU level and at Member States level.

At the EU level, the main step was taken in the 1980s with the signatures of the Schengen agreement, later transformed into the Schengen Convention, creating the Schengen space. This convention foresees the abolition of checks at internal borders between the signing countries, including provision of common policy on the temporary entry of persons (as in the Schengen visa), the harmonisation of external border controls and cross-border police cooperation. Even if this convention does not regulate migration, it sets specific norms about the mobility of people and on the entrance of citizens from third world countries. From 1994 onwards, migration issues assumed increasing

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1. This definition of migrant is not based on legal status or other international laws.
2. UN 2006 Migration Chart
3. UN Migration Chart
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In 1999, at the Tampere EU Summit, an agreement was reached on the need for a common EU immigration policy. In 2003, the Commission presented a communication to follow up from Tampere and the Lisbon Strategy (2000) supporting the introduction of effective policies concerning the integration of migrants. These initiatives were confirmed in 2004 through the adoption of the Hague Programme, promoted by the Dutch Presidency for the 2005-10 periods. This Programme endorsed 10 priority areas based on prosperity, solidarity and security with specific proposals on terrorism, migration management, visa policies, asylum, privacy and security, fighting organised crime and criminal justice. Health, although important with regards to migration issues, is not specifically mentioned in the Hague Programme. The main debate on integration of migrants has focused on other issues other than health.

The EU has concentrated on police and justice cooperation, strengthening borders, and free circulation, among others. In 1997, at the Tampere EU Summit, an agreement was reached on the need for a common EU immigration policy. In 2003, the Commission presented a communication to follow up from Tampere and the Lisbon Strategy (2000) supporting the introduction of effective policies concerning the integration of migrants. These initiatives were confirmed in 2004 through the adoption of the Hague Programme, promoted by the Dutch Presidency for the 2005-10 periods. This Programme endorsed 10 priority areas based on prosperity, solidarity and security with specific proposals on terrorism, migration management, visa policies, asylum, privacy and security, fighting organised crime and criminal justice. Health, although important with regards to migration issues, is not specifically mentioned in the Hague Programme. The main debate on integration of migrants has focused on other issues other than health.

The EU has taken a diversified approach to migration issues, designing both specific and general policies. A Green Paper on managing economic migration was issued by the Commission aimed at finding a common ground on the need for labour migration. Simultaneously, the EU has adopted policies to eradicate poverty and tackle social exclusion by focusing on employment, development and access to resources, human rights, benefits and services to assist the most vulnerable groups in which migrants may be included. Member States have translated the spirit of the policy in National Action Plans (NAPs/Inclusion).

The EU is currently facing a critical moment for building consensus and in celebrating the 50th anniversary of the Treaty of Rome, Member States signed the Berlin Declaration in which countries expressed consensus to fight illegal migration, while supporting freedom, development and driving back poverty, hunger and disease.

At the Member States level, the overall trend among states, since the 1970s, has been the adoption of restricting immigration policies. Despite this, more numbers of regular and irregular immigrants have arrived in the EU. Thus, in response, Member States have agreed on a common two-fold objective: to fight illegal migration while at the same time recognizing the need for migrants in certain economic sectors and regions. Member States have also established policies in the areas of asylum, family reunification and towards international students.

However, despite some Member States limiting migration, the EU has recognized the need of migration as an instrumental means to confront the demographic challenges. The EU has found common ground by recognising the importance for Member States to move towards a common immigration policy.

The challenges that still remain

The EU is slowly moving forward, however key issues still need further consideration. On the practical side, one remaining problem is that crucial aspects of immigrant integration policies (employment, family reunification, health, social security) fall under the authority of different directorates, committees or ministries at the European Commission, the European Parliament or national governments, making it difficult to achieve a harmonised global strategy at the Community level.

First, there is a need to acknowledge the reality of the situation. On the one hand, national legislation has become more restrictive for immigrants and refugees, complicating the legal process of migration. On the other hand, labour markets need more workers, so irregular migration has increased. Thus, there is a clear mismatch between the national legal frameworks and the nation’s needs for a labour force.

