



Fostering health provision
for migrants, the Roma, and
other vulnerable groups



Fostering Health Provision for Migrants, the Roma, and Other Vulnerable Groups (EQUI-HEALTH) Action

Meeting of the Expert Group on Social Determinants and Health Inequalities

17-18 November, 2015

The EQUI HEALTH project is co-financed under the 2012 work plan, within the second program of Community action in the field of health (2008 – 2013), by direct grant awarded to IOM from the European Commission's DG for Health and Consumers (SANTE), through the Consumers, Health and Food Executive Agency (CHAFEA). However, the sole responsibility for the project lies with the author and the EC is not responsible for any use that may be made of the information contained therein.

Intergovernmental body: membership increased from 65 in 1998 to 157 Member States and 460 field locations. Committed to the principle that humane and orderly migration benefits migrants & society. IOM has promoted a **rights-based approach** since its inception.



Multi-disciplinary organization: **Migration health** one of the divisions



Migration Health Division (MHD)

Promoting migrants' health,
Policy advice,
Project design & implementation

Main areas:

Direct assistance

Health assessments (HA) & travel health assistance

300 000 per year in >60 countries

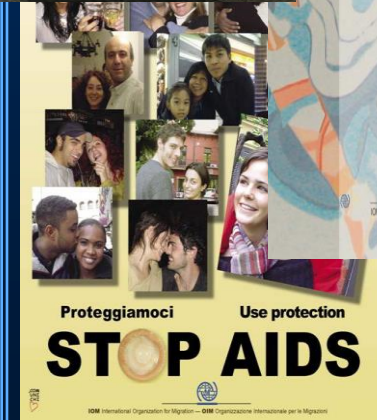
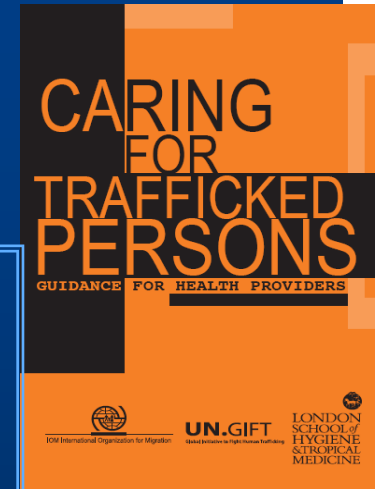
Rehabilitation centers for trafficked persons

> Psycho-social unit

Health assistance for crisis affected populations

> *Mediterranean crisis, Mena, Haiti, South Soudan, Ethiopia, Yemen, Indonesia, Philippines, Pakistan, Syria, Liberia, Sierra Leone, etc.*

Health promotion, policy, dialogue among stakeholders > 200 projects/year



Fostering
framework
human rig

the legal
action of the

International Migration, Health and Human Rights



international **migration** law

DEVELOPING PARADIGMS AND KEY CHALLENGES

edited by
Ryszard Cholewinski
Richard Perruchoud
Euan MacDonald



IOM International Organization for Migration

T • M • C • ASSER. P.R.I.

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International
Migration
Law

Migration and the Right to Health:

A Review of European Community Law and
Council of Europe Instruments



IOM International Organization for Migration



International Organization for Migration (IOM)



World Health
Organization



UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

Input in Consultations, Regional networks, examples

- **EU level ex.:** *Communication solidarity in health: Reducing Health Inequalities in the EU; HIV Think Tank, WG and Joint initiative on health workforce. ECDC; FRA; FRONTEX*
- **EU Presidencies,** *Portugal MH Conference; Spanish "Social Exclusion and Structural Health Inequalities" Chapter VI. In: Moving Forward Equity in Health: Monitoring SDH and the Reduction of Health Inequalities, 2010*
- **Council of Europe (CoE)**
 - Ministerial Conference(2008)*
 - *Bratislava Declaration on Health, Human Rights and Migration Ministerial Conference(2011)*
Right to health to children regardless of status
 - Committee of experts on mobility, migration and access to health care**
 - *Recommendations for the 47 MS: adopted ,by Ministers ,Dec 2011*
- **Regional Networks:** *SEEHN; NDPHS*
- **Interagency WG on health related MGDs, and Roma Health**

Policy, advocacy, some examples



A/the IOM/Portugal/EU level Consultation, Lisbon 2009



- Multi-sectoral policies and affirmative action to *recognise and address the health inequalities; advocacy for the right to health*
- Improvement of *health care access and quality & health literacy, for **all the EU population**; participatory design of policies and programmes targeted to their concrete health needs and specificities;*
- Policy-makers [....] need to foster collective will and leadership in a way that the *health of all* is regarded as *shared responsibility with common implication for all* www.migrant-health-europe.org **AMAC EC/DG** Sanco co-funded project

B/the WHO/IOM Global MH Consultation, Madrid 2010, held to:

- Take stock of actions on the WHA 2008 "**Health of Migrant resolution**" by MS & Stakeholders
- Reach consensus on priority areas and strategies
- Initiate an **operational framework** to assist MS & stakeholders

DGA (Direct Grant Agreement) to contribute to the EC Public Health Programme ACTION: «*Identifying the causes and reducing health inequalities within and between MS & supporting cooperation on cross-border care and patient /health professional mobility*»

Started February 1st 2013, duration 3 years.

I. Promoting appropriate health care provision to migrants at the Southern EU Border (MH SEUB)

II. Roma Health (nationals' and migrants')


III. Migrant Health in the EU/EEA

Co-funded by the EC (60%) and by the:

Federal Service of Health, **Belgium**; Ministry of Health, **Italy**; EEA Norway Grant; **Portugal**: Administração Regional de Saúde do Norte, Direcção-Geral da Saúde, Gulbenkian Foundation; **Swiss** Embassy in Croatia, and **IOM**



- **Governmental partners/local authorities:** Ministries of Health, Ministries of Interior (sub-project I), Ministry of Employment/Social Affairs, other governmental partners and relevant committees in participating countries: Bulgaria, Belgium, Czech Republic, Croatia, Greece, Italy, Malta, Portugal, Romania, Slovakia, Spain (Andalusia, Catalonia)
- **EU agencies:** ECDC, Frontex, CEPOL, FRA, EASO
- **IOs:** WHO EURO, UNHCR (BG)
- **Council of Europe Migration Division and CAHROM**
- **Public institutions/health institutes/bodies and Academic/research networks:**; National Office against Racial Discrimination (UNAR) - Italy; Andalusian School of Public health, Seville and Huelva University-Spain, Uppsala U-Sweden, Charles U- Czech Republic, EUPHA, NAKMI (Norway), PHIs in Romania & Croatia, **COST ADAPT European network of MHEM experts**
- **Related projects:** MIPEX, COST-ADAPT, RESTORE; MEM-TP
- **CSOs:** MGP; MSF; OSF; MdM; National Network of Health Mediators Bulgaria; Roma NGOs from BG, Romania, FYROM, Slovakia and Spain; Centre for Peace Studies - Croatia

A decorative graphic on the left side of the slide, consisting of a vertical line with four white circles of varying sizes, connected by thin lines that curve around the circles.

