



Migrant health – new challenges in Europe

Prof. István Szilárd, University of Pécs Medical School, Chair of Migration Health
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WHO Collaborating Centre
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BBC

AMC

مركز حلب للإسعاف



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The magnitude of migration of today



**Facts: out of 7.2 billion about
250 million people crosses borders yearly, of which 90 million are migrant workers**





WHO European Region



53 Member States, with around 894 million people

- as of 1 January 2011, the population of the EU 27 is about 502.5 million people (56% of the total)
- non-MSs: the Holy See (observer), Liechtenstein

Variation in population:

- Monaco: 32,700 people
- Russian Federation: 141,950,000 people

Variation in GDP/person/year (2009):

- Tajikistan \$ 1,900 [rank192]
- Luxembourg \$ 79,600 [rank 3]

- **WHO Country Offices (29)**
- **Geographically Dispersed WHO Office**

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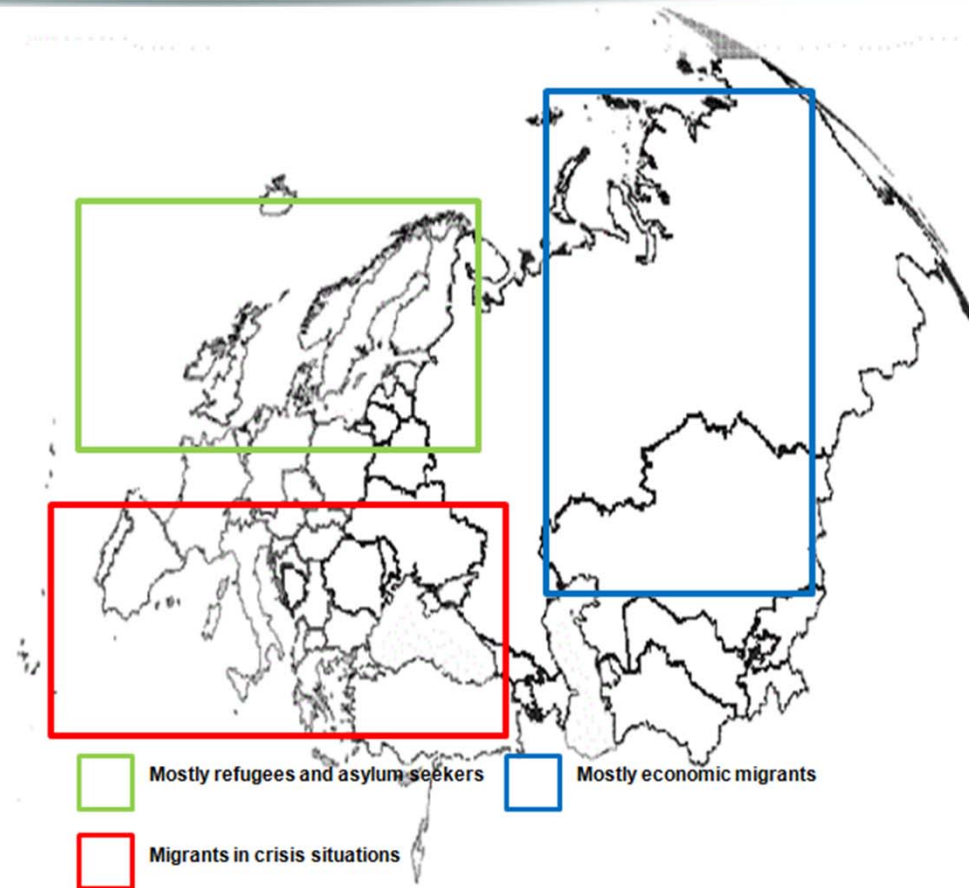
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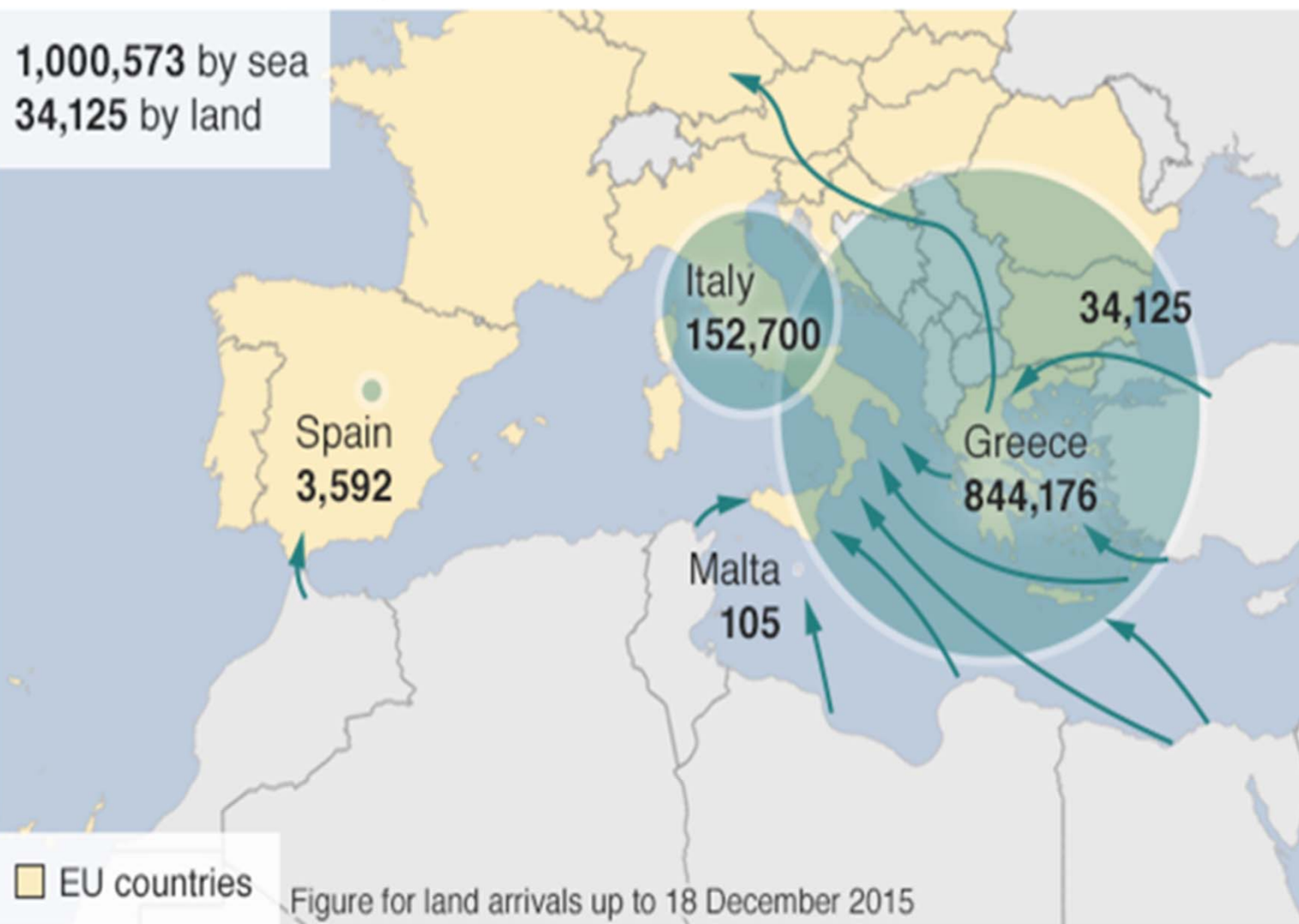
Migration in the WHO European Region (2)