Consequently, the EU has witnessed a rise in irregular migration. To cope with this situation, some countries have implemented specific regularization programmes. Others refuse to do so, but immigrants continue to work illegally and are somehow tolerated. This situation hinders the integration of migrants and their families and raises specific health issues. Many Member States undertake a balancing act of meeting their public health responsibilities whilst at the same time not encouraging irregular migration.

The EU has recognised the significance of integration and the need to promote equality, to end discrimination and to reduce the gaps (ethnic, gender, racial, cultural, socioeconomic, etc.) between nationals and non-nationals to avoid having first and second class citizens.

This situation suggests that international cooperation should be one strategy, among others, to promote a dialogue between sending, transit and receiving countries. Moreover, as migration has a direct impact on the health of migrants and host societies, the health aspect of migration should be addressed by migration and integration policies. In this sense, for example, collaboration with the countries of Northern Africa is necessary.

The health of migrants

Currently, there is a gap in the availability of high quality information and research in the field of migration health. Information is scattered and has not been gathered systematically. Thus, there is an urgent need for research to be carried out in Member States in the future, with the objective of enabling comparisons and evidence based decision making.

Addressing the health of migrants is fundamental as the displacement of people is a stressful, sometimes dangerous process, which threatens people’s health and their well-being in many different ways. However, as the process of migration confronts different phases including settlement, migration health should assess both carried and acquired health problems.

On the one hand, migrants arriving in a new country face a new environment and new life styles. This puts them in a situation of vulnerability, exposing them to unknown viruses and other pathogenic agents, or simply introducing them to a new climate which may affect their immune system. In general, migrants can be overexposed to risks.

However, migrants may carry with them, whether knowing it or not, some infectious diseases or related conditions (i.e. lack of vaccination) that may put at risk their health or the health of
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In addition, migrants bring with them their cultural practices, values, attitudes and life styles that may be different to the ones of the host countries.

The most vulnerable groups of migrants include women and children, unaccompanied minors, irregular migrants, refugees, asylum seekers, trafficked and smuggled migrants, and labour migrants who hold jobs in high risk occupations (Cole, 2007). Thus, the different degrees of vulnerability, and the specific needs that migrant populations present require tailored responses. Some comprise cultural sensitiveness, non-discrimination, language mediation and universal access, among others.

Health issues have also become a concern for the countries known as “countries of transit”, especially the Maghreb countries but also regions East of Europe. For example, for migrants from sub-Saharan countries, the countries of North Africa are the first stop on the way to reaching Europe and the hard conditions of travelling and living in those countries contribute to the deterioration of their health.

Thus migrants’ health becomes an issue of public health for the EU in general and for Member States in particular. It is their obligation to ensure all residents the right to enjoy good health. As in Europe “health is a priority for the general public”. Hence knowing how healthy people are and what illnesses they suffer is important for the EU as is the ethical and legal responsibility to safeguard human rights, including the right to health for everyone.

**Health status, health determinants and access to health**

The assessment of migrants’ health should consider at least three factors: the health status, health determinants and access to health services, as they all contribute to the state of health of migrants. The Portuguese Presidency of the EU Council – Health has selected these aspects as central and will be discussed in the main event, a conference on Health and Migration in the EU. Better health for all in an inclusive society.

**Health status**

A recent article in *The Lancet* stated that the most pressing health problem for migrants is increased vulnerability to communicable diseases (*The Lancet*, 2006). In these cases, it is obvious that health is a major concern, both for migrants and for the host countries.

Among communicable diseases, the most significant are TB, HIV/AIDS, hepatitis and sexually transmitted infections (STI). Other diseases present high co-infection rates, like Leishmaniasis/Kala-azar, which has spread due to several factors including urbanization and migration. According to WHO in Southern Europe, up to 70% of adult visceral leishmaniasis is associated with the HIV infection, and drug users are the most affected group.