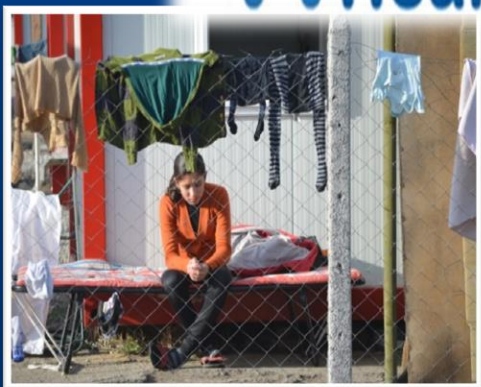
Multi-stakeholder consultative process: establish regional consultative committees and national consultative committees to outline **priority areas to support in terms of strategies, procedures, studies and initiatives**

Expert's involvement: convene Expert Working Groups (EWGs) & synergize with related initiatives and EC funded projects

Assessment reports: prepare reports on the basis of **desk reviews, field visits** and national consultations

Capacity building

- **6 Situational Assessment Reports (Bulgaria, Croatia, Greece, Italy, Malta, Spain)** on improving health services for migrants, health of staff and public health concerns.
- **Report on migration health data collection in the SEUB region.**
- **2 Expert working groups** on training materials for health professionals (Lisbon 2013) and law enforcement officers (Brussels 2015).
 - Modules on migration and health, well-being: public/individual health, intercultural competence piloted.
- **2 Regional Peer Review & Training of Trainers (ToT) (Lisbon 2014 and Rome 2015).** *Participants from Belgium, Bulgaria, Croatia, Cyprus, Greece, Italy, Luxembourg, Malta, Portugal, Romania, Spain, Turkey.*
 - **13 National Roll-out Training Sessions** and 400 HPs and LEOs trained on migration and health.



Some promising examples but fast over-capacity.

Overall chronic deficiencies: inadequate infrastructure; insufficient number & skill mix of personnel (interpreters, mediators, psychologists, social workers, health staff); lack of guidelines, referral mechanisms; of sustained funding/resources, lack of preparedness

Public health – overall no concerns, no outbreaks; very few cases of reportable CDs. Some case of chicken pox, respiratory and skin infections and gastroenteritis, as well as Hepatitis A in migrants related to over-crowding and poor conditions

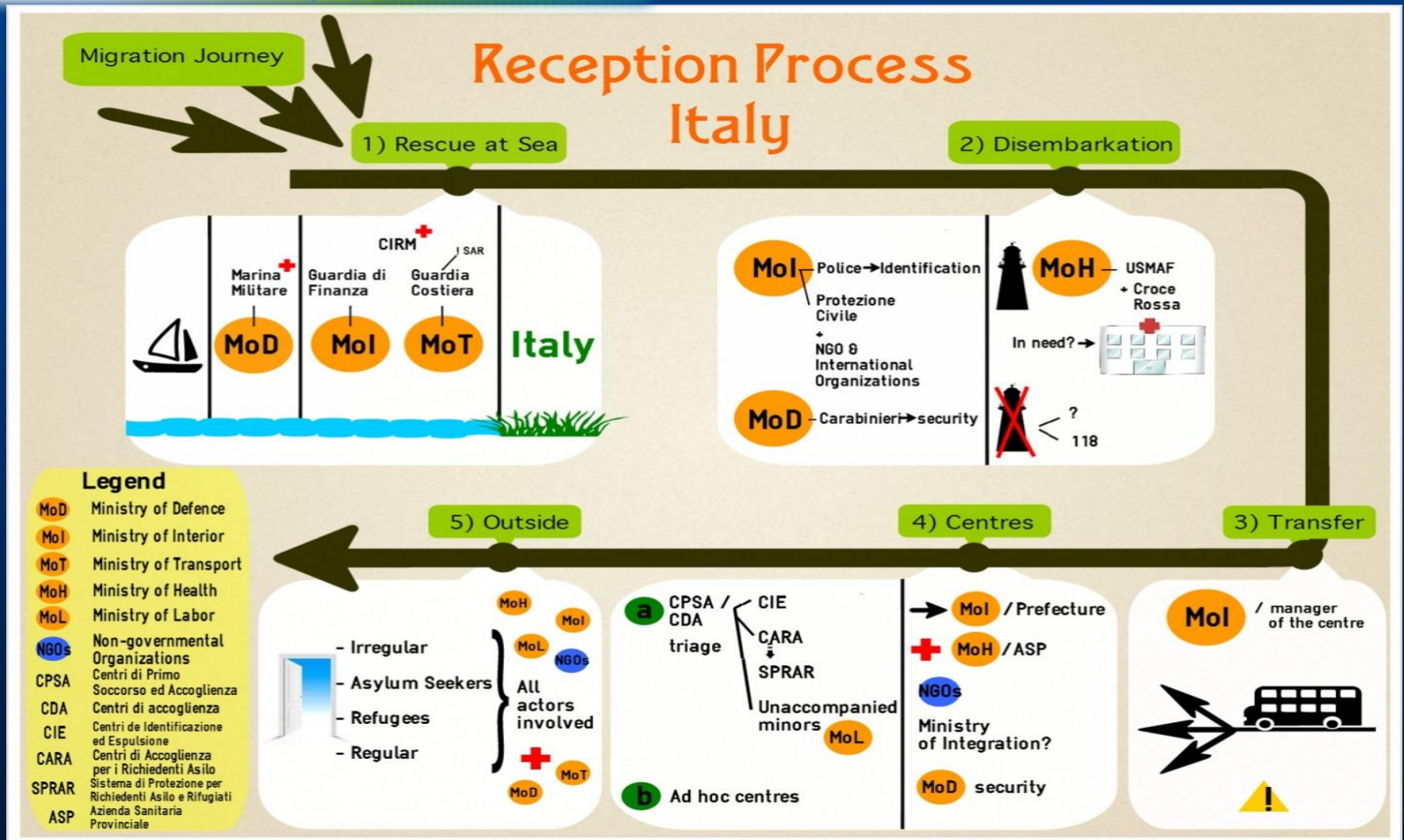
Migrant health and wellbeing: main risk factors related to conditions (travel and centres), uncertainties, length of process/es , lack of information, communication, support (health, legal, social, activities, etc.); increasing number of vulnerable groups → UaM, pregnant women, women having just given birth, infants, elderly and people with disability, risk of exploitation and abuse.