The European Region is undergoing **demographic changes** caused by migration among other factors.

These changes entail different **epidemiological and public health implications** across the region, which are different but all **interrelated**.



1 million arrivals by sea in 2015



Source: UNHCR, IOM

BBC



Migration in the WHO European Region

77 millions of migrants are living in the WHO European Region, which represent 8% of its population



1 out of 12 residents is a migrant

In 2015, 1 046 599 people were reported to be arriving to Europe by land or sea, and since January 2016 an additional 136 485 people have arrived (IOM)

Turkey is the country with the highest number of refugees worldwide, 2.71 million. Top 5 receiving countries in European Region in 2014/2015: Germany, Turkey, Sweden, Italy and the UK (UNHCR).

Sweden is the country with the largest number of asylum seekers per capita (24.4 per 1,000 inhabitants), followed by Malta, Luxembourg, Switzerland and Montenegro (UNHCR).

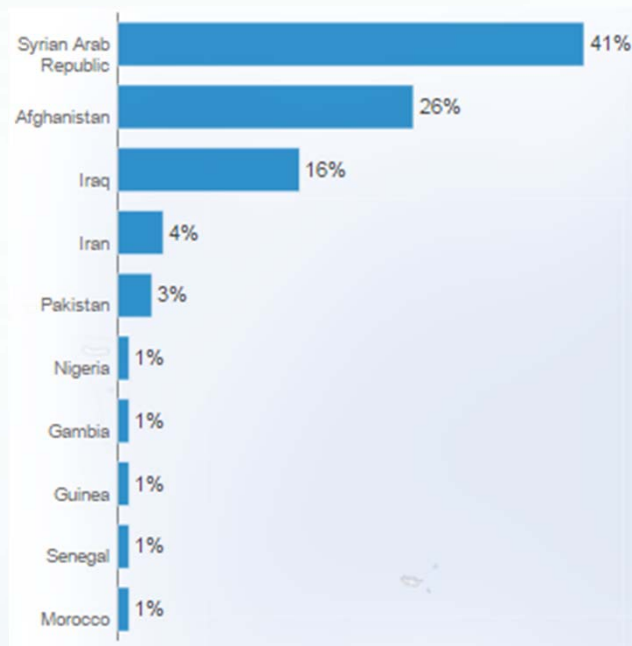


European refugee and migrant crisis in numbers

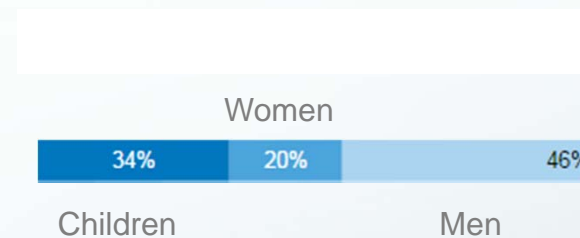
The Eastern Mediterranean Region hosts the largest number of displaced people: 20 million internally displaced people (IDPs) and 9 million refugees

Source: ReliefWeb

Arrivals to the European Region



Source: UNHCR



Inter-regional and inter-country coordination must be strengthened in order to improve the availability and exchange of health information, evidence and know-how on public health and migration.



Was it an unique magnitude?