Research has suggested that ethnic groups in different countries have different prevalence to communicable diseases, due to a range of factors such as place of origin, cultural practices, disease prevalence in the country of origin, and unhealthy behaviours, among others. For example, while migrants in Belgium have a lower prevalence of HIV – in Germany it is disproportionately higher (Carballo and Siem, 1996; OIM/UNO Aids, 1998) In Sweden and Belgium, STI rates are higher in migrant populations than among nationals. This situation is explained by different cultural approaches to condom use among migrant groups which tend to influence the incidents of STIs (Janson et al., 1997; Muyvynck, 1997; Tichova, 1997).

Research has also shown that immigrants are at further risk of non-communicable diseases because they live in a different environment, adopt new life styles (i.e. eating habits) and are unfamiliar with the health system and practices. In this sense, migrants present higher rates of hypertension, diabetes, cancer and some hemoglobinopathies. In some countries, research indicates that migrant pregnant women are the main carriers of heterozygous hemoglobinopathies (Calbo-Villal et al., 2006). Moreover, women’s and family health should be central to migration health as the number of migrant women has increased over recent years. The inclusion of women is important because their health entails specific needs and also because in case of family migration, they tend to be responsible for the care of the children and the elderly.

It is important to consider issues related to the mental health of migrants. Migration is in itself a risk factor, thus it is not surprising that migrants have high rates of alcoholism, drug addiction and suicide, among others (Carta et al., 2005). As migration may generate alienation, the so-called “Ulysses” syndrome has become more widespread, so one key aspect is the psychosocial and physical health of migrants (Lazaridis, 1985; Huzum and Zabe, 1997). Studies have indicated that immigrants tend to suffer more from anxiety, dermatitis and sleep-related problems, as well as hypochondria and paranoia and are more exposed to alcoholism and drug abuse (De Jong, 1994; Janson, Sversson and Oksalh, 1997; Bischoff, Loutan and Burgi, 1997).

Other conditions that are more prevalent among some groups of migrants are children’s schizophrenia and women’s suicide. In addition, attention needs to be given to injuries and other consequences arising from domestic violence, which are frequent among the migrant population and relate to changes in gender roles, among other factors (Doyal, 2000).

Furthermore, migrants are more exposed to environmental and occupational risks than the national population. This overexposure arises from the fact that migrants tend to occupy the lower and more dangerous jobs in the labour market and are overrepresented in occupational accidents, especially those that cause disabilities. In addition, because most migrants are labour migrants and work in the worst paid positions, their housing and living conditions represent a health threat (Bollini & Siem, 1995).

In brief, the health status of migrants varies according to their previous and present living conditions, their reasons to migrate, their migration experience and trajectory, their gender and age, and the types of jobs they are able to access.

**Health status determinants**

Health depends on a combination of factors known as the determinants of health which are defined as inter-linked factors that can be divided into specific categories: constitutional factors,
individual lifestyles, social and community networks, living and working conditions, and general socioeconomic, cultural and environmental conditions. In this sense some health determinants may be more relevant to migrants than for the general population. Constitutional factors include genetic predispositions that are natural to specific populations and need to be taken into consideration when dealing with the health of migrants. Also, the natural or acquired deficiencies of the immune system should be considered as they determine how populations react to certain stimuli and pathogenic agents. For example, thalassemia and hemoglobinopathies are common pathologies in certain ethnic groups.

Determinants of individual lifestyles encompass relevant aspects of a migrant’s behaviour including the use of alcohol, tobacco and drugs, but also their diet and nutritional habits, and exercise patterns, have a direct impact on their health. Studies have indicated that, in addition to genetic predisposition, lifestyle changes in diet and in exercise patterns among others have a direct impact on obesity and Type 2 diabetes among migrants of Western Europe (Claussen et al., 2006). Drug abuse and alcoholism seem to be higher for isolated immigrants and for descendants of migrants who feel excluded and have not found their place in the host society.

The existence of social and community networks can have both positive and negative impacts on the life of migrants. For example, social networks such as friends and family ties, immigrant associations and the presence of other migrants, generally help migrants to cope with the new situation (Hilfinger Messias, 2002). On the negative side, mafias and organized crime contribute to making the life of migrants miserable, forcing them to migrate or instilling in them physical or psychological inhumane conditions with unpredictable threats to their health. Part of the increase in irregular migration in the EU is tied to trafficking and organized crime.