Staff health and wellbeing: most as, and related to above.

***"Putting a number of people in closed space with suboptimal health and hygiene services in itself is a health risk and also when you are putting people in detention when they are not criminals; that is a mental health risk"*(Health Professional)**

"There **should be proper screening** by professional and not trusting the soldiers to somehow realize who is vulnerable and **even with NGOs, because it is not systematic...[..]."** (CSO)

"The guards are always uncertain: it's wrong if I do this and it's wrong if I do that too. We don't know [...] In the absence of a clear protocol, orders [...] **depend on the politician on duty.**"
(Law enforcement officer)



- **Data collection and continuity of care**
- **Health services tend to be provided by/via different, and often unrelated entities throughout the reception process: at first reception, in detention, and in and outside open centres**

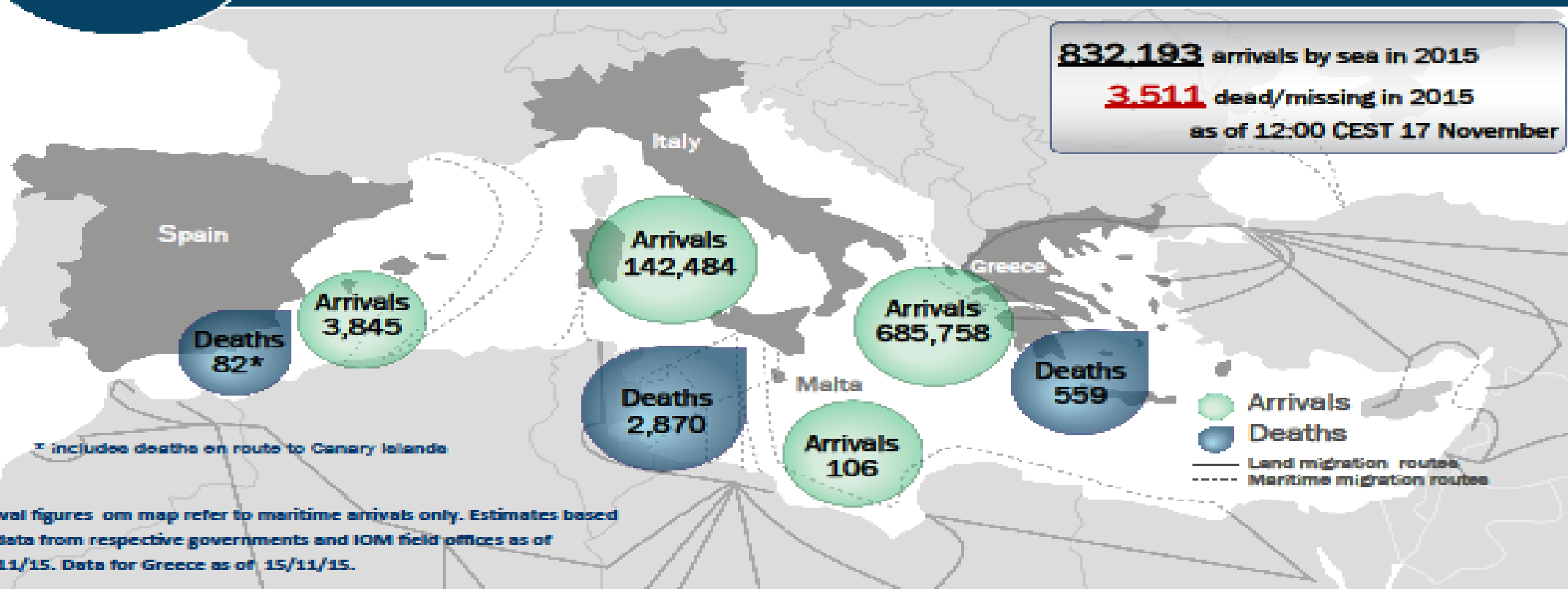


IOM • OIM

Mediterranean Update

Migration Flows Europe: Arrivals and Fatalities

832,193 arrivals by sea in 2015
3,511 dead/missing in 2015
as of 12:00 CEST 17 November



CUMULATIVE ARRIVALS TO ITALY— 2015



ARRIVALS IN GREECE - LAST SIX WEEKS (both land and sea)



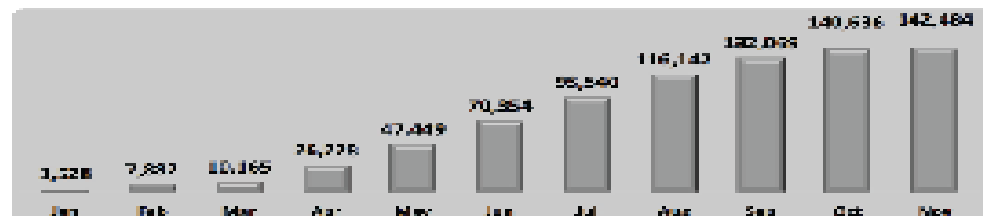
* includes deaths en route to Canary Islands

Arrival figures on map refer to maritime arrivals only. Estimates based on data from respective governments and IOM field offices as of 14/11/15. Data for Greece as of 15/11/15.

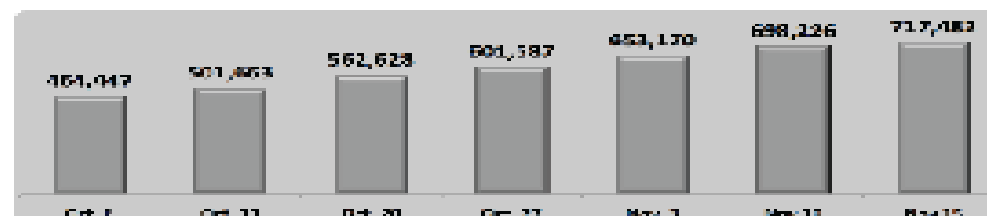
2,870
Arrivals
106

Deaths
— Land migration routes
- - - Maritime migration routes

CUMULATIVE ARRIVALS TO ITALY— 2015



ARRIVALS IN GREECE - LAST SIX WEEKS (both land and sea)



TOP FIVE COUNTRIES OF ORIGIN 2015 Destination

Origin Country	Italy		Greece	
	Country	Arrivals	Country	Arrivals
	Eritrea	37,796	Syria	388,130
	Nigeria	19,576	Afghanistan	142,301
	Somalia	11,020	Iraq	44,349
	Sudan	8,692	Pakistan	17,881
	Syria	7,232	Iran	10,286

Data for Italy and Greece as of 31/10/15. Data for Greece includes land and sea arrivals. Italy and Greece receive 99% of arrivals in the Mediterranean. Nationalities listed represents approx. 87% of all sea arrivals as 31/10/15. This chart is updated monthly.

