

## The public health dimension of the European migrant crisis

### SUMMARY

Europe is currently experiencing an unprecedented influx of refugees, asylum seekers and other migrants. European Union Member States are faced with a pressing need to address, among other issues, the resulting public health consequences. The challenges for public health authorities relate to migrants' individual health problems, whether these affect the resident population, and how to respond adequately to their needs, including providing access to healthcare. The risk of an outbreak of infectious diseases resulting from the arrival of migrant populations is extremely low. These diseases are primarily associated with poverty, and refugees and migrants are exposed mainly to infectious diseases that are common in Europe, independently of migration.

In terms of an immediate public health response, the World Health Organization recommends a triage of migrants, followed by proper diagnosis and treatment targeting specific groups. It advocates full access to high-quality care for all migrants, irrespective of their legal status. In the longer term, it stresses the need to ensure that national health systems are adequately prepared.

The European Parliament has repeatedly emphasised the importance of providing healthcare to vulnerable groups such as migrants, independently of their legal status. The European Commission has mobilised emergency funding and supports projects under the European Union Health Programme. Moreover, it recently introduced the 'personal health record' for establishing migrants' medical needs, to be made available in locations where groups of migrants enter the European Union. In addition, the European Centre for Disease Control has issued expert scientific advice.



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## The migratory crisis

Europe is currently experiencing an unprecedented influx of refugees, asylum seekers and other migrants:<sup>1</sup> [1.5 million](#) people arrived in the European Union (EU) in 2015, fleeing countries affected by war, conflict or economic crisis. They come [mostly](#) from Syria, but also from Afghanistan, Eritrea, Iraq, Nigeria, Pakistan, Somalia, as well as the Western Balkans. Member States are increasingly faced with the need to address the public health consequences of this massive arrival of migrants from various parts of the world, which puts national health systems under pressure.

## Public health implications

The challenges for public health relate to migrants' individual health problems, whether they affect the resident population, and how to adequately respond to their needs, including access to healthcare.

### Health problems

Migrants tend to be in relatively [good health](#) when their journey begins. Throughout the process of migration, however, several [aspects](#) may have a negative influence on their health: (i) pre-departure: traumas suffered from war, conflict, violence, torture, etc.; (ii) during the journey: travel mode (alone or as part of a mass movement; by foot, boat, lorry, etc.), conditions (strenuous, perilous, cramped; lacking basic health necessities, etc.), and duration of the journey; (iii) upon arrival in host community: living conditions in refugee camps or reception centres; length of stay; legal status and access to healthcare; language and cultural norms, etc.

#### *Injuries and other conditions suffered during migration*

Some of the problems of newly arrived migrants are a [consequence of their journey](#) and include accidental injuries and small wounds, burns and blisters, sunburn, dehydration, and musculoskeletal problems.

#### *Communicable diseases*

Communicable (or infectious) diseases can be transmitted from person to person, via contaminated water or food, or through a vector. The spread of these diseases is linked to the poor living conditions associated with migration. Inadequate sanitation, suboptimal hygiene, and unsafe water and food can increase the risks of outbreaks of water- and [foodborne diseases](#) such as salmonellosis, hepatitis A virus infection and cholera. Vulnerable groups – children, pregnant women and the elderly – are particularly susceptible. In addition, crowded settings can lead to a higher risk of [vector-borne diseases](#), which are infections transmitted by the bite of infected arthropods (mosquitoes, sandflies, lice, ticks, fleas, etc.), such as malaria, leishmaniasis, relapsing fever, rickettsial diseases and typhus.

Added to these health risks, the physical and mental stress and deprivation experienced by populations on the move can also increase their risk of respiratory infections, for example from influenza viruses.