The living and working conditions of migrants, including education, housing, employment, income, working conditions and access to health services are determinants of their health. Research shows that at the time of migration, immigrants take with them their sanitary conditions which may be better or worse depending on where they come from and their socio-economic status in the country of origin. Consequently, some bring with them the diseases of poverty.

The most acknowledged poverty illnesses are Tuberculosis, hepatitis and respiratory diseases associated to poor housing and nutrition conditions. Once people migrate and continue to live in poverty, they are likely to be exposed to more diseases as research has shown for migrants in the Netherlands, Austria, France, Italy, Spain and Portugal. However, it is important to recognise that it is mainly due to the poverty and exclusion they suffer in the host society (de Jong and Wesenbeek, 1997; Gilber, 1997; Neyni, 1983; Carchedi and Picciolini, 1995; Gaspar, 1997; Gardete and Antunes, 1993; Almeida and Thomas, 1996).

This situation of exclusion has been shown to be worse for temporary workers who usually face hazardous living conditions, and are less likely to access healthcare services with some employers failing to provide safe working conditions and social security and/or health insurance. Hence, occupational health and labour related injuries are a central issue in migration health. In all countries, rates of work accidents and resulting disabilities are higher for migrants than for nationals. For example, in France, more than 30% of accidents that produce a permanent disability affect non-French workers (Gilber, 1997).

General socioeconomic, cultural and environmental conditions and a combination of other determinants also have a detrimental effect on the health of migrants. When persecution, trauma, fear or violence were the trigger of migration, the situation may be difficult to overcome. Likewise, on arrival immigrants need to adapt to linguistic, cultural, and climatic changes. However, settlement does not necessarily improve the life and health of migrants and their descendants. Research has shown that the children of migrants suffer from their parents’ lack of support due to long hours of work. For example, children of migrants tend to spend many hours alone, suffering more accidents than nationals. In Germany and the Netherlands young people of migrant descent, who are between the ages of 5 and 9, are much more vulnerable to traffic and other domestic accidents (Korporal and Geiger, 1996; De Jong and Wesenbeek, 1997).

Moreover, migration may have a negative impact on the daily lives of those involved. Firstly, due to the break up of the family, and secondly, due to the shock of reunification. The surfacing of cultural clashes as the result of family migration and reunion can be common in the host society and is reflected by higher rates of divorce and domestic violence and family reorganisation.

The understanding and assessment of the determinants of health are therefore crucial to completely grasp the migrants’ situation in the host society. As shown above, many different aspects are relevant to determine migrants’ health, from genetic constitutions and inborn pathogenic agents to more social factors such as social conditions, culture, occupation and lifestyles.

Access to health services
A fundamental aspect to the health of migrants is accessibility to healthcare. Most countries allow immigrants to access healthcare services in emergency cases, but it is important to ensure that they have a broader universal access to healthcare with the emphasis on health promotion, disease prevention, treatment and rehabilitation. Member States need to understand that early investment in addressing the health needs of new arrivals will improve public health in the long run. For example in the United Kingdom, within the National Health Service, there is free provision for immediate medical care in healthcare despite ability to pay as well as free healthcare for infectious diseases such as Tuberculosis. In Portugal, a ministerial dispatch from 2001 enabled all migrants regardless of their legal status to access health services.

It should be acknowledged that in many cases the poor health status of immigrants is due to the lack of access to health services. Several determinants such as legal status, literacy and educational level, and language skills can either facilitate or hinder access to health services. As research has highlighted, some diseases spread more due to a combination of factors, such as poor living conditions and the lack of or limited access to health promotion, disease prevention and treatment (Almeida and Thomas, 1996).

Studies have shown that newcomers and irregular migrants tend
to be excluded from health services, reinforcing the cycle of poverty and exclusion. Statistics indicate that migrants have higher rates of infection than nationals and in some cases these may be the consequence of a combination of factors such as limited access to services and treatment and cultural barriers, among others.

