



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones



AMAC PROJECT

“Assisting Migrants and Communities: Analysis of Social Determinants of Health and Health Inequalities”

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Review Report

This paper has been prepared in the context of the DG Sanco co-funded project 'Assisting Migrants and Communities: Analysis of Social Determinants of Health and Health Inequalities (AMAC)', which started implementation in February 2008.¹ The paper is intended as a report reviewing the policy developments and current environment following the high-level conferences and consultations on migration and health in 2007, a very fertile year for the field.

The 'Assisting Migrants and Communities' (AMAC) project aims at providing a platform for dialogue among the experts and main stakeholders in the migration health field and at fostering engagement from policy-makers at all levels to tackle public health problems and health inequalities linked to migration in the EU. The project will also contribute to the understanding of the complex relationship between health and population mobility. To achieve this, the AMAC project intends to identify and study the most important health problems affecting migrants in the EU; the social determinants for migrants' health and inequalities in health access. The results will inform best practices recommendations and promote evidence-based policies which should contribute to improved health and health care for all in the EU.

The present paper will serve as a basis for discussions in the project's first expert meeting on 14/15th May 2008, hosted by IOM in its Brussels office. This meeting will set the project's priority areas and the topics of the background papers to be developed during the 18 months implementation.² The expert meeting will also explore possible areas of synergies (conceptual and

¹ The AMAC project, managed by IOM, is co-funded under the 2006 Public Health Programme, priority area "Health Determinants (HD)" and action 3.3.1. Public health actions to address wider determinants of health: social determinants of health. A group of leading universities and specialised centres partner with IOM in the initiative: University of Utrecht (NL), Erasmus University (NL), University of Central Lancashire (UK), Centre Françoise Minkowska (FR), Centre for Science, Society and Citizenship (IT), University of Vienna (AU).

² The project background papers will be reviewed as they are developed in three workshops gathering a multi-stakeholder audience. The conclusions of these workshops, the identified best practices and the background papers (as well as selected outcomes from related projects) will be presented at the project's

activity-oriented) between current European-level projects on migration health and health inequalities.

Migration and health in the EU

Migrants' health and its implications for migrants' integration, public health and health services in the EU member states has recently grown in relevance as a topic as EU societies gradually have a larger share of foreign born population. Governments at all levels, European institutions, policy forums and communities at large are lately devoting much attention to this issue, while increasingly recognising the need for and value of migrants for healthy economies and societies.

Migration health is seen by many as an important and long-overdue theme also in the EU agenda, highlighted during the Portuguese Presidency of 2007. A matter of special concern is the widening health gap between migrant and host populations in the EU. EU Member States are devoting increasing efforts to address this gap. However, migrants, and the inequalities they face, remain underrepresented in health policy texts and strategies.

EU policies in migration health and related fields

There exist few EU legal references on health since it is a recent and limited EU competency. The Treaty establishing the European Community (art. 152) states that a high level of human health protection shall be ensured by the Community, with the proviso that Community action in the field of public health fully acknowledges, in accordance with the principle of subsidiarity, the responsibilities of member states for the organisation and delivery of health services and medical care and can thus only complement national policies. EU action is for example called in relation to cross border health threats, patient mobility and reducing health inequalities.

The Charter of Fundamental Rights of the European Union, proclaimed in the Nice European Council of December 2000, states that "everyone has the right of access to preventive health care and the right to benefit from medical treatment under conditions established by national laws and practices".³ The Council Conclusions on "Common Values and Principles Underpinning EU Health Systems" of June 2006⁴ recognise the values of universality, access to good quality care, equity and solidarity, as an essential part of Europe's high levels of social protection and a major contribution to social cohesion.

The Council Conclusions on "Health in All Policies" of November 2006,⁵ under the Finnish EU Presidency, stress the fact that the impact of health determinants is unequally distributed among population groups, which results in health inequalities. These conclusions also recognise that

final EU-level consultation in spring 2009. This final event will aim at engaging multi-agency stakeholders (governmental and non-governmental, from international organizations and academia) and at developing action points to translate the consultation's recommendations into policy and practice in health and related fields in the EU. The identified recommendations and action points will be published in a widely disseminated report.