**Civil war in the former Yugoslavia
1992 – 1995**

300 000

**refugee has arrived to Hungary:
opening the first refugee reception centre
in Nagyatád**

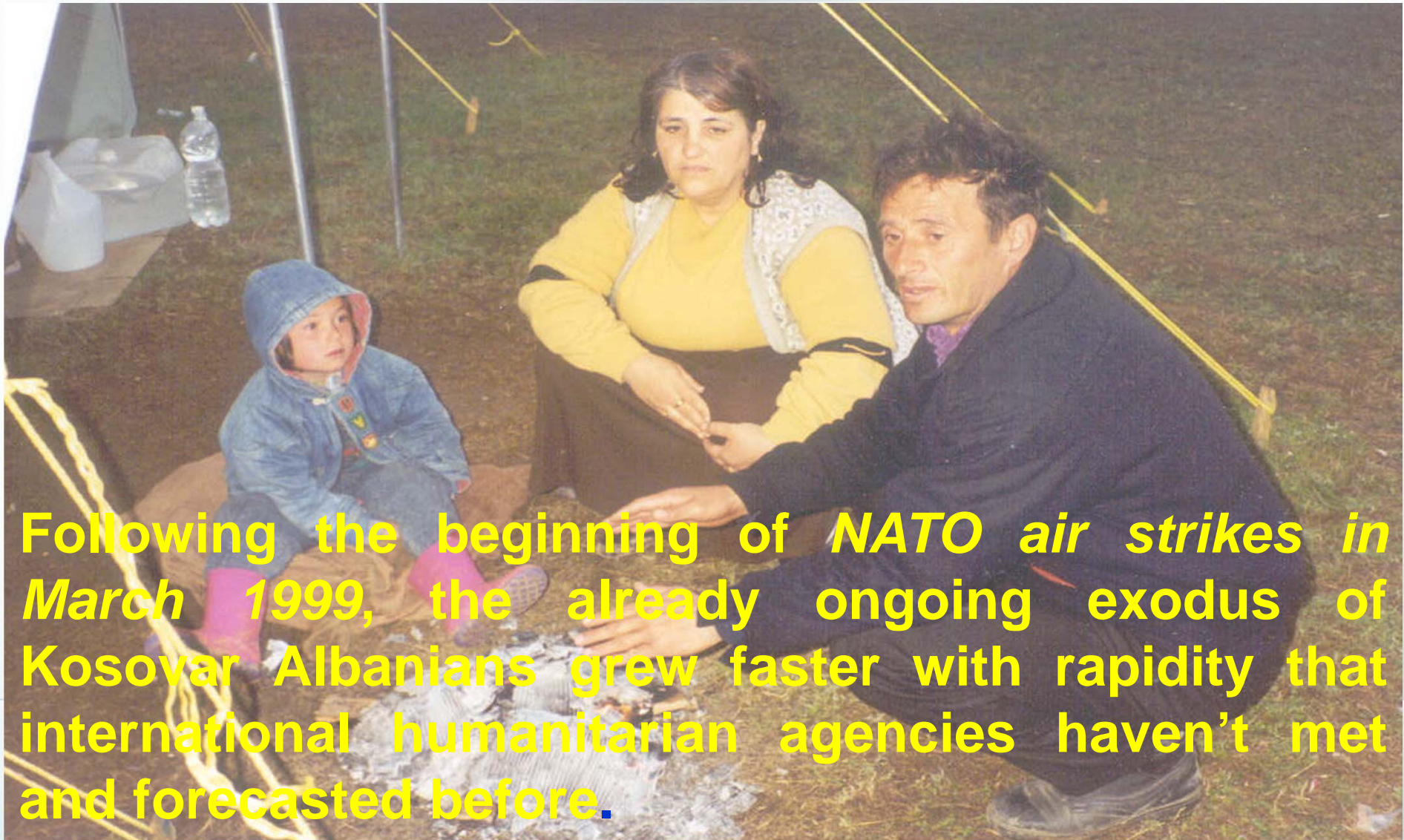


1999 – 2001

The crisis in Kosovo / Former Yugoslavia:



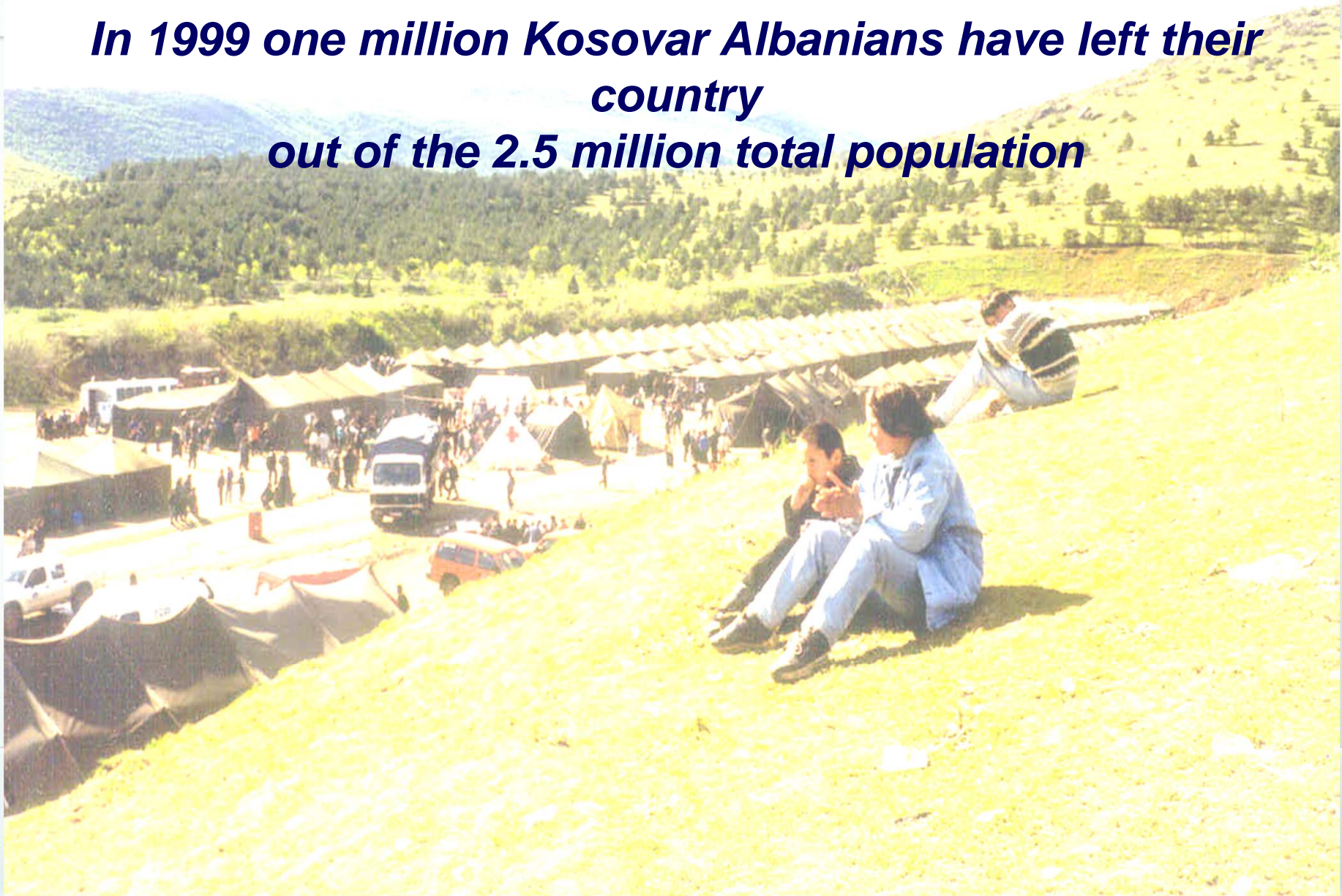
THE KOSOVAR CRISIS



Following the beginning of *NATO air strikes in March 1999*, the already ongoing exodus of Kosovar Albanians grew faster with rapidity that international humanitarian agencies haven't met and forecasted before.

THE MAGNITUDE

*In 1999 one million Kosovar Albanians have left their country
out of the 2.5 million total population*





Kosovo 1999 – Priority Medical Evacuation





The changing nature of migration





Need on policy guidance on health assistance of migrants





Infectious disease profile of some source countries

Communicable and infectious diseases

	Cholera (nr of reported cases, year)	Meningitis (nr of suspected, reported cases)	All forms of tuberculosis (notification rate / 100.000)	HIV (nr of newly reported cases)	Malaria (incidence rate/1000)	Malaria (total nr of cases)	Polio (nr of confirmed cases) (2014)
Szíria	689 (1979)	No data	17	37	no data	22	1
Afganisztán	3957 (2013)	No data	189	162	1.8	319.742	28
Pakisztán	1069 (2013)	No data	164	5	no data	3.472.727	306
Irak	1 (2013)	No data	25	21	0.0	8	2
Szomália	6864 (2013)	No data	285	72	no data	59709	5
Eritrea	1 (2008)	No data	92	<500	no data	21317	0
Nigéria	6600 (2013)	1175	338	230.000 (estim)	no data	no data	6
Gambia	1 (2008)	214	173	1.400 (estim)	no data	240.792	0
Szudán	13681 (2009)	207	108	353	no data	989.946	0
Mali	23 (2013)	327	60	12.000 (estim)	no data	1.367.218	0
Líbia	22 (1995)	No data	40	802	no data	88	0
Tunézia	656 (1973)	No data	32	73	no data	68	0

Regional Health Observatory Data Repository – EMRO
<http://rho.emro.who.int/rhodata/node.main>
2013.