Migration Flows Europe is an initiative of IOM's Preparedness and Response Division (PRD) /Department of Emergencies (DOE).

#MigrationEurope

Migration.iom.int/Europe

Fluid and fast changing situation

**Mixed nature and composition of the
migration flows**

Large numbers of vulnerable migrants

**High volume of movements is expected
to continue**

Health of Migrants

- **Demographic characteristics:** Majority are young men & travelling in groups with families, relatives or friends; approx. 70% men & 30% women); 75% Adults and 25% Accompanied & UAM; different nationalities (Syrians, Afghanistan, Iraqis, Eritreans, Pakistan, Others); families (mostly from Syria) also travelling with groups; majority appears healthy; no records on health or identity
- **Medical conditions:** Respiratory infection (influenza majority), Skin infection, Physical trauma and injuries, Pregnancies, pre-existing Physical and Mental Disabilities, Dehydration, Exhaustion, etc.



Health Interventions at the transit centers

- **Health triage, referral and symptomatic treatment:** NGOs (international and local), Red Cross, IOM (triage, vulnerability assessment, referral and assistance only) etc
- **Emergency and medical treatment and referral:** Government, Red Cross
 - Migrants refuse hospital referral or admission because they do not want to be separated from their group or distracted from reaching Germany (others to Sweden, Finland, Austria, Netherland and UK). There are also concerns that recording of their medical conditions in the transit countries could indicate their first country of asylum.
 - For minors and women, health decisions are made by the head of family
 - Unaccompanied minors
 - Specialized management for Obstetrical emergencies available
- **Medicines, medical supplies and equipment:** Supported by UNHCR, Red Cross, NGOs and IOM; limited supplies in Macedonia
- **Humanitarian supplies:** Food, water, clothes and kits (dignity kits, reproductive health kits) provided by NGOs, Red Cross, UN and IOM at the transit points



Health Interventions at the transit centers

- **Health data:** No health records, out-patient registration and reporting within the health system, no cross- or trans- border referral mechanism
- **Health of Service Providers:** Protection from communicable diseases (vaccination, hygiene supplies), stress management, winterization (environmental & climate protection)
- **Strengthening capacities of health facilities along transit routes:** Provision of medical, obstetrical and lifesaving equipment, ambulances, medicines and medical supplies
 - **Address issues of health burden to communities; reduce stigmatization and discrimination of migrants**
- **Health Assessments and Travel Health Assistances?**

International Organization for Migration

IOM is pre-awarded a direct grant of 1M to Support Member States under particular migratory pressure in their response to health related challenges, within the adopted by MS, amended EC Public Health Programme, with the indicative actions to:

- 1/ establish links between the hotspots and the health systems,
- 2/ make use of the established handbook/booklet to check the health status/health needs of the arriving refugees and other migrants,
- 3/ ensure that health assessments and preventive measures are provided (including vaccination), taking into account the needs of children and other vulnerable groups,
- 4) ensure that data initially collected in the handbook/booklet are kept in a database in order to be available at the destination country

*Contributing to the EC Public Health Programme ACTION:
«**Identifying the causes and reducing health inequalities**
within and between MS & supporting **cooperation** on cross-
border care and patient /health professional mobility»*

- Sub-project I Promoting appropriate health care provision to migrants at the Southern borders of the EU, thereby increasing public health safety in the EU in the longer run (SEUB)

- **Sub-project II** Roma health (nationals' and migrants') - supporting monitoring and implementation of NRIS

- **Sub-project III** Migrant Health – supporting the development of a harmonized EU approach for access to healthcare for migrants, including irregular migrants

2/ Roma Health Sub-Project



Fostering health provision
for migrants, the Roma, and
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Objectives:

- Monitoring Progress of the implementation of NRIS in the EU. Focus:

- ❖ Roma Nationals,

7 NRIS progress reports from multi-stakeholder perspective drafted and validated in national consultations & published on line

ROMA HEALTH

*Participant countries:
Belgium, Bulgaria, Croatia,
Czech Republic, Italy,
Romania, Slovakia, Spain and,
France (certain activities)*



Regional Pilot Intervention on Roma Health Mediation



Fostering health provision for migrants, the Roma, and other vulnerable groups



- **Participants:** Health Mediators from Belgium, Bulgaria, Czech Republic, France, Italy, Romania, Slovakia, Spain + **Greece & FYROM**
- **Goal:** To introduce to the health mediation programmes implemented in respective countries, discuss similarities and differences, exchange of good practices and tools.
- **Long-term objective:** To explore opportunities to establish European Network of Community Health Mediators (CHM).
- **Dissemination:** Movie on the work of Roma Health Mediators in Europe, 20 min.
- <https://www.youtube.com/watch?v=Mjko89fF4A0>



Regional Pilot Intervention on Roma Health Mediation



Fostering health provision for migrants, the Roma, and other vulnerable groups



- *First Study Visit to **Bulgaria** (June 2014)*

Workshop of Roma health mediators and program coordinators & field visits to Roma settlements.

- *Second study visit to **Belgium/France** (November 2014)*

Workshop of Roma health mediators and program coordinators & field visits to Roma settlements in Lille, France.

- *Third study visit to **Romania** (July 2015)*

Workshop of Roma health mediators and program coordinators & field visit to Roma settlements in Mihăilești, Giurgiu County

- *Next study visit planned to **Italy** (end of 2015-beginning of 2016)*

With objective to exchange experiences furthering the work started and to endeavour to ensure impact and sustainability of collaboration and building of a European Network of Community Health Mediators (ENCHM).



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Inclusion of health strand to MIPEx



