



FEAM-ALLEA Joint Statement on Migration and Health



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Summary

FEAM and ALLEA join their voices to call for a wider and continuous debate that helps to produce reliable, validated and comparable data to inform policies and combat myths around migration and health. Academies should further collaborate with public health authorities, NGOs and Universities to address migration and health both with better research, better communication of research findings and access to required information to facilitate the provision of health services to migrants and refugees.

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Introduction

In 2019, there were 272 million “international migrants” worldwide—broadly defined as all people changing their country of habitual residence for many different reasons¹; worldwide mobility seems to be both our past and future². An increasing number of migrants and refugees arrived to Europe during 2015-2016 and many have lost their lives during the journey³. Nonetheless, the number of migrants and refugees arriving to Europe may have been widely overestimated⁴ while potential benefits of migration –including in economic terms—have been underestimated⁵.

Migrant health is a complex topic. Many socio-economic determinants of health interact with biological and environmental factors to influence health outcomes of migrant populations. This complicates the generalization of research findings from one community or from one country to the regional or global levels. Addressing migrant health is equally complex in terms of policy. Many organisations, including the World Health Organisation (WHO), the European Regional Office of the WHO, and the International Organization for Migration (IOM), have been working in this area for many years in close cooperation with NGOs⁶. While much ongoing cooperation and funding on various aspects of migration and health takes place at the EU and international levels, the provision of healthcare services for migrants remains a function and competence of Member States. Therefore, healthcare services for migrants differs from Member State

¹<https://www.un.org/development/desa/en/news/population/international-migrant-stock-2019.html>.

See similar statistics for the World Health Organization (WHO) European region, where around 90 million migrants were estimated in 2017. World Health Organization, Regional Office for Europe, Report on the health of refugees and migrants in the WHO European Region. No public health without refugee and migrant health (2018).

² Abubakar, Ibrahim, et al. "The UCL–Lancet Commission on Migration and Health: the health of a world on the move." *The Lancet* 392.10164 (2018): 2606-2654.

³<https://missingmigrants.iom.int/region/mediterranean>

⁴ See Ki-moon B. UN Secretary-General’s Op-Ed: “Refugees and Migrants: A Crisis of Solidarity”. New York: United Nations 2016, <https://www.un.org/youthenvoy/2016/05/secretary-generals-op-ed-refugees-migrants-crisis-solidarity/> highlighting that almost 90 per cent of the world’s refugees are hosted in developing countries and that the current crisis “is not a crisis of numbers; it is a crisis of solidarity”.

⁵ See The Economist, Special Report “Migration”, <https://www.economist.com/special-report/2019/11/14/to-make-the-world-richer-let-people-move>

⁶ See among others, Resolution of the World Health Assembly, WHA61.17 (2008), “Health of migrants” and WHA70.15 (2017), “Promoting the health of refugees and migrants” WHA61.17.

to Member State, and the implementation of EU strategies and policies is particularly difficult within this setting.

In spite of current efforts by the European Union, the WHO, the IOM, NGOs, and Universities, among others, more work and commitment of all stakeholders is needed to provide scientifically validated data on the health of refugees and migrants across Europe and the world. The collection and exchange of valid and comparable data as well as scientifically sound analyses are essential to produce evidence-based policies.

With this statement, FEAM and ALLEA join voices to call for a wider and continuous debate that helps to produce reliable, validated and comparable data to inform policies and combat myths around migration and health. Academies should further collaborate with public health authorities, NGOs and Universities to address challenges of migration and health both with advanced research, effective communication of research findings and access to required information to facilitate the provision of health services to migrants and refugees.

Definitions and statistics on migration are unclear and complicate open and neutral comparisons

Migration is “a global reality”⁷. However, statistics differ widely from country to country and also throughout the years. Figures are also perceived differently, according to how they are presented to the public. For instance, while the 2015 increase in the number of refugees and migrants arriving to the European region gave much of the impetus for recent debate around migration, data shows that most global migration occurs within low and middle income countries (LMICs) in the same continent, rather than from LMICs to high-income countries and/or to a different continent⁸. Studies also show that peoples’ perceptions around migration do not necessarily reflect the reality, including the number of newly arrived migrants⁹.