³ Charter of Fundamental Rights of the European Union, Art. 35 on healthcare, OJ C364, 18/12/00.

⁴ OJ C146, 22/06/06.

⁵ Doc. 15487/06, 30/11/2006.

policies can have a positive or negative impact on health determinants, which impact in turn in the population's health status.

Additionally, there is a number of EU policy instruments which have addressed the issue and which can be the basis for implementation of recent expert recommendations, especially but not exclusively in the field of health.

Health Policies

The European Commission (DG Sanco) adopted a new Health Strategy last October 2007 'Together for Health: A Strategic Approach for the EU 2008-2013' (White Paper).⁶ The Health Strategy has been developed from the Communication on Health Strategy at EU Level⁷ adopted in May 2000 and a reflection process on "enabling good health for all" launched in 2004 by the Commission. The Strategy aims to set the objectives which will guide future work on health at European level and presents ways for their effective development and implementation in national health policies. The new Strategy aims to provide an overarching strategic framework covering core issues in health as well as 'health in all policies' and global health issues. There is specific reference to migrants in the section on EU's ageing population recognising the value that migrants can bring to European societies, but the Strategy could benefit from addressing migrant health issues in a more comprehensive framework.

The strategy will offer overall guidance for the implementation of the second Programme of Community Action in the Field of Health covering the period 2008-2013.⁸ This second Programme follows the first Programme of Community Action in the Field of Public Health which ran from 2003 to 2008. The Health Programme is intended to complement and support the policies of Member States protecting and promoting human health and public health. The new Programme objectives are: to improve citizens' health security; to improve health information and knowledge; to promote health, including the reduction of health inequalities (including addressing social health determinants). The Programme is implemented via annual work plans which set out priority areas for the year.

Various areas of the second Programme of Community Action in the Field of Health call for actions specific to fighting inequalities and addressing the needs of vulnerable groups such as migrants, the disabled, children and youth, and can directly relate to the migrants' health. Within the objectives on reduction of health inequalities action is expressly pursued on socio-economic determinants of health. One of the specific objectives is "to ensure that the health needs of the most disadvantaged are fully addressed".

Beyond the European Commission, other EU institutions and various EU Presidencies have devoted attention to migration health and health inequalities. In October 2005, the UK EU Presidency organised the summit "Tackling Health Inequalities: Governing for health" in London. "Europe for health and wealth: Impact assessments in improving population health and contributing

⁶ http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf

⁷ http://europa.eu/eur-lex/en/com/pdf/2000/en_500PC0285.pdf

⁸ Decision No. 1350/2007/EC

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:EN:PDF>

to the objectives of the Lisbon Strategy" was the title for a project and priority theme of the 2006 Finnish EU Presidency. The project focused on influencing determinants of health and engaging other sectors in improving health and reducing health inequalities. The Conference "Health and Migration in the EU: better health for all in an inclusive society" was organised in Lisbon in September 2007 under the Portuguese EU Presidency. The French EU Presidency will also host a conference on integration including consideration to migrants in autumn 2008. In 2007, The European Economic and Social Committee (EESC) published an exploratory opinion which reckons the need to better assess the potential impact on both health and non-health policies on the health of migrants.⁹

More recently, Council conclusions were adopted during the EPSCO council of December 2007 calling for the inclusion, in the implementation of the new Health Strategy, of aspects of migrant health "aimed at improving knowledge of migrant health and developing health promotion, prevention and migrants' access to care". The Conclusions also called for the 7th Framework Programme of the Community for Research and Technological Development to support research interventions to improve evidence-based policies regarding migrants' health. The December Council conclusions also approved of "support for health- and migration-led projects and initiatives from Structural Funds in the framework of the Cohesion Policy" as well as from funds of the General Programme "Solidarity and Management of Migration Flows". Finally, the December Council conclusions invited member states to integrate migrant health issues into national policies with special focus on development, employment and social policies.

Other EU policies

The impact on health and health systems of policies and actions in other areas and possible synergies is also being considered at EU level. This involves various policy areas including employment and social policy (Lisbon process), justice, freedom and security (integration policies) regional policy, supporting health services and infrastructures in particular EU regions; and research in order to identify the causes for socio-economic health inequalities and develop counter-acting measures.