**2014 -
The measles outbreak in Germany:
Reoccurrence of vaccine preventable
diseases!**

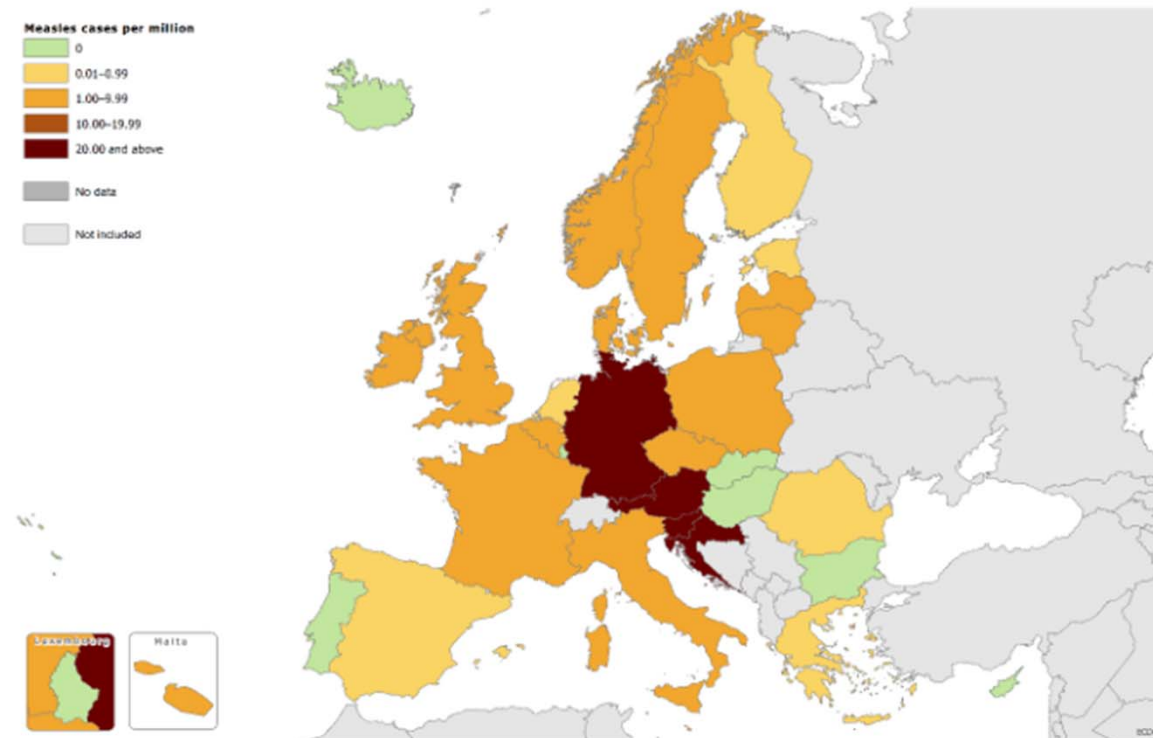


Measles (1)

SURVEILLANCE REPORT

Measles and rubella monitoring

Figure 3. Measles notification rate (cases per million) by country, July 2014–June 2015, EU/EEA countries (n=4 224)



Note: Notification rate is also calculated for countries that have not reported consistently for the past 12 months.