Statistics are further complicated by a complex terminology: the word migration is used to describe people moving from one country to another for many different reasons¹⁰. These reasons have a direct impact on a migrants’ legal status, which in turn has important health consequences: for example, in many countries, access to healthcare depends on whether a migrant is classified as an asylum seeker, a refugee, or an irregular or undocumented migrant¹¹. To complicate matters further, a migrant’s status is dynamic: an undocumented migrant or an asylum seeker could either become a legal immigrant, a refugee or an irregular migrant after a final decision about her or his residence permit or right to asylum is taken.

Recommendation 1: accurate and simple communication guidelines are needed to inform the public about migration

While terminology on migration has been harmonised by the International Organisation on Migration (IOM), accurate and simple communication is essential to inform the public. Clear definitions are also key to present information and statistics and to reduce the spread of myths around migrants and migration, their numbers, their human rights,

⁷ Abubakar et al., op. cit., p. 2606.

⁸ Abubakar et al., op. cit., p. 2610.

⁹ See Alesina, Alberto, Armando Miano, and Stefanie Stantcheva “Immigration and Redistribution”, NBER Working Paper 24733 (2018), describing the disconnection between perceptions and reality.

¹⁰ See UNHCR Master Glossary of Terms, <https://www.refworld.org/docid/42ce7d444.html>.

¹¹ <https://fra.europa.eu/en/publication/2016/healthcare-entitlements-migrants-irregular-situation-eu-28>

their needs and their potential human, social, cultural and economic input in host countries.

Migration policies should be better interlinked with health policies to benefit migrants and EU citizens

The EU has allocated significant budget to address the challenges related to the influx of third country nationals into the EU and this remains a priority for the next funding period¹². However, the impact of many of these investments is unclear. Most of the allocated budget has been used for border control and only a little fraction is currently addressing health. While a rapid decline in the number of third country nationals coming to the EU could be interpreted as a positive outcome, this outcome seems to be related to the financial and material help provided by the EU to Turkey and other countries (e.g. Libya) to keep migrants within their territory. The potential impacts and unintended consequences of this and other EU activities on border control are not yet fully known and understood.

Recommendation 2: the health sector should be actively involved in policy discussions and actions on migration

More cross-sectoral discussion on migration is needed. The health sector should be an active part of broad policy discussions and actions on migration as suggested by the UCL-Lancet Commission¹³. More research is also needed on the broad effects of migration policies.

Enhancing access to healthcare for migrants in the EU could have potential benefits for all the population

¹² See European Commission, A step-change in migration, management and border security https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20190306_managing-migration-factsheet-step-change-migration-management-border-security-timeline_en.pdf. See also information about the next Multiannual Financial Framework (MFF 2021-2027).

¹³ Recommendation 2 of the UCL-Lancet Commission on Migration and Health, in Abubakar et al., op. cit., p. 2644.

Health is recognised as a human right by international treaties¹⁴ and at the EU level¹⁵. However, while access to healthcare services is recognised for refugees¹⁶, and EU Directive 2013/33¹⁷ requires Member States to ensure that applicants of international protection receive the necessary healthcare, for other types of migrants –including irregular or undocumented migrants—the situation is different from Member State to Member State¹⁸. These divergences, coupled with other factors such as lack of information and awareness about entitlements, often result in barriers to accessing healthcare services.

While the provision of healthcare remains a national responsibility and competence at the EU level, the European Commission cooperates with other organisations, including the WHO, IOM and NGOs on health and migration¹⁹. Broader cross-sectoral cooperation could lead to further opportunities, such as the appropriate integration of some migrants as health workers. This could contribute to improving the integration of migrants while potentially addressing some shortages of healthcare workers under the existing EU legal framework, which includes rules on asylum, reception conditions and qualifications.

Recommendation 3: more cross-sectoral collaboration is needed to enhance access to healthcare services for migrants and potentially address shortages of healthcare workers

More collaboration is needed between EU and Member States as well as across sectors and institutions, including the European Commission (DG Health and other DGs), the European Centre for Disease Prevention and Control (ECDC), the WHO, the IOM,

¹⁴ See the United Nations International Covenant on Economic, Social and Cultural rights.

¹⁵ See article 35 of the Charter of Fundamental Rights of the European Union, and the European Pillar of Social Rights https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en

¹⁶ See article 30 of Directive 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted establishes that “Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection”.

¹⁷ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection.