The Common Basic Principles for Immigrant Integration Policy in the EU¹⁰ was adopted by the JHA Council of November 2004. The Principles stress the importance of a holistic approach to integration. They are meant to serve as a basis for EU member states to explore how EU, national, regional, and local authorities can interact in the development and implementation of integration policies.

The European Commission Third Annual Report on Migration and Integration¹¹ of September 2007 offers a review on the various dimensions of the integration process in member states and mentions public health as part of this process. From 2007, EU member states are submitting to the European Commission integrated annual reports on strategies for social inclusion, pensions, health and long-term care. The integration of health in these strategies is a positive development,

⁹ CES 1001/2007

http://eescopinions.eesc.europa.eu/viewdoc.aspx?doc=//esppub1/esp_public/ces/soc/soc274/en/ces1001-2007_ac_en.doc

¹⁰ <http://register.consilium.eu.int/pdf/en/04/st14/st14776.en04.pdf>

Notice of Adoption in Press Release http://ue.eu.int/ueDocs/cms_Data/docs/pressData/en/jha/82745.pdf

¹¹ COM (2007) 512 http://ec.europa.eu/justice_home/fsj/immigration/docs/com_2007_512_en.pdf

although specific attention to migrants is still on the agenda. Member states are also submitting national annual reports on migration and integration. However, there is little or no link made to health aspects in these reports.

2007 Major Events

The European migration health agenda was spurred in 2007 by a series of groundbreaking and benchmarking events. Present initiatives build on these events' results and benefit from a context of growing policy interest in migration health issues by relevant actors in the field such as the EU institutions, European national governments, and international organisations such as the World Health Organisation (WHO), the Council of Europe (CoE) as well as the UN and the IOM.

In particular, this review paper takes into account the best practices, recommendations and conclusions emerging from three high level events: the Portuguese EU Presidency Conference on Health and Migration (Lisbon, 27-28 September 2007), feeding into the EU Council Conclusions of December 2007; the Council of Europe 8th Conference of the Ministers of Health (Bratislava, 21-23 November 2007) which adopted the Bratislava Declaration on Migration, Health and Human Rights; and the WHO Regional Committee for Europe 'Poverty and Health' Technical Consultation (29 November - 1 December 2007).

The conference "Health and Migration in the EU: better health for all in an inclusive society" was organised on 27-28 September 2007 in Lisbon under the auspices of the Portuguese EU Presidency with the support of the European Commission and the collaboration of member states. The event benefited as well as from contributions by international players such as WHO, CoE, IOM and other relevant actors, including experts, and policy-makers and representatives from European and national institutions.

Conference conclusions¹² comprised reflections on current migration health concerns and recommendations at various levels including transnational and country-based best practices (conclusions annexes). A more elaborated report on best practices was published after the Lisbon Conference,¹³ in addition to the technical report on migration trends and epidemiological impact of mobility on the EU population which was prepared prior to the event. The conference conclusions subsequently informed a text on health and migration presented by the Portuguese Presidency for discussion at the EPSCO Council in December 2007, which was finally adopted.¹⁴

The organisation of the Lisbon Conference and the previous preparatory works also brought about the need to create, with the support of the Commission, the European Network of Health and

¹² Conference conclusions <http://www.eu2007.min-saude.pt/NR/rdonlyres/8F67C156-89D4-457F-A2DA-5571A19508A2/11558/ConclusõesConferênciaMigrantesEN22Nov.pdf>

¹³ Report <http://www.eu2007.min-saude.pt/PUE/en/conteudos/informacao/Report+Best+Practices.htm>

¹⁴ Conclusions on Health and Migration in the EU (15609/07) adopted during the EPSCO (Employment, Social Policy, Health and Consumer Affairs) Council on 5-6 December 2007 following a debate focusing on inclusion of migrant health issues into national policies, access to health care for migrants, difficulties in the field encountered by member states and suggestions to share knowledge and lessons learnt on effective intervention. <http://register.consilium.europa.eu/pdf/en/07/st15/st15609.en07.pdf>

Notice of adoption of conclusions in the ensuing press release (p. 21):

http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/97445.pdf

Migration comprising national experts in all EU member states. The Network should share information, promote advances in the migration and health agenda and make proposals for their implementation. The EU Council Conclusions of December 2007 approved giving consideration to this issue.