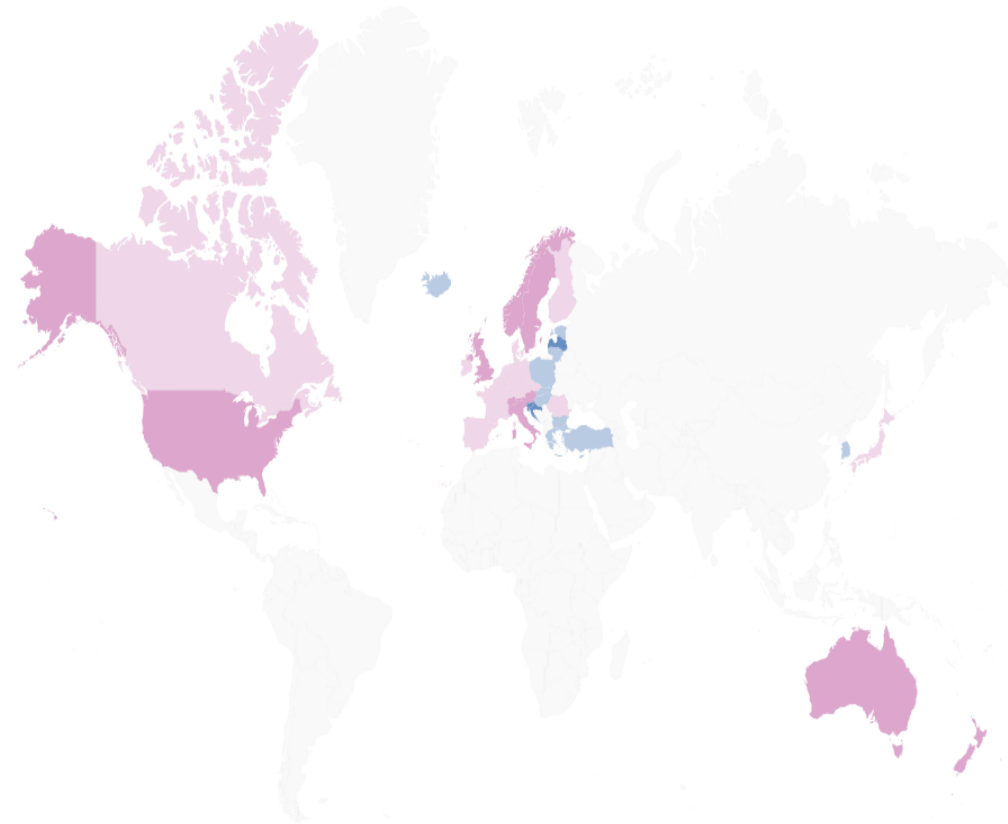
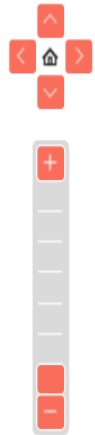
Fostering health provision
for migrants, the Roma, and
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- Method: MIPEx questionnaire covers 4 main elements (24 indicators) and four dimensions:
 - Entitlement to health services
 - Policies to facilitate access
 - Responsive health services
 - Measures to achieve change
- **Published July 2015** on the interactive MIPEx website

**COST Action
IS1103 'ADAPT'**





LEGEND

- 80-100 - Favourable
- 60-79 - Slightly favourable
- 41-59 - Halfway favourable
- 21-40 - Slightly unfavourable
- 1-20 - Unfavourable
- 0 - Critically unfavourable

HEALTH

Key findings

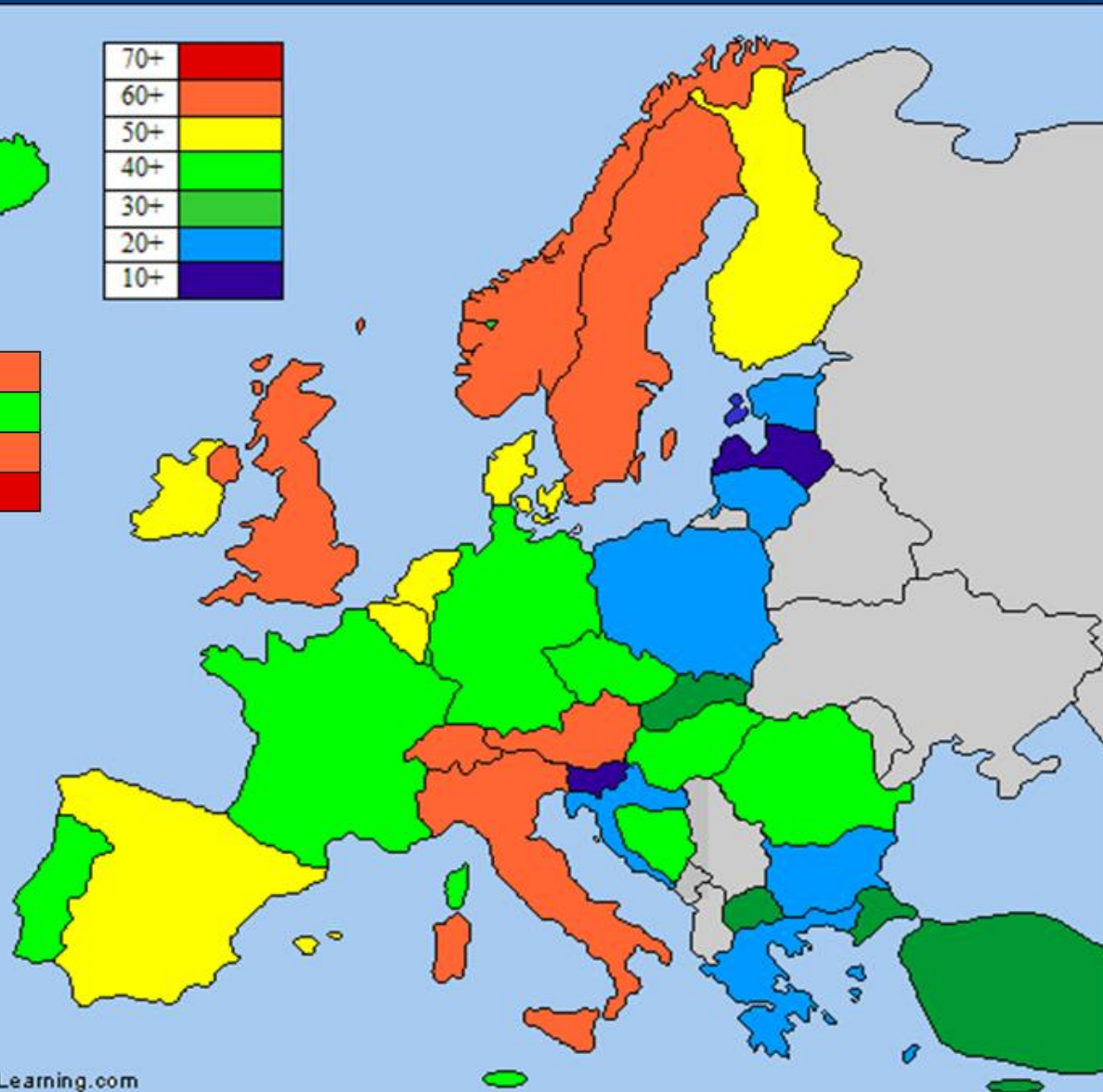
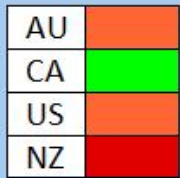
Major differences emerge in immigrants' healthcare coverage and ability to access services between countries; Policies often fail to take their specific health needs into

and other Vulnerable Groups) (see <http://equi-health.eea.iom.int/>). This project is co-financed by the EU's Directorate General Health and Food Safety (DG SANTE)

Migrant integration health policies total health strand



Fostering health provision
for migrants, the Roma, and
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On average, **policies just halfway favourable** for integration.