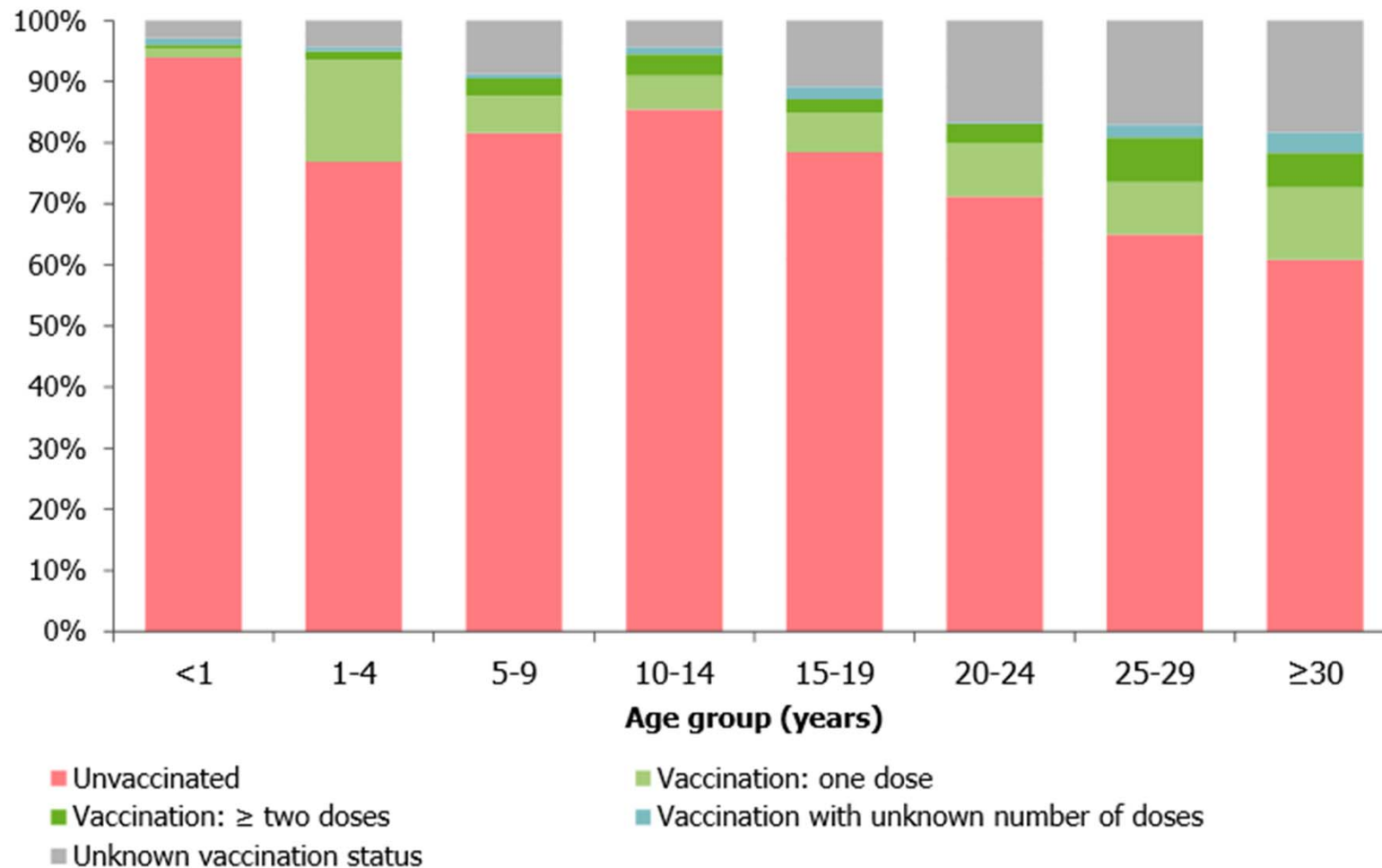


Measles (2)

SURVEILLANCE REPORT

Measles and rubella monitoring

Figure 5. Percentage distribution of vaccination status among measles cases by age group, July 2014–June 2015, EU/EEA countries (n=4 218 cases with known age)





Health issues stemming from migration

- **Health risk assessment, exposure to hazards and public health implication for migrants and resident community**
- **State of health of migrants: changing health profile, CD & NCD, re-emerging neglected diseases**
- **Health System capacity & Economic impact**
- **Migration policy and integration**
- **Access to health services and overcoming health-system access barriers (cultural, social and linguistic)**
- **Public health data collection/generation**



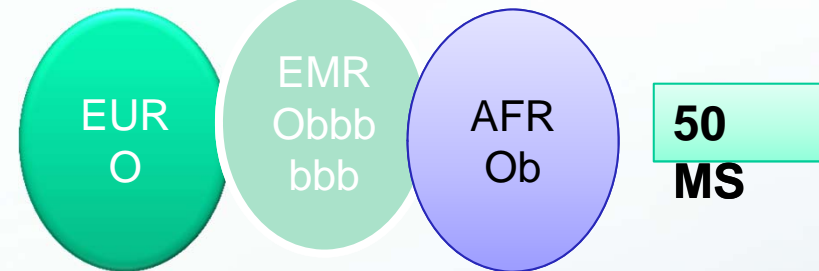


Towards a Strategy and Action Plan

Rome High-level Meeting on Refugee and Migrant Health

– outcome document:

- Addressing the health needs of refugees and migrants and the public health implications of migration warrants action and a concerted and coordinated response, based on the principles of solidarity and humanity.
- Strengthening national, international and intersectoral collaboration.
- Building bridges of collaboration between the European, African and Eastern Mediterranean WHO Regions to foster platforms of common action in origin, transit and destination countries
- Cooperation among UN agencies and international organizations.





Rome outcome document – ***Stepping up action on refugee and migrant health:***

- ***“Enhancement of coordination on data collection and relevant communication between countries and all stakeholders are critical to the success of all efforts to secure and promote refugee and migrant health. We should move fast in developing trans-border approaches, translational databases, respecting privacy of information, and portability of health records/health cards”.***
- ***„Migrant-sensitive health systems should aim to overcome barriers to health care such as language, administrative hurdles and lack of information about health entitlements, and answer the needs of all people, without discrimination, including on cultural and religious grounds landscape”.***



Strategy and action plan for refugee and migrant health in the WHO European Region - 2016 September

1. Establishing a framework for collaborative action



2. Advocating for the right to health of refugees, asylum seekers and migrants



3. Addressing the social determinants of health



4. Achieving public health preparedness and ensuring an effective response



5. Strengthening health systems and their resilience



6. Preventing communicable diseases



7. Preventing and reducing the risks posed by noncommunicable diseases



8. Ensuring ethical and effective health screening and assessment



9. Improving health information and communication





Supporting Member States to respond to the health needs of asylum seekers and refugees (SH-CAPAC)

Focus group session with Hungarian physicians about the new challenges

- **Return of forgotten diseases**
- **Communication difficulties in both: languages and cultural competency**
- **Weakness in organizing the services**
- **Shortage in specially trained professionals**
- **Lack of knowledge in the related legislation**
- **Slow response in organizing the participation of volunteers**
- **Lack of knowledge and support in the host community**