The Ministers of Health of the forty-seven member states of the Council of Europe gathered at the 8th European Conference of Health Ministers on 22-23 November 2007 in Bratislava. The conference, entitled "People on the Move: Human Rights and Challenges for Health Care Systems" and organised by the Council of Europe, resulted in the adoption of the Bratislava Declaration on Health, Human Rights and Migration.¹⁵ Further to this, the Council of Europe is to strengthen the health dimension in its future activity programmes, notably by establishing a committee of experts on health and migration. The CoE has also entrusted its European health Committee (CDSP) to develop a work programme on the health challenges of "vulnerable groups including migrants, refugees, asylum seekers, and Roma and Travellers".

Another high-level event addressed migrants' health late in 2007. The World Health Organization (WHO) hosted a Technical Consultation on Poverty and Health from 29 November to 1 December in Venice.¹⁶ Twenty-five case studies were prepared for the event following a call issued by WHO to member states for case studies on policy interventions to improve the health system performance targeting socioeconomically disadvantaged groups (including immigrants and Roma). The consultation, attended by representatives from all the states of the WHO European Region, provided a platform for joint reflection on practices at national, regional and local levels and the implications for health systems. The Technical Consultation was followed by the WHO Executive Board Resolution issued on 25 January 2008 on the health of migrants,¹⁷ which will be a recommendation to the next World Health Assembly (61st WHA) in May 2008. The May WHA follows the 60th WHA in May 2007 which gave attention to the health of migrant workers. WHO also intends to hold a global consultation on migration and health in the near future.

Migration Health Debate

These high-ranking events illustrate the growing relevance of the theme in EU member states as well as at European and global levels. The conclusions of such meetings have all called for increased and coordinated efforts to improve migrants' and societies' health on the whole.

Sharing and fostering knowledge on migrants' health and health determinants will help addressing the health gap within EU Member States between migrant populations and host communities. EU governments and the European Commission are requesting expert guidance on how to best address existing inequalities in access to, as well as in the quality and appropriateness of, health services and on how to positively influence the social determinants of health affecting migrants.

¹⁵ Declaration http://www.coe.int/t/dg3/health/Source/declaration_en.pdf

¹⁶ More information on the consultation: http://www.euro.who.int/socialdeterminants/poverty/20071106_2

Resolutions adopted by the WHO Regional Committee for Europe at its 51st and 52nd sessions to reduce the effects of poverty on health and other guidelines guiding WHO/Europe's work at:

http://www.euro.who.int/socialdeterminants/poverty/20071024_5

¹⁷ Resolution http://www.who.int/gb/ebwha/pdf_files/EB122/B122_R5-en.pdf

There are by now well-established and widely accepted facts about migration and health in Europe.

1) Migration into the EU is accepted by policy-makers and concerned practitioners alike as a phenomenon as necessary (both for demographic and economic growth) as unavoidable. In recent debates, migration is frequently evoked as an element of a win-win scenario in the context of the EU Lisbon Agenda and other economic growth efforts. Migration into the EU thus implies new challenges and new opportunities.

Health is one of the major challenges of this new situation Member States face and at the same time an essential element for the realisation of the opportunities and growth that migration could bring about. As a result, the responses that European health systems can offer to guarantee migrants the same level of protection than that enjoyed by the national populations are the object of much reflection and discussion.

In this context, protection of migrants' health and their access to quality health care are recognised as a) a human right and a basic entitlement according to EU values; b) essential to migrants' integration and critical to reduce poverty and enhance their contribution to the development of both destination and origin countries (inclusion and poverty are in turn two key social determinants of health); and c) essential for good public health and the well-being of all.¹⁸

2) Migrants experience increased health risks comparable to those of most disadvantaged groups in society. This is connected to social and environmental determinants of health including among other poor public health conditions (poor housing and working conditions) experienced back home, during transit, or in the host societies; reduced health education, poor social integration and often discrimination. Vulnerability of migrants can also be increased as a result of a 'health adjustment' to the new surrounding environment, and especially due to hard working conditions in the type of jobs that are often delegated to migrants, often not enjoying social security or legal protection.