¹⁸ <https://fra.europa.eu/en/publication/2016/healthcare-entitlements-migrants-irregular-situation-eu-28>

¹⁹ Information about these initiatives can be found on the website of DG SANTE/ Migrant health:

https://ec.europa.eu/health/social_determinants/migrants_en

and a list of deliverables/ projects is available at:

https://ec.europa.eu/health/sites/health/files/social_determinants/docs/migrants_projects_en.pdf

NGOs, universities, academies and others involved organisations. The application of Directive 2013/33/EU should also be reinforced through a close cooperation between European organisations, national health systems and NGOs. Such cooperation requires leadership and direction to ensure effectiveness at all levels.

Adequate mechanisms, including a EU audit system reflecting common education and training qualification standards could be used for the evaluation of the diplomas and qualifications of migrants within the healthcare sector²⁰. This could contribute to the integration of qualified healthcare workers into the EU while addressing shortages of healthcare workers.

Effective communication of research is needed to combat myths about migration and health as well as inform the public about the potential benefits from migration

Research shows that the arrival of migrants to the EU does not create challenges for the health of local population. For instance, the prevalence of many transmittable diseases is lower when migrants arrive²¹. Overall, population migration has always occurred within and outside of Europe and it represents a real opportunity for the continent to benefit from renewal and diversity as well as to enjoy significant economic benefits²². Moreover, research shows that Europe needs migrants for demographic and economic reasons and that migration does not create an economic burden²³.

Recommendation 4: better communication of research findings is needed to convey the potential benefits of migration for EU citizens

More ad-hoc research and clarity, as well as better communication of research findings on the effects of migration are needed. This includes research on potential positive effects and potential costs of migration for EU citizens. The overall potential benefits of migration should be communicated more effectively to the public.

²⁰ This could facilitate the implementation of the European Qualifications Passport for Refugees, <https://www.coe.int/en/web/education/recognition-of-refugees-qualifications>

²¹ See Greenaway and Castelli (2019), op. cit.

²² See Organisation for Economic Co-operation and Development (2014), Migration Policy Debates. Is migration good for the economy?,

<https://www.oecd.org/migration/OECD%20Migration%20Policy%20Debates%20Numero%202.pdf>

²³ See d'Albis H, Boubtane E, Coulibaly D. Macroeconomic evidence suggests that asylum seekers are not a 'burden' for Western European countries. Science Advances 2018; 4.

Wider access to healthcare services for migrants could lead to cost savings

While the costs of providing services to migrants is often one of the most controversial aspects of migrant policies, studies have found important cost savings stemming from the provision of timely healthcare services for migrants²⁴. These studies show that from an economics perspective, it makes sense to provide healthcare services for all immigrants at an equal level with the local population. In this sense, economic studies are increasingly in line with equity principles and human rights²⁵.

Recommendation 5: wider and easier access to healthcare services as well as information about available services should be provided for all migrants

Wider and easier access to healthcare services, including preventive and primary care to all migrants –regardless of their status—should be provided. Such access must be understandable to migrants in terms of language and content. More research about the cost effectiveness of interventions to improve access to other healthcare services is also needed. Along with the provision of services, it is also important to provide sufficient information and raise awareness about available services for all vulnerable populations, including migrants.

More data on the health of migrants is needed to produce evidence-based policies

The health status of migrants is a complex question; general and simplistic answers should therefore be avoided. Many migrants tend to be healthy when they leave their country of origin: the “healthy migrant effect” was coined to describe studies showing that refugees and migrants are often healthier than host populations during the earliest stages of migration²⁶. A paradox of unexpected good maternal and perinatal health outcomes has also been described and explored by experts both in the US and Europe²⁷.

²⁴ See Trummer, U., Novak-Zezula, S., Renner, A., Wilczewska, I. (2016) Cost Savings Through Timely Treatment for Irregular Migrants and EU Citizens without Insurance. Commissioned by IOM, RO Brussels, Migration Health Division in the Framework of the EQUI-Health Project ‘Fostering Health Provision for Migrants, the Roma, and other Vulnerable Groups’.

²⁵ Ursula Trummer, Allan Krasnik, Migrant health: the economic argument, *European Journal of Public Health*, Volume 27, Issue 4, August 2017, Pages 590–591.

²⁶ See WHO (2018), *op. cit.*, p. 10 and Abubakar et al., p. 2609-2610.

²⁷ See Hummer, Robert A., et al. "Paradox found (again): Infant mortality among the Mexican-origin population in the United States." *Demography* 44.3 (2007): 441-457 and Racape, Judith, et al. "Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socioeconomic status." *BMC pregnancy and childbirth* 16.1 (2016): 75.