Culturally Competent in Medical Education

- Academic Medical Centre/ University of Amsterdam
- Hopitaux Universitaires de Geneve
- Justus-Liebig-Universität Gießen
- Norwegian Centre for Minority Health
- Stichting VU-Vumc, NI Amsterdam
- University of Antwerp
- University of Copenhagen
- University of Edinburgh
- University of Leicester
- University of Limerick
- University of Maryland - School of Public Health
- **University of Pécs**
- University of Sevilla

**Training
development
for teachers
and practitioners
on
Cultural
Competence**



Response in the EU higher education system: the CHANCE Consortium



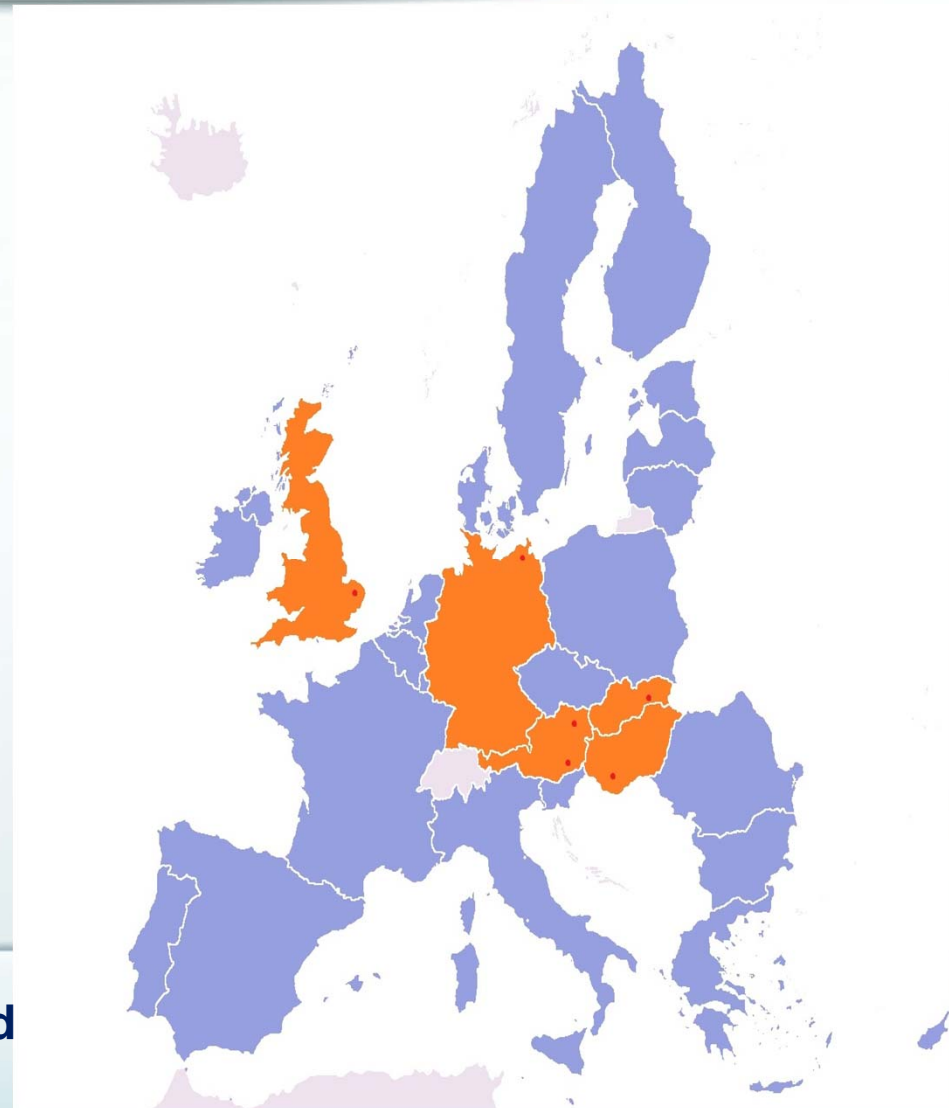
Master in Migration Health training

Overall coordinator:
University of Pécs

Partners:

- University of East Anglia
- Danube University Krems
- Pavol Jozef Šafárik University
in Košice
- Ernst-Moritz-Arndt-Universität
Greifswald
- Medizinische Universität Graz

Associated partner:
EURIPA (European Rural and Isolated
Practitioners Association)





Thank you for your attention!

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