Moreover, migrants are susceptible of not receiving the same level of health care in prevention, diagnosis and treatment that the average population receives at host communities. Lack of access is often linked to migrants' legal status, but also to inadequate information and insufficient strategies to address the cultural, linguistic and socio-economic divide, as well as the frequently unprepared health services and personnel.

3) Current health care systems are not appropriate or not responsive enough to the (increased and) specific needs of migrant groups. Evidence indicates that there is a need for better policies and practices in health promotion, disease prevention and access to health services among migrants.¹⁹ On the other hand, migrants are far from being a uniform group (diverse backgrounds

¹⁸ The Bratislava Declaration (Nov 2007, Council of Europe Conference) conclusions advise that "migrants' health measures, including public health, promote the well-being of all and can facilitate the integration and participation of migrants within the host countries by promoting inclusion and understanding, contributing to social cohesion and enhanced development". The WHO Executive Board Resolution of 25 January 2008 (EB122.R5) reckons the role of health in promoting social inclusion. EU Council conclusions (15609/07) adopted during the EPSCO council of December 2007 acknowledge the special health needs of migrants and the importance of health for their integration and societies' overall wellbeing. Specifically, they note that "health is a core aspect of migrants' integration, favouring intercultural dialogue, social cohesion and sustainable development"; "addressing the health of migrants is fundamental to attaining the best level of health and wellbeing for everybody living in the EU".

¹⁹ The WHO Executive Board Resolution of 25 January 2008 (EB122.R5) notes that its members states

and cultural practices and beliefs) and these differences must be acknowledged through availability of culturally- and gender- sensitive services.

4) Social and environmental factors of ill health cannot be addressed by the health sector alone. Therefore, synergies with other policy sectors must be sought, including interior (entry and migration policies), labour (working conditions), social affairs (integration/inclusion) and last but not least, development to promote health and strengthen health services at the origin countries.²⁰

All in all, European countries face a three-fold situation of constant in-flows of migration, higher vulnerability of migrants to ill health (partly due to social determinants which cannot be addressed by health policies alone), and health services and practices in EU member states that are, on the one hand, largely inaccessible to migrant populations and, on the other, often ill-suited to migrants' needs.

Towards a better approach

Most of the conclusions, recommendations and best practices presented at the recent high-level events on migration and health point at four main areas where there is margin for improvement and which should contribute to redress the described situation.

1. Research and data collection: there is a shortfall on available information on migration health and gaps in knowledge; more qualitative, quantitative and *comparable* data needs to be collected and analysed for greater knowledge and understanding on migrant health in the EU. Surveillance and research needs to be conducted in particular health areas, a strategy to be reinforced by the EU research agenda (EC DG RTD).

Specific areas for research:

- a) Health issues for migrants: both communicable and non-communicable conditions such as cardiovascular diseases and diabetes;
- b) Mental Health Due to particular circumstances of migration and settlement, often accompanied by traumatic experiences of loss, separation, drastic change in life and life planning, as well as difficulties in host health care systems in recognizing culturally sensitive aspects, migrants' mental health might be overlooked or inadequately

need to implement strategies to improve migrants' health, including addressing identified service gaps and specificities of migrants. EU Council conclusions (15609/07) of December 2007 advocate for taking consideration of migrants' diverse backgrounds.

²⁰ The link between migration and development (health aspects being key in both directions of the link) has received major attention at international level in recent years, notably with a mention in the Millennium Development Goals and through the UN High Level Dialogue on Migration and Development (New York, September 2006). The goal behind the combined approach to migration and development is to maximize the development benefits of migration (for both sending and receiving countries) and minimize its negative impacts. In particular, in relation to health, the Council of Europe Bratislava Declaration (Nov 2007) call for "strengthening health care systems in sending countries and providing development assistance" to tackle health on both sides of the migration process. Discussions on migration and development also include issues related to availability and training of health personnel including the brain drain debate as illustrated/voiced by the WHO Executive Board Resolution of 25 January 2008 (EB122.R5). EU Council conclusions (15609/07) of December 2007 call for work to promote the strengthening of health systems in countries of origin within cooperation programmes and the "reduction of the global deficit of health professionals".