Due to the diverse characteristics and needs effective health service coverage and provision, should be provided in a culturally sensitive way that takes into consideration at least simple aspects such as language and culture. For example, the health of women and children may be at stake if some cultural considerations are not accounted for. Some customs amongst migrants prevent women from seeing or being examined by male doctors. Thus if health services are to be provided for them, issues such as these should be considered by the medical practice.

Another important aspect of dealing with accessibility is fighting discrimination. When policies or services discriminate in terms of origin, gender, religion or age, the already vulnerable populations are excluded further. As migrants are subject to many types of discrimination, another challenge is to promote equality in access to services, in the quality of services provided and non-discrimination, while reducing gaps (such as gender, ethnic, racial, cultural and socioeconomic). Both, non-discrimination and culture sensitivity require a learning process for everyone in the EU, especially for healthcare providers.

Access to services needs to be broad and integrated, and should include health promotion, disease prevention, treatment, rehabilitation and palliative care. Health promotion should be geared toward specially targeted interventions, including health education that reaches out to the population in need. Disease prevention embraces health assessment and specific screenings for the target population either in the country of origin or at destination. Moreover, disease prevention should offer the provision of psychological support for those who may need it.

With regards to treatment, a broad approach in targeting access to all seems to be the best approach. For example, in Portugal, mobile units bring services and treatment to hard-to-reach populations ensure a better coverage and enhance accessibility in a more comprehensive way. This approach is better suited for the recuperation of alcohol and drug conditions, injuries and violence.

**Lessons learned and challenges in the field of migrant health**

Although most countries claim universal coverage, in practice Member States are far away from true universal coverage. Health insurance schemes vary a lot across countries, including coverage for migrants. Problems tend to worsen when migrants are undocumented or irregular.

Civil society, including non-governmental organisations, has shown more interest in migrant health, facilitating their access to health services. Some partnerships at local/regional level can be identified, which have taken the lead in designing adequate responses for migrants. This is the case with the Migrant Friendly Hospitals Network across some Member States which has been endorsed by the Amsterdam Declaration. The EU, however has lost some opportunities, with little change being introduced in the Programme of Community Action on Public Health (2003–08).

Some Member States, like Portugal and Spain, have recently adopted plans for the integration of migrants. In the Portuguese case, the plans make provision for different governmental agencies, including specific provisions in the field of health. A relevant and innovative aspect of the Portuguese Integration Plan was the way in which it was developed, which at the first stage included the joint effort of all ministries, with the collaboration and participation of civil society, in a second stage, gathered during a consultation period.

Although initiated outside the EU, the Northern Dimension Partnership on Health and Well-Being is a successful initiative undertaken as a multilateral network of cooperation. Its objective is two-folded. Firstly, the reduction of major communicable diseases and prevention of life-style related non communicable diseases (HBV/AIDS, TB, STD, antibiotic resistance and determinants of cardiovascular diseases) and secondly, the enhancement and promotion of healthy and socially rewarding lifestyles (nutrition, physical activity, smoke free environment, healthy leisure time activities, safe sexual behaviour, supportive social and work environment and constructive social skills). This initiative is an excellent example of international cooperation.

Many challenges remain ahead. Discussion on what type of model best addresses health issues is an open question within the EU. The discussion should embrace, among many different issues, the specific concerns on how to reduce health inequalities namely between the health of vulnerable populations including migrants and the health of EU citizens in general. In the long run, the EU should move toward getting better health for all as an inclusive society.

Migration management policies for health should include concrete policies and measures that consider migrants’ health issues. Health policies should also be further improved. Health care and outreach services should be provided in a culturally sensitive way. Moreover, it is important to adopt an integrated approach on health and migration that considers the needs of all interested parties: Member States, migrants, labour markets and employers.

What can be accomplished is therefore an open question. Policy design should include general and specific aspects, from fine tuning immigration policies so that they include health aspects as well as facilitating service provision and reducing health inequalities.