**Migrants and the threat of infectious diseases: demystifying perceptions**

Reacting to reported [claims](#) by some politicians that migrants could bring 'possible epidemics' into the EU, the World Health Organization (WHO) and the EU have taken a clear stance: the risk of an outbreak of infectious diseases resulting from the current influx of migrant populations is extremely low. Migrants [do not pose](#) a greater threat to public health than international travellers. [Zsuzsanna Jakab](#), WHO Regional Director for Europe, underlined that 'despite a common perception that there is an association between migration and the importation of infectious diseases, there is no systematic association. Communicable diseases are primarily associated with poverty. Refugees and migrants are exposed mainly to the infectious diseases that are common in Europe, independently of migration.' In turn, [Martin Seychell](#), Deputy Director-General of the Commission's Directorate-General for Health and Food Safety (DG SANTE), stressed that measures to protect refugees' health are being taken 'not out of unfounded fears that they might spread infectious diseases' or 'place a burden on the health systems'. He also pointed out: 'Their health is at risk, not the health of EU citizens'.

*Non-communicable diseases (NCDs)*

Non-communicable (or chronic) diseases are diseases that last for a long period of time and progress slowly. They include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. Migration can increase migrants' vulnerability to NCDs; an example being the high rates of [hypertension](#) that have been observed among Syrian refugees. Moreover, the health of those migrants already suffering from NCDs may deteriorate during migration due to loss of access to medication; disruption of treatment; lack of shelter, water and food; or because of psychological strain.

*Mental health issues*

Many migrants have endured years of physical and emotional trauma, including torture. This can increase their risk of [psychological problems](#) such as post-traumatic stress disorder (PTSD), mood and anxiety disorders, and panic attacks, with symptoms of sleeplessness, nightmares and flashbacks. Addressing these issues is considered key to helping migrants settle. However, providing the necessary mental support in the form of counselling may prove [difficult](#): many of those needing assistance do not know what psychotherapy is, since it may not exist in their home countries. Moreover, some migrants may culturally feel unable to express fear or other emotions, or are incapable of talking about such traumatic events. Disclosing sexual violence, for instance, is often a taboo for the women who have suffered. Furthermore, some scientists emphasise the need for a better understanding of the [psychological effect of humiliation](#), and how to overcome it.

*Health problems specific to women*

Female migrants may additionally be faced with problems related to reproductive health, such as complications with pregnancy and childbirth, as well as the risk of exposure to (sexual) violence and abuse.

**Children's psyche under pressure**

From a psychological point of view, children, especially if they are unaccompanied, are a particularly [vulnerable](#) migrant group. Many of them have suffered multiple traumas – the horrors of war, violence, bereavement. Traumatic experiences may create recurring memories that haunt these children to the point where their emotional, cognitive and social development is impacted. Child soldiers, in particular, are under huge psychological [strain](#) due to their status as both victims and perpetrators. These children may sometimes reveal their distress in their [drawings](#), [depicting](#) anguish and loss.

### *Weather-related challenges*

Cold temperatures can threaten health in a number of ways: they can increase the risk of fractures, sprains and strains; cardiovascular and respiratory problems; and severe bacterial and viral infections. Migrants sleeping outdoors or in cold shelters at temperatures below 16°C may be prone to hypothermia (that is, body temperature below 35°C) and frostbite. Among those who are particularly susceptible to the consequences of cold weather are the elderly, children and people with pre-existing health problems.

### **Access to healthcare**

The right of access to healthcare, or 'right to health', is enshrined in several international human rights instruments. For example, the United Nation's [International Covenant on Economic, Social and Cultural Rights](#) recognises 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health', while the [Charter of Fundamental Rights of the European Union](#) states that 'everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices'.

In practice, however, legal status has proved to be one of the main formal barriers to migrants' access to healthcare. In many EU Member States, undocumented migrants are [only able to access](#) emergency healthcare, which is not always granted free of charge.<sup>2</sup> The European Union Agency for Fundamental Rights (FRA) and stakeholders such as the Platform for International Cooperation on Undocumented Migrants (PICUM) argue in favour of indiscriminate access to primary and preventive healthcare. In their 2014 and 2015 reports, [FRA](#) and [PICUM](#) argue that not giving undocumented migrants timely access to screening and treatment, but treating conditions only when they become an emergency, may not only endanger their individual health, but could also be detrimental to public health and result in a greater economic burden to healthcare systems, since providing health services through emergency care is more costly. This theory is echoed in a recent [research paper](#) on asylum-seekers and refugees in Germany, which suggests that the cost of excluding these groups from healthcare is ultimately higher than granting regular access to care.