addressed. Appropriate health care includes counselling and psychotherapeutic assistance as well as rehabilitation for victims of torture or trauma, sexual violence and trafficking/exploitation.²¹

The European Centre for Disease Prevention and Control (ECDC) is preparing, at the request of the EC and the Council (Dec 2007 conclusions), a report on EU migration and infectious diseases. This follows the recognition by the Portuguese EU presidency work and Lisbon conference that fighting TB, HIV and other infectious diseases is a priority. The ECDC report is expected at the end of this year. The report shall serve as basis for policy guidelines at European and member state level.

General areas for research:

c) Environmental and social determinants of health, focusing specifically on mobile populations;

d) Indicators of good migration health policies and practices; and effectiveness of migrant health interventions;²²

e) Indicators and tools for migration impact assessment (this will enable adequately anticipating demand for health services and the implications for other services and adjust to needs accordingly).

Only better data and understanding on the EU health situation in relation to migration can lead to more appropriate evidence-based policies.²³

2. **Access to health information and services:** member states must make efforts to secure access to health care and information for all migrants irrespective of their legal status as a basic human right. Ensuring appropriate access does not only imply dealing with entitlement issues but overcoming barriers to access caused by the linguistic, cultural and often socioeconomic divide, misinformation (lack of awareness and lack of understanding) on available services, and discrimination and stigmatisation. These barriers affect as well health services providers striving to

²¹ Council of Europe Bratislava Conference (Nov 2007) conclusions.

²² Council conclusions (15609/07) adopted during the EPSCO council of December 2007.

²³ "To generate and disseminate health information and knowledge" has been recognised as a goal in the second programme of Community action in the field of health (2008-2013). The 2008 Work Plan sees also 'Health Information' and in particular the 'Development of a sustainable health monitoring system with mechanisms for collection of comparable data and information, with appropriate indicators, health surveys' as a specific objective. The preparatory report for the Lisbon Conference (Report on Health and Migration in the European Union) states that the scarcity of information and the ethical issues raised by data production are a problem for research in this area. The Bratislava Declaration (Nov 2007, Council of Europe Conference) calls for CoE member states to "update and share scientific data and information" for "concerted responses to emerging public health threats". Then, the Declaration calls for research to enhance surveillance and to strengthen evidence-based policy programmes. The WHO Executive Board Resolution of 25 January 2008 (EB122.R5) also recognises a need for analysis of migration trends and health care best practices as well as additional information collection on migrants' health, and its determinants, and health access. EU Council conclusions (15609/07) of December 2007 call for the analysis of information and sharing of knowledge on migrant health "so as to provide a sound basis for future coordinated work".

offer adequate health care to these populations.²⁴

Equitable access to health services irrespective of the legal status has been recognised as a goal in the international meetings of 2007. Additionally, texts such as the Bratislava Conference conclusions advocate that health shall never be a ground for exceptions to the principles of international migration law e.g. ill health should not in principle deny access to migration possibilities.²⁵

Access to health information and health education for migrants including disease prevention, nutrition and work safety, has also been recognised as paramount for migrants' self-empowerment and wellbeing.²⁶

3. **Action on socioeconomic determinants of health by enhancement of synergies and realisation of interdependencies among sectors.** Socioeconomic determinants of health include among other poverty, limited educational opportunities, unsafe working environment and social exclusion. These factors can only be addressed by a comprehensive strategy covering various policy fields and their mutual cross-fertilization.²⁷

The health dimension itself is key to many fields, including development cooperation (e.g. in the frameworks of EUROMED, EU-Africa cooperation and EU neighbouring policy), EU and member states' migration frameworks, employment and social policies, equal opportunities and research. This interrelation brought about the "Health in all Policies" approach advocated by the European Council and various EU Presidencies including recently the Portuguese as well as the Council of Europe in its Bratislava conference. The same is also relevant for migration. Migration and migrants' issues should be mainstreamed into all fields of policy.