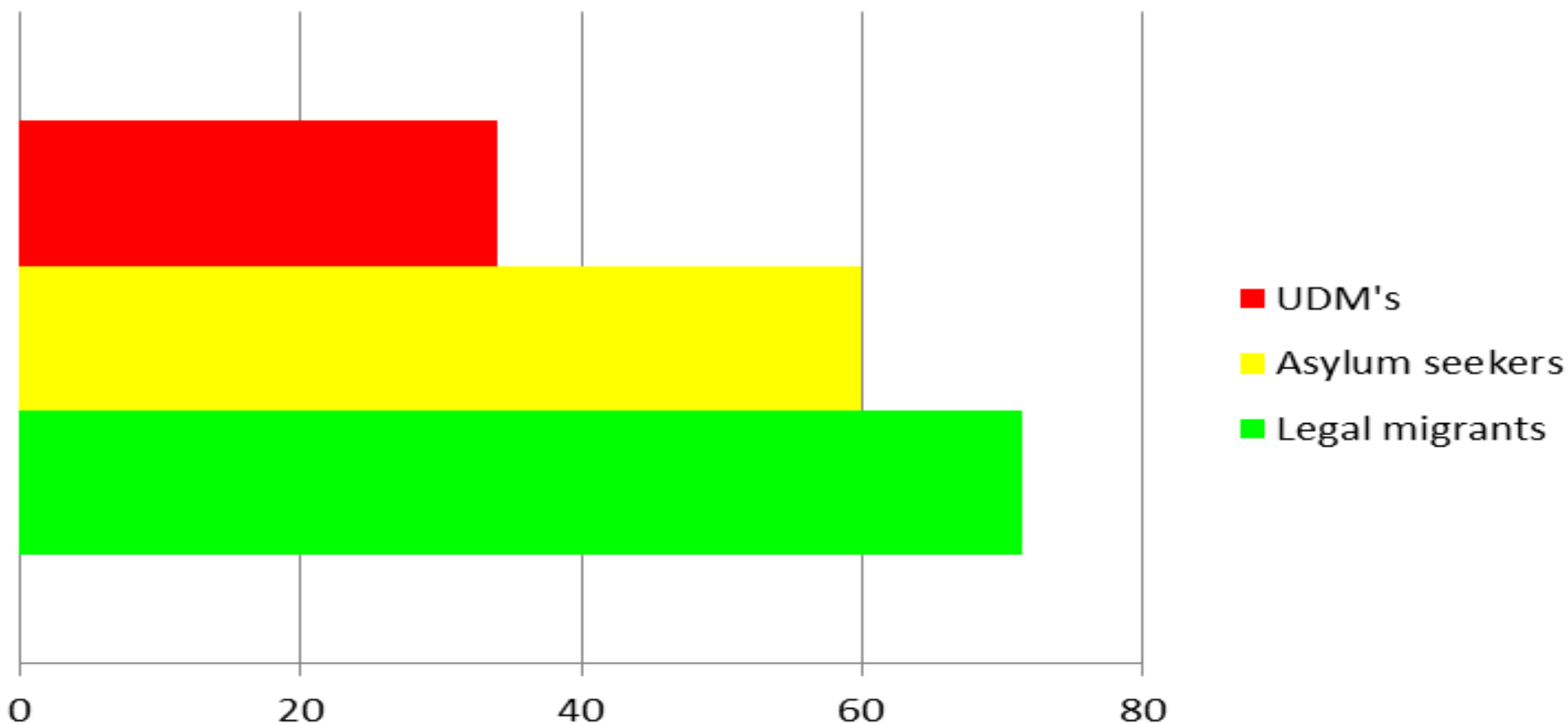
Overall policies create as many obstacles as opportunities for immigrants to become equal members of society.