In addition, migrants are also confronted with informal barriers to accessing healthcare, among them primarily [communication and cultural differences](#), as recent evidence from Hungary suggests.

### **World Health Organization recommendations**

According to Zsuzsanna Jakab, WHO Regional Director for Europe, the large influx of migrants to countries in the WHO European Region requires an '[urgent response](#)', for which Europe is 'well prepared'.<sup>3</sup>

#### **Improving migrants' health conditions in Calais (France)**

The French Minister for Social Affairs, Health and Women's Rights, Marisol Touraine, and the French Minister of the Interior, Bernard Cazeneuve, commissioned a task force to report on the health conditions in the migrant camp in Calais known as 'the jungle', where an estimated [4 500](#) migrants are waiting to make the crossing to the United Kingdom. The task force's [recommendations](#) ahead of its final [report](#), include: improvements to the migrants' housing conditions; establishment of a real community-based care facility by increasing capacities for reception and care; reinforcement of the resources of the free clinic (*permanence d'accès aux soins de santé*) at the hospital in Calais; as well as strengthening health monitoring and deploying prevention activities on the ground, including vaccination and contraception.

In terms of an immediate public health response, the World Health Organization's Regional Office for Europe (WHO/Europe) [does not recommend](#) obligatory screening of migrants for diseases, on the grounds that it (i) lacks evidence of cost-effectiveness, and (ii) may cause anxiety both among migrants and the wider community. Instead, it strongly recommends triage at the points of entry – that is, health checks for both communicable diseases and NCDs, to identify migrants' health problems soon after their arrival – followed by proper diagnosis and, if needed, treatment targeting specific groups such as children, pregnant women and the elderly. WHO/Europe encourages full access to hospitals, prevention services (including vaccination) and high-quality care for all migrants requiring health protection, without any discrimination and irrespective of the migrants' legal status. As specifically regards vaccination, the [joint statement](#) by the WHO, the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF) of November 2015 recommends that refugees, asylum-seekers and migrants in the WHO European Region should be vaccinated 'without unnecessary delay', with priority given to vaccinations against measles, mumps and rubella (MMR), and polio.

In the longer term, WHO/Europe underlines the need to [act beyond the emergency](#) and to ensure that health systems are [adequately prepared](#) to aid migrants, while at the same time protecting the health of the resident population. It advocates a [health-system response](#) that covers all three phases of migration, namely: (i) arrival in transition or destination countries in Europe; (ii) reception and processing of asylum applications in destination countries; and (iii) integration into the host society. According to WHO/Europe, it is important that health systems are accessible to all migrants throughout the migration trajectory; that relevant provisions are incorporated in health planning and future strategies; and that work is coordinated across sectors. Access should be improved by providing interpretation and translation; training health workers in psychosocial support; and through health literacy and health promotion.

Generally, WHO/Europe pleads for making health policies and systems in the WHO European Region '[migrant-sensitive](#)', that is, prepared to deal with the diverse health issues of arriving migrants, while respecting their human rights and dignity. This may be attained through cooperation with public health authorities across the Region, as in the Public Health Aspects of Migration in Europe ([PHAME](#)) project, which aims to provide technical assistance to Member States to strengthen their public health capacity to address emergency-related migration.

### **WHO high-level meeting on refugee and migrant health in Rome on 23-24 November 2015**

The [high-level meeting](#), hosted by the Italian government, brought together senior representatives of Member States in the WHO European Region. It aimed for a common approach to the challenges of large-scale migration for health systems. The debates centred on the importance of clear communication to migrants and resident populations; the requirement for effective preparation and coordination between countries; and on the need to allay the concerns of European citizens.