Parallely, comprehensive multi-sectorial partnerships are thus needed beyond the traditional target audience of professionals and policy-makers in the area of health (e.g. social and NGO workers, officials in the social affairs, justice/interior and development departments, border guards). Multi-stakeholder involvement will also be a key element to the successful implementation of new policies and strategies in the area.²⁸

²⁴ Council of Europe Bratislava Conference (Nov 2007) conclusions.

²⁵ However, the right of access to health services is often nuanced. EU Council conclusions (15609/07) adopted during the EPSCO council of December 2007 recognise the right of migrants for health protection and for access to preventive health care and medical treatment in accordance with applicable Community, international and national laws but acknowledge that "the extent to which specific groups may access health care beyond those requirements will be subject to conditions established by national laws and practices". The Bratislava Declaration (Nov 2007, Council of Europe Conference) stipulates that states shall comply with standards set in international treaties and national laws in force. The WHO Executive Resolution of January 2008 states that member countries shall promote equitable access to health care for migrants subject to national laws and practice. However, national laws often limit access of irregular migrants to emergency health care. While persons entitled to international protection (refugees by the Geneva Convention) have a right to access to health care on the same basis as nationals, asylum seekers' rights go as far as emergency care and essential treatment of illness only and migrants with special needs shall receive "necessary medical or other assistance".

²⁶ Council of Europe Bratislava Conference (Nov 2007) conclusions.

²⁷ European Economic and Social Committee (EESC) exploratory opinion of July 2007 (CES 1001/2007) http://eescopinions.eesc.europa.eu/viewdoc.aspx?doc=//esppub1/esp_public/ces/soc/soc274/en/ces1001-2007_ac_en.doc

²⁸ EU Council conclusions of December 2007 (15609/07) stress the relevance of cross sectoral and international and European partnerships to achieve this. The WHO Executive Board Resolution of January

4. **Quality health care, tailored for migrants** and migrants' subgroups e.g. children, the mentally ill. A gender perspective should also be integrated. On the whole, the diversity of communities including the foreign-born must be taken into account when designing illness prevention and health protection policies.²⁹ Special attention should be paid to:

a) Migrants' mental health.³⁰

b) Health of migrant women and children (including sexual and reproductive health, family planning and education; vaccination and immunisation; and prevention of other phenomena affecting woman and child health as gender and sexual violence, trafficking/exploitation as well as practices such as female genital mutilation).

c) Occupational health and the working conditions of migrants; employment and social policies should address labour health including gender aspects of work migration.³¹

Point 4 highlights the quality and appropriateness of healthcare, an area which has also received unanimous attention in the 2007 international events and discussions.³²

These general guidelines on areas to improve are addressed to all those concerned with the policy-making and practice of health and related services in the EU at all levels, local, regional, European and also international.

European Commission interventions in migration and health

The European Commission (DG SANCO) is giving increasing attention to issues of health in relation to migration. In particular, as seen in earlier sections, various areas of the two programmes of Community action in the field of health (first 2003-2008; second 2008-2013) can directly relate to addressing the health of migrants; they call for actions specific to fighting inequalities and addressing the needs of vulnerable people.

In line with these framework programmes, DG SANCO publishes a work plan every year and co-funds selected actions implemented by European partnerships of organisations and universities

2008 calls for interagency and international cooperation on migration health and the formulation of intersectoral strategies.

²⁹ The Bratislava Declaration (Nov 2007, Council of Europe Conference) encourages governments to "take into account the cultural (including religious), social and economic diversity" of mobile populations as well as aspects of age and gender when designing health policies. The use of mediators is also quoted.

³⁰ DG Sanco's 2008 Work Plan looks specifically at "improving mental health" within the general goal of health promotion.

³¹ EU Council conclusions of December 2007 advise to develop actions to promote migrants health including mental health, women's health and children's health, and occupational health.

³² The Bratislava Declaration (Nov 2007, Council of Europe Conference) also advocates for "capacity building and awareness raising for health providers, policy makers, health management planners and health educators as well as other professions allied to health services delivery". It also states the need to promote migrants' (in particular women) participation in health services planning, delivery and evaluation as well as any other related civil society initiative. The WHO Executive Board Resolution of 25 January 2008 (EB122.R5) advocates training and raising sensitivity among health service providers and professionals regarding migrant health issues. A specific objective of the EC 2008 Work Plan is also "Public health capacity building" (within 'Promotion of Health').

active in the field of health.