Few countries base integration policy changes on hard facts

Degree of entitlements



Fostering health provision
for migrants, the Roma, and
other vulnerable groups



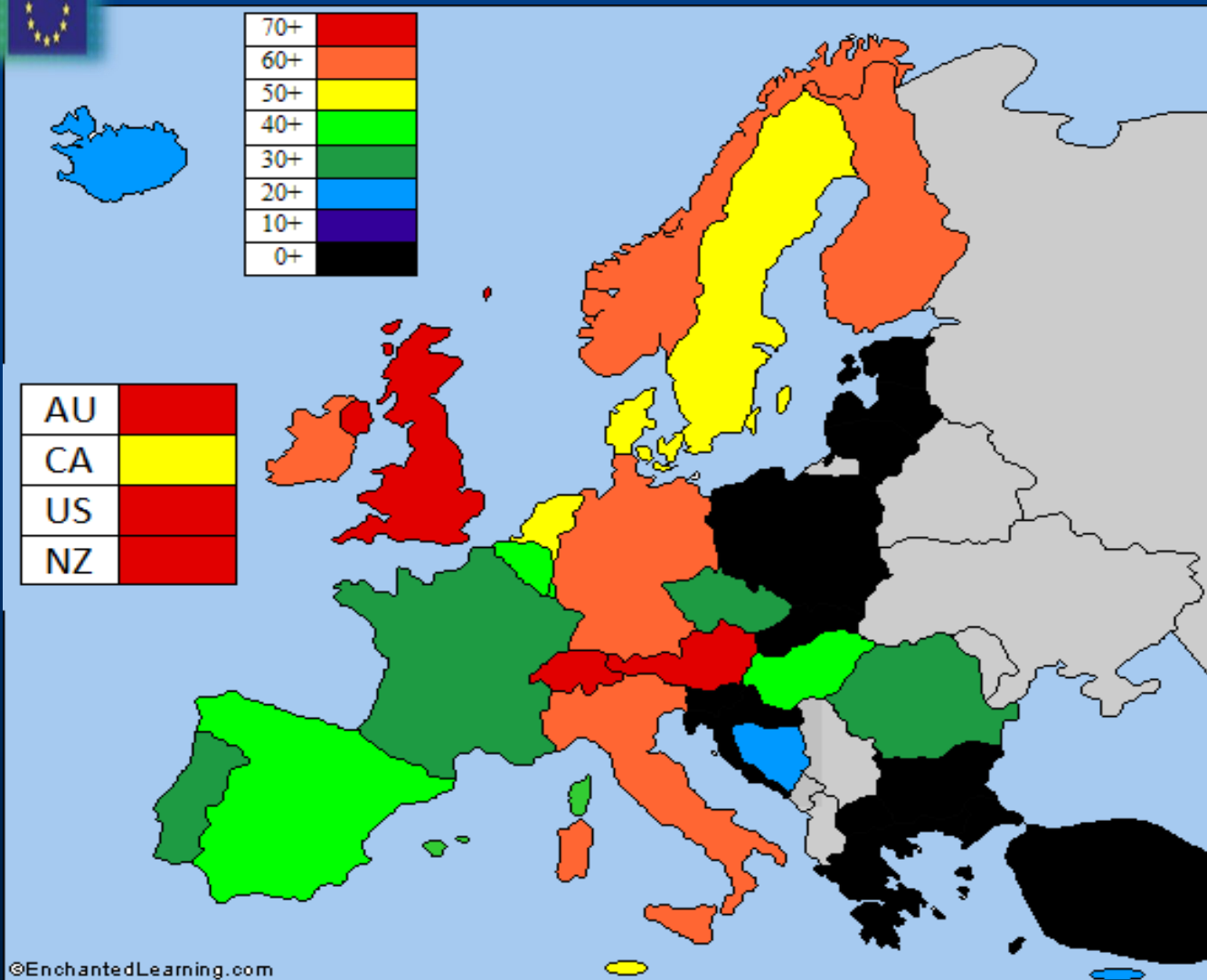
Graph- D.Ingleby

**COST Action
IS1103 'ADAPT**



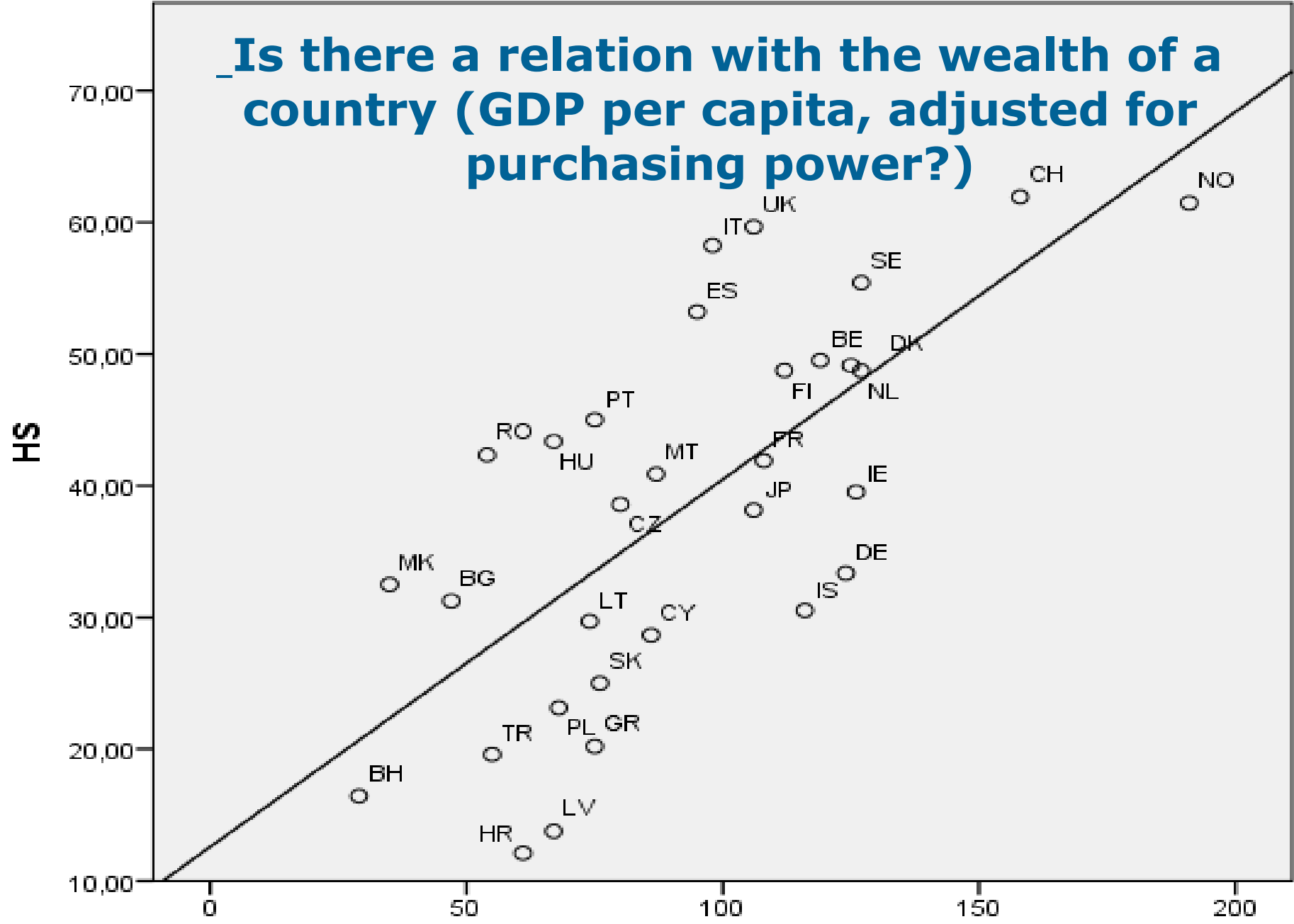
Migration Health Division

Where is “cultural competence” or “diversity sensitivity” to be found?



Is there a relation with the wealth of a country (GDP per capita, adjusted for purchasing power?)

R² Linear = 0,481



A very recent study in Germany demonstrated for example that **If all asylum seekers had the same access to the healthcare system, total spending for medical care over the past 20 years could have been cut by 22%.**

O.Razum &All, Univ.of Bielefeld, 2015

The wealth of a country explains half the variance in scores on the Health Strand.

"Migrant-friendliness" seems to be mainly a question of what a country **thinks it can afford.**

Analysis of the costs and benefits might encourage poorer countries to invest more in better provisions for migrants

Migrant Health Sub-Project



CENTER FOR HEALTH AND MIGRATION



- 2. Study on cost of exclusion/of non provision of health care
- Costs for patient, provider and society
- Direct and non direct costs

Collaboration with the CHM and several partners

Target population: migrants and ethnic minorities, including Roma migrants, in irregular situation

Target Countries: Austria, Italy, Spain and Belgium



Partners

International Organization for Migration (IOM), Brussels

Center for Health and Migration (C-HM)