## **European Union response**

### **European Parliament**

Parliament has repeatedly emphasised the importance of providing healthcare to vulnerable groups such as migrants, independently of their legal status. In its 2011 resolution on [reducing health inequalities in the EU](#), Parliament underlines the 'importance of healthcare services being provided in a manner consistent with fundamental rights'. It calls on the Member States to ensure that the most vulnerable

groups, including undocumented migrants, have equitable access to healthcare. In its 2013 resolution on the [impact of the crisis on access to care for vulnerable groups](#), Parliament calls for effective access to health services for vulnerable groups, including migrants. It urges the Member States to adopt policies for health promotion and prevention by guaranteeing free, universal and quality healthcare – in particular, primary healthcare, preventive medicine, and access to diagnosis, treatment and rehabilitation – for the most disadvantaged groups. In its 2014 resolution on [undocumented women migrants](#), Parliament points to the right to health as a fundamental human right. It encourages the Member States to 'delink health policies from immigration control' and not to impose a duty to report undocumented migrants on healthcare practitioners. Moreover, it asks the Member States to allow access to basic healthcare services.

Furthermore, in his [speech](#) at the informal summit between the EU and Turkey on 29 November 2015, President Martin Schulz stressed that Parliament wants to support Syrian refugees and persons under temporary protection by funding access to healthcare, among other things, as the objective of the €3 billion [Refugee Facility for Turkey](#) for the next two years.

### **Council and European Council**

The health of migrants has been addressed by several EU presidencies.<sup>4</sup> The recent Luxembourg Presidency [acknowledged](#) that the impact of the migrant crisis on health systems 'can no longer be ignored'. Noting that the health aspect of migration was insufficiently addressed at EU level, it underlined the need to ensure migrants' access to healthcare services adapted to their needs, while protecting the health of the general population. It explained that the three-fold challenge consisted in i) controlling communicable diseases; ii) strengthening the capacities of healthcare infrastructures; and iii) reducing health inequalities. In its view, the short-term focus should be on burden-sharing and solidarity, providing quality healthcare for newly arriving migrants, and guaranteeing health security for the whole EU population. A long-term goal should be to tackle the public health aspects of integration in national prevention and care systems.

### **European Commission**

In the [European Agenda on Migration](#) of May 2015, the Commission committed to mobilising an additional €60 million in emergency funding, inter alia to support reception capacity, including healthcare, for migrants in those Member States facing particular migratory pressure. The Agenda specifies that emergency assistance for healthcare actions is also available through the EU's Asylum, Migration and Integration Fund ([AMIF](#)), and that countries particularly affected by an influx of migrants may also request assistance from the EU civil protection mechanism. At the beginning of October 2015, Commissioner Andriukaitis announced that a further €100 million for immediate emergency funding in the 'most exposed Member States' would be added to the €73 million already mobilised in 2015 under the EU budget in this area.

#### **A test of solidarity and compassion**

The Commissioner for Health and Food Safety, Vytenis Andriukaitis, stressed that the migrant crisis was an '[immediate priority](#)' for the EU, in September 2015, especially with the approaching winter, calling it a 'test of solidarity'. According to the Deputy Director-General of DG SANTE, [Martin Seychell](#), it is about rising to this challenge 'with conviction and compassion'.

On a more long-term basis, the Commission supports projects under the EU Health Programme, such as: [EU-HEP-SCREEN](#) to implement screening programmes for hepatitis B and C among migrants in the EU; [EQUI-Health](#), co-funded by the Commission and run by the International Organisation for Migration (IOM), to foster health provision for migrants and other vulnerable groups; or [MEM-TP](#) to provide training packages for health professionals to prepare them to better care for migrants and ethnic minorities (a [dissemination workshop](#) was held on 2 October 2015). Furthermore, the Commission amended the EU Health Programme's [Annual work plan for 2015](#) to include horizontal actions on 'Supporting Member States under particular migratory pressure in their response to health related challenges'. Following this amendment, the Commission's Consumers, Health, Agriculture and Food Executive Agency (Chafea), responsible for implementing the Health Programme, published a [call for proposals](#), with a deadline of 19 November 2015.

In November 2015, Commissioner Andriukaitis presented the [personal health record](#) (PHR), a template document jointly prepared by the Commission and the IOM that can help reconstruct the medical history of migrants who arrive with no documentation, thereby establishing their health status and medical needs. The PHR will be made available at 'hotspots' (locations where incoming migrants are swiftly identified, registered and fingerprinted), accompanied by a [handbook](#) for health professionals on the protocol of 'migration health assessments' (HAs). An HA is a voluntary medical examination carried out with the informed consent of the patient and in full respect of confidentiality. It may include the provision of treatment, including vaccination, and is considered an opportunity for counselling and health education.