Factors such as strenuous conditions during the travel, violence, overcrowding in detention centres and camps, are important drivers of migrants' health problems "on the road", and at their places of destination²⁸. By accommodating migrants in areas of existing deprivation, migrants' health will suffer. The picture is also different according to whether one refers to communicable or non-communicable diseases, and to mental health. All aspects of physical, mental and nutritional health must be considered. In addition, specific problems of paediatric and obstetric care pose specific and often urgent challenges.

Recommendation 6: more scientifically validated data and frequent updates should be produced and reflected in evidenced-based policies

More data and frequent updates are needed to better understand the health of migrants and the effect that other socio-economic determinants of health such as education might have. Accurate data that is scientifically valid and comparable is key in providing an accurate overview of a complex and changing landscape. It is also essential for streamlining evidence-based migration and health policies²⁹. Data is especially lacking for vulnerable groups such as irregular migrants and on a disaggregated basis (by sex, age, and migration status)³⁰. Collecting, storing and using health data about migrants is required; however, this is a sensitive issue. Due protection of individuals and vulnerable populations are essential, and should also contribute to fostering trust and help data collection, sharing and analysis.

Non-communicable diseases and mental health issues are imposing a high burden among migrant groups

Non-communicable diseases, especially mental health pose particular problems for migrants and especially for women, small children, adolescents, unaccompanied minors

²⁸ Greenaway, Christina, and Francesco Castelli. "Infectious diseases at different stages of migration: an expert review." *Journal of travel medicine* 26.2 (2019).

²⁹ World Health Organization, Regional Office for Europe, Report on the health of refugees and migrants in the WHO European Region. No public health without refugee and migrant health (2018).

³⁰ World Health Organization (2018), op. cit., p. 57.

and other vulnerable groups³¹. Migration, along with other socio-economic factors, should be thoroughly considered as a core determinant of health and well-being³².

Recommendation 7: Provision of healthcare services to address non-communicable diseases and mental health for migrants should be reinforced

More emphasis should be given to the provision of non-communicable diseases and mental healthcare services for migrants. More research is also needed to better understand the needs and address the problems in these areas.

The health information of migrants is often lost during the migration process

The process of migration is often complex and long. Migrants often move from one country to other(s), and their personal health information often becomes unavailable or lost during these changes. Preserving this information is important to receive effective healthcare and for the overall improvement of the provision of healthcare services through the use of already collected information³³. The integration of migrants' health data within existing national health information systems is also important to provide public health systems and policy makers with an accurate and complete rather than a fragmented picture³⁴.

Recommendation 8: National health systems should allow for personal health information to be easily transportable and accessible while ensuring the protection of personal data

Personal health information of migrants should be easily transportable and accessible in agreement with existing regulations concerning the protection of personal data. Health information systems should be adapted to facilitate the transportation of data, ensure the protection of its confidentiality and allow for the integration of data for migrants on

³¹ See for instance, Camilla Hvidtfeldt, Jørgen Holm Petersen, Marie Norredam, Prolonged periods of waiting for an asylum decision and the risk of psychiatric diagnoses: a 22-year longitudinal cohort study from Denmark, *International Journal of Epidemiology*, and Priebe S, Giacco D, El-Nagib R. Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (Health Evidence Network (HEN) Synthesis Report 47).

³²F El-Khoury, K Marr, M Melchior, M Héron, EquipeBaromètre Santé 2017, Verbal victimisation and mental health of sexual minority adults in France, *European Journal of Public Health*, Volume 29, Issue Supplement 4, November 2019

³³ Abubakar et al., op. cit., p. 2631.

³⁴ Ibid.

existing health information systems rather than creating separate systems. For example, the vaccination history of children is crucial to retain and update.

Migration and climate change are interlinked and should be addressed with a multi-sectoral and holistic approach

People are on the move all over the world for different reasons. While the current number of migrants arriving to the EU has probably been overestimated, climate change and conflicts (which are also related to each other) could lead to a significant increase in the future³⁵. As mentioned within the EU green deal, climate change is an important “source of conflict, food insecurity, population displacement and forced migration”³⁶. The EU Commission has suggested that such policy implications “should become an integral part of the EU’s thinking and action on external issues, including in the context of the Common Security and Defence Policy”.

Recommendation 9: A multi-sectoral and holistic approach should be used to address global challenges such as climate change, conflict resolution and migration and health

Complex issues such as climate change, conflict resolution and migrants’ health should be addressed with a multi-sectoral and holistic approach, including in the framework of the ambitious plan for a EU green deal. The health sector should be actively involved in the design and implementation of policies on these broad and interlinked areas.