Advisory Committee

Partner Austria
C-HM

Partner Belgium

Partner Spain

Partner Italy

**Neunerhaus,
Vienna, AT**

Médecins du monde care units in emergency shelters, BE

**Unitat de Salut Internacional Vall d'Hebron-Deassanes
Barcelona, ES**

Centro Salute Famiglia Straniera, Reggio Emilia, IT

**Barmherzige Brüder Krankenhaus
Vienna, AT**

Médecins du monde Polyclinic, BE

Hospital Germans Trias I Pujol (Can Ruti), Badalona, ES

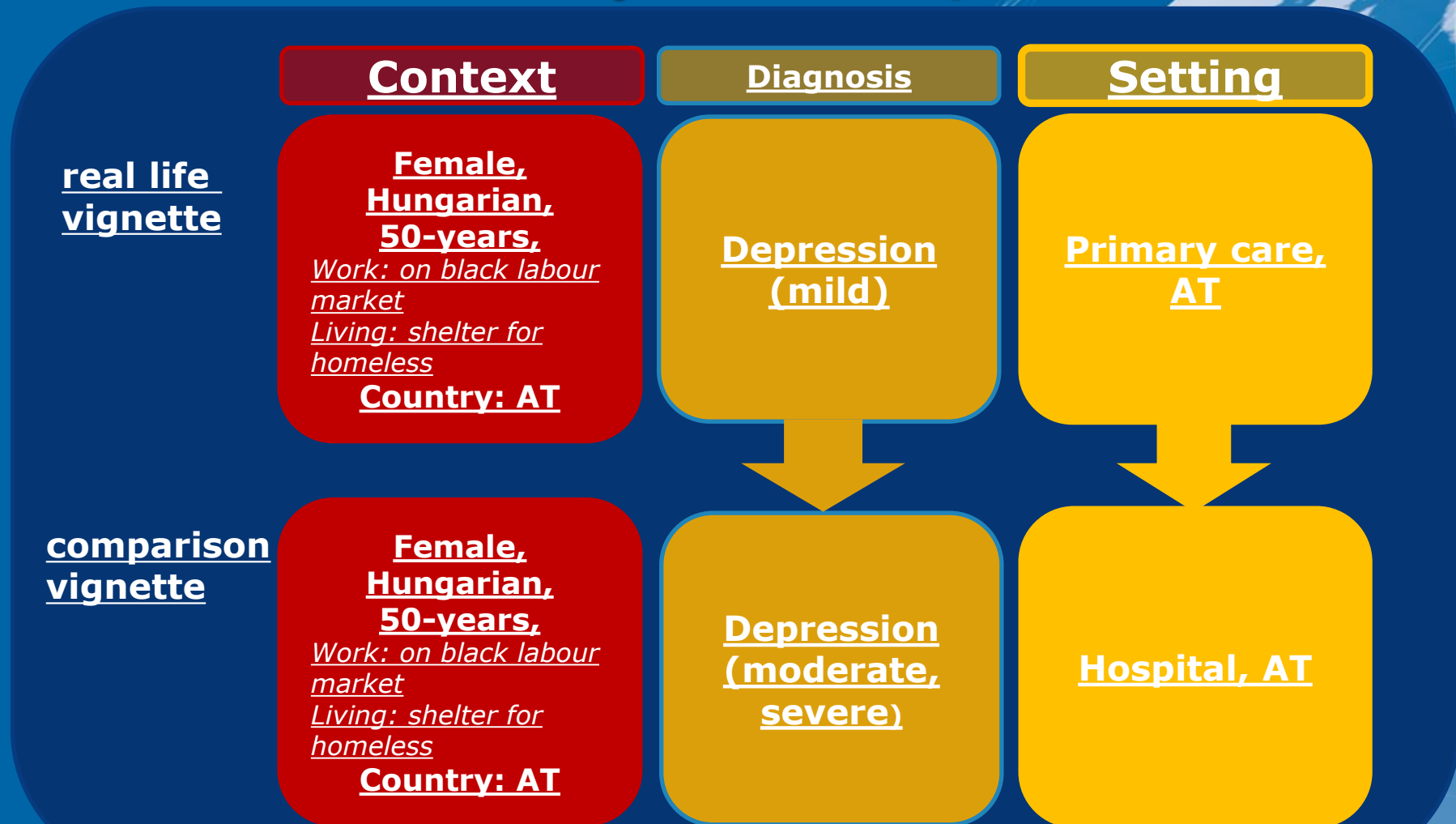
Santa Maria Nuova, Reggio Emilia, IT

Implementati on partners

Practice partners



Cost analysis: Depression





Preliminary results from a comparative analysis

		Patient	Third-party payer	Society
Costs primary care	Primary care	201	229	496
Costs hospital care	Moderate depression	3,516	4,029	6,037
	Severe depression	5,024	5,182	8,013
Net benefit of avoided hospitalization	Moderate depression	3,315	3,801	5,541
	Severe depression	4,823	4,953	7,517
Relative benefit from avoiding hospitalization	Moderate depression	94%	94%	92%
	Severe depression	96%	96%	94%

3. Guidelines on provision of health care for irregular migrants out of:

the MIPEX health strand

31 Country briefs &

Summary on irregular migrants

And the Thematic study

- Policy recommendations on the value of provision of health care to migrants and ethnic minorities

Towards an EU Consensus



The screenshot shows the homepage of the Equi-Health website. At the top left, it says "Migration Health Annual Review 2012" and "Home". Below this, there are several sections: "Download" with a book cover for "Migration Health Annual Review 2012", "Border Management and Detention Procedures: Health Perspective" with a globe icon and a "Download" button, "Guidelines" with a globe icon and a "Download" button, and "Migration Health: Better Health for All in Europe" with a book cover. The main content area features a large photo of diverse people and a text block stating: "The objective of the EQUI-HEALTH action is to improve the access and appropriateness of health care services, health promotion and prevention to meet the needs of migrants, the Roma and other vulnerable ethnic minority groups, including irregular migrants residing in the EU/EEA. EQUI-HEALTH was launched in February 2013 by the Migration Health Division of the Regional Office for Europe and Central Asia of the International Organization for Migration (IOM). The project is co-financed under the 2012 work plan, within the second programme of Community action in the field of health (2008-2013), by direct grant awarded to IOM from the European Commission's Directorate General for Health and Consumers (DG SANCO), through the Consumers, Health and Food Executive Agency (CHAFEA). The EQUI-HEALTH action is divided in 3 sub-actions: 1) MIGRANT HEALTH at SOUTHERN EU BORDERS sub-action aim is building a comprehensive multi-sectorial approach in upholding migrant and public health: situational assessments, discussions about data collection mechanisms and referral systems as well as prioritization of capacity building needs are planned to increase the understanding of migrant occupational and public health, including in". To the right, there are social media icons under "Follow Us", a "Health and Human Rights" section with a book cover and "Download" button, a "Roma Health Mediation" section with a photo and "View" and "Download" buttons, and a "World Migration Report" section with a book cover.

<http://equi-health.eea.iom.int/>

THANK YOU FOR YOUR ATTENTION

Contacts: ROBrusselsMHUnit@iom.int MHD, IOM MHD RO Brussels