### **European Centre for Disease Control (ECDC)**

In September 2015, the EU agency ECDC issued [scientific advice](#) on the public health needs of migrants across the EU's southern and south-eastern borders, and the public health options for addressing these. The following needs were identified:

- In terms of the migrant population: reception systems for newly arrived migrants, with health assessments carried out immediately upon arrival; adequate shelters to ensure personal and food hygiene and proper nutrition, and reduce crowded living conditions; linguistically and culturally tailored health education and health promotion; and access to free healthcare.
- In terms of public health action: screening<sup>5</sup> for communicable diseases according to the migrants' country of origin and the countries transited (for example, for hepatitis B and C, HIV and malaria); surveillance (including respiratory diseases, diarrhoea and meningitis); vaccination (for instance, against measles, polio and diphtheria); and a public health follow-up system to medically track migrants from their first point of entry to their final destination.

In October 2015, ECDC published an [assessment](#) of the risk of importation and spread of malaria and other vector-borne diseases associated with the arrival of migrants to the EU. The assessment makes four main recommendations:

- Ensure the right to health through voluntary screening for infectious diseases in newly arrived migrants, based on country of origin and countries of transit, with the screening connected to diagnosis and treatment;
- Improve general hygiene measures and prevent overcrowding in reception centres, transit points and settlements;

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- Deliver health education and health promotion that emphasises the benefits of voluntary health assessments and of screening and treatment of diseases;
- Guarantee access to public healthcare for the diagnosis and treatment of communicable diseases, including primary and emergency healthcare.

### Further reading

[Access to health care for undocumented migrants in Europe: The key role of local and regional authorities](#), Platform for International Cooperation on Undocumented Migrants, 2014.

[Assessing the burden of key infectious diseases affecting migrant populations in the EU/EEA](#), European Centre of Disease Prevention and Control, 2014.

[Asylum, Migration and Integration Fund \(AMIF\)](#), EPRS Briefing, European Parliament, March 2015.

[Cost of exclusion from healthcare – The case of migrants in an irregular situation](#), European Union Agency for Fundamental Rights, 2015.

[Health assessment of refugees and migrants in the EU/EEA](#), European Commission, 2015.

[International Migration, Health and Human Rights](#), International Organization for Migration, 2013.

[Migrants in an irregular situation: Access to healthcare in 10 European Union Member States](#), European Union Agency for Fundamental Rights, 2011.

[Migration and health in the EU](#), European Observatory on Health Systems and Policies Series, World Health Organization, 2011.

[Migration health: Better health for all in Europe](#), International Organization for Migration, 2009.

### Endnotes

<sup>1</sup> In this briefing, the term 'migrant' is used as a neutral umbrella term that covers 'refugees' and 'asylum seekers', thereby echoing the International Organization for Migration's [definition](#) of migration as: 'a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other reasons'.

<sup>2</sup> The [health](#) strand of the Migration Integration Policy Index (MIPEX) 2015, a tool for measuring policies to integrate migrants in EU Member States and several other countries, shows major differences in terms of migrants' healthcare coverage and ability to access services.

<sup>3</sup> This assessment is confirmed by a recent European Commission [report](#) on the implementation of [Decision 1082/2013/EU](#) on serious cross-border health threats, which concludes that the mechanisms for preparedness and response have worked well, and that the Decision has improved health security in the EU.

<sup>4</sup> This has been underlined by the Portuguese [Council Conclusions on Health and Migration](#) (December 2007), the Spanish [Council conclusions on Equity and Health in All Policies](#) (June 2010), as well as the Hellenic, Italian and Latvian Presidencies.

<sup>5</sup> In the ECDC's scientific advice, screening is defined as 'the systematic practice of medical examination, involving laboratory or other diagnostic testing, to search for and identify cases of a specific infectious disease in a target population'.

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