NGO’s, Universities and Academies can help clarify issues and steer wide and inclusive debates on migration and health

Public health authorities need to work with NGOs, Universities, law enforcement authorities and many other sectors, including Academies, in order to tackle the complex landscape of migration and health. For instance, by working in the field, NGOs are better placed to understand and represent the voice of vulnerable and underrepresented populations (including migrants and refugees)³⁷. Universities have contributed to a wide

³⁵ Watts N, Adger WN, Agnolucci P, et al. Health and climate change: policy responses to protect public health. *Lancet* 2015; 386: 1861–914.

³⁶https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission_en.pdf

³⁷E Spoel, K Accoe, S Heymans, P Verbeeren, X de Béthune, Migrants’ social determinants of health: living conditions, violence exposure, access to healthcare, *European Journal of Public Health*, Volume 29, Issue Supplement_4, November 2019.

debate on migration and health, for instance through the M8 Alliance's Expert Meeting on Migrants' and Refugees' Health³⁸. With their interdisciplinary reach, Academies can similarly contribute to fostering a broad dialogue with multiple sectors, and to leading reviews and analyses that can shed light and help address these critical issues with evidence and scientific data³⁹.

Recommendation 10: More cross-sectoral and inclusive collaboration is needed to address migration and health challenges

Cross-sectoral collaboration is key to addressing migration and health challenges. Public health authorities need to work cooperatively with NGOs, Universities, law enforcement authorities and many other sectors to tackle such a complex landscape. NGOs should be protected against the paradox they are confronted with: either providing care to undocumented migrants while acting against legal and financial regulations of the host country, or not providing care to some categories of migrants, while violating human rights and excluding the most vulnerable from healthcare services. The voice of migrants should also be better incorporated in debates and key decisions about their own health. As independent voices, Academies can further contribute to fostering a broad and evidence-based dialogue within multiple sectors.

³⁸Bempong, N., Sheath, D., Seybold, J. et al. Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert Meeting. *Public Health Rev* 40, 3 (2019)
doi:10.1186/s40985-019-0113-3

³⁹ Summary Report from the Migration, Health and Medicine Conference, Brussels, 22 November 2019, available at: <https://www.feam.eu/wp-content/uploads/Migration-Health-and-Medicine-Conference-Summary-Report.pdf>

About the Federation of European Academies of Medicine (FEAM)

FEAM is the umbrella group of Academies of Medicine, Medical Sections of Academies of Sciences and Academies of Pharmacy. FEAM promotes cooperation between national Academies and provides a platform to formulate their collective voice on matters concerning medicine, health and biomedical research with a European dimension. Its mission is to extend to the European authorities the advisory role that national Academies exercise in their own countries on those matters.

About ALLEA

ALLEA is the European Federation of Academies of Sciences and Humanities, representing more than 50 academies from over 40 EU and non-EU countries. Since its foundation in 1994, ALLEA speaks out on behalf of its members on the European and international stages, promotes science as a global public good, and facilitates scientific collaboration across borders and disciplines. Jointly with its members, ALLEA seeks to improve the conditions for research, to provide the best independent and interdisciplinary science advice available, and to strengthen the role of science in society. In doing so, ALLEA channels the expertise of European academies for the benefit of the research community, decision-makers and the public. Outputs include science-based advice in response to societally relevant topics, as well as activities to encourage scientific cooperation, scientific reasoning and values through public engagement.

Other work on Migration and Health

FEAM and ALLEA have been collaborating on a number of initiatives, including following events to discuss migration, health and health inequalities:

- Conference on Migration, Health and Medicine, Brussels, 22 November 2019 hosted by the Royal Belgian Academy of Medicine in collaboration with the French Academy of Medicine
- Bicentennial Symposium organised by the French Academy of Medicine with various partners, including FEAM and ALLEA, Paris, 22 January 2020⁴⁰.

Other related work: Health Inequalities project

FEAM and ALLEA are working with the Royal Netherlands Academy of Arts and Sciences (KNAW) on a multi-disciplinary project aimed at reviewing existing evidence base in the area of health inequalities and striking a balance between the research findings of different disciplines. A cross-disciplinary Scientific Committee comprising experts of FEAM and ALLEA academies is overseeing this project.

⁴⁰https://www.feam.eu/?post_type=events&p=1993