**A shared vision on the way ahead**

Migration poses many health related challenges to the EU. Some are connected to health promotion, disease prevention and access to healthcare services, while others are connected with health determinants, such as the promotion of healthy and safe working environments, good housing and eating habits, and a healthy life-style.

These challenges require action, and it is fundamental that...
Members States work together to reach a common consensus. The Portuguese Presidency hopes to develop a shared vision on health and migration based on common EU values and principles, as adopted by the Council of the EU in June of 2006[26]. It is hoped that this will facilitate the adoption of common policies across the EU.

Firstly, it is fundamental that efficient information systems are developed which include the collection of data to build indicators to assess migrants’ health status and needs. It is also essential to carry out more specific research, ideally integrated on cross-countries projects, to find out more about the new EU demography, the health problems and the epidemiology that result from migrations, and identify effective solutions.

Research and information systems will provide the basis for designing an integrated health strategy that is culturally sensitive, reduces gaps and barriers, encompasses the fields of promotion, prevention, treatment and rehabilitation, and includes the adequate training of healthcare workers.

As health has been recognized as a human right, Member States need to consider the importance of this entitlement for all people, including migrants, and needs to be incorporated into an integrated health strategy. In a way, conscious building has started as the EU is already preparing a general and integrated strategy on health aimed at firstly improving information on health for all levels of society, and secondly setting up a rapid reaction mechanism to respond to major health threats and finally, tackling health determinants. However, this strategy should target not only citizens but all people living in the EU countries and should aim at reducing migrants’ vulnerability, securing their inclusion and fostering their empowerment. The empowerment and participation of the concerned parties including civil society and the migrants themselves, lead to more effective and sustainable results.

Just as the Finnish Presidency proposed the “health in all policies” theme, the Portuguese Presidency wishes to discuss migrant’s health in this context. One way to do this is to promote a broad dialogue and find common ground among the interested parties, at both governmental and non-governmental, and EU and Member States level.

Another central dimension of an EU shared vision is the need to promote international cooperation with countries of origin and transit with the objective of improving the management of migration flows and the arising health issues. An alternative way to approach migration with third countries is to promote circular migration and brain-gain, trying by increasing the exchange with the Diasporas to enhance their positive contribution.

Some progress has been made on several fronts and this should be built on, including in relation to high level policy frameworks. Thus it should be useful to take advantage of the new European general framework for health by trying to include specific measures and recommendations for migrants’ health. Along this line, the Programme of Community Action / Public Health (2008–13) which aims at protecting human health and the improvement of public health should be considered as an immediate opportunity for action.

The same applies to the ongoing discussion of the European Health Strategy in which Member States and stakeholders participate. This discussion could include particular aspects that deal with the health of migrants, as they certainly could benefit from being a specific target group. Links could also be made with the joint EU-Africa Strategy which will hold a Summit in December 2007 and has already included on its agenda issues of migration. Another crucial endeavor, in which health and migration issues could be enhanced, is the Euro-Mediterranean Partnership. In both cases the EU should advocate for the inclusion of health and migration issues on the agenda.

These are just some examples, but there are many other international initiatives and treaties with third countries which should include health and migration on the negotiation platform. Moreover, other existing policy instruments like the health impact assessment, or working groups and networks (governmental and non-governmental) that are already in place should be exploited for the benefit of this venture. Likewise, the EU is a strategic global partner that collaborates closely with international organisations, such as the World Health Organization and the Council of Europe. These arenas should be used to promote healthier migration and settlement processes at the global level.

To make sure we are on the right path, it is important to recognize the positive work that has been done in the field of health and migration. There are many outstanding examples of what Member States have done throughout the EU in terms of good practice and there is a great opportunity to learn from what Member States have already done. In this way, the Portuguese Presidency would like to exchange information on good practices among European partners, and build consensus on the type of policies and applications that can be used for improving the overall health of migrants in Europe.

Finally, we are entering a new era of better health for migrants if at the highest political level, the Council, the Commission and the European Parliament, and could agree on what first steps need to be taken.

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