The EU Advisory Group on Migration and Health, created in early 2007, of which are part relevant players in the field including WHO, CoE, IOM and the European Centre for Disease Prevention and Control (ECDC), met for the third time in Luxembourg on 25/26 February 2008 to discuss recent developments and achievements in the field of migration health and explore ways to keep the topic high on the agendas in the next months.

Key projects at European level co-funded by the 2006 and 2007 Public Health Calls for Proposals were also presented at this meeting. Discussions led the EU Public Health Executive Agency (PHEA), managing the projects, to plan the development of a matrix including variables of all concerned projects to easily identify thematic and activity overlaps, gaps and possible synergies. Insights thrown by the matrix shall inform future interventions by PHEA and DG Sanco.

The matrix, elaborated with IOM's assistance, includes projects focusing on a range of salient migrant health problems such as HIV or particular migrant groups as Roma, undocumented migrants, asylum-seekers and other relevant issues such as legislation and national health systems, good practices on migration and health, developing indicators etc. The analysis of the matrix for relevant findings is still in progress. These findings will also be considered in the process of selection of the priority areas to be examined in the framework of the AMAC project.

The AMAC Project

Based on this report's analysis, the AMAC managing team presents the following themes, linked to the main areas identified above, to be considered by the project partners meeting, which shall lead to the selection of topics for the project background papers:

Research and data collection:

- Nexus between integration, health and migration from a public health perspective

Access to health information and services:

- The right to health of migrant populations in the EU and how to eliminate barriers to its enjoyment
- Ethics in migration health: privacy and body integrity of migrants

Quality health care, tailored for migrants

- Health services access and care for undocumented migrants
- Health and social care needs of migrant groups, specifically second and third generation migrants
- Mental health vulnerability of migrants and access to mental health care by disadvantaged populations

Other background papers could be added to the list in function of priorities set for the project. An original proposal on communicable diseases has been discarded in view of the fact that the ECDC

has been commissioned to prepare a report on this issue for this year.

The papers will aim at depicting the situation of the studied issue across the EU member states and at offering insight on which practices are more, and less, favourable to migrants' health status and public health risks.

Furthermore, in the framework of the AMAC project, synergies will be explored in particular through partnership with the following projects: "Information Network on Good Practice in Health Care for Migrants and Minorities in Europe – MIGHEALTHNET", the successor of "International Migration, Integration and Social Cohesion – IMISCOE"), the COST project "Health and Social Care for Migrants and Ethnic Minorities in Europe - HOME" (all three led by the University of Utrecht); "Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU" (led by the University of Vienna); and "Monitoring the Health Status of Migrants within Europe: Development of Indicators - MEHO" (led by the Erasmus University). The AMAC project feeds on the other hand from the conclusions and results of the already ended "Health and Migration in the EU: Better Health for All in an Inclusive Society" project (led by the Portuguese National Institute of Health), in the framework of which the homonymous Conference in September 2007 in Lisbon was organised.

Synergies will be sought between these projects via their respective meetings and activities to exchange expertise and ensure collaboration including supporting dissemination of their results and deliverables and generally to add value to their activities, networks and outcomes. Specifically, the findings and results of the NowHereLand and MEHO projects may be presented as additional papers at the AMAC project EU wide final consultation.

Conclusions

In view of the recent developments in the European field on migration health and the increasing interest this issue is raising at various sectors and levels, we face an extraordinary opportunity to carry the agenda on migration health forward both at Community and member state level.

The migration health community must use this great momentum to address migration health issues effectively and appropriately, and present them not only as challenges but as major opportunities for the wellbeing of all people living in Europe. One issue deserving particular consideration is eradicating health inequalities between migrants, among other disadvantaged groups, and the rest of the population.

The AMAC project will provide relevant information and analysis to inform policies and practices in the field by the European institutions and EU governments. The background papers to be elaborated will address best practices and strategies to protect and promote the health of migrants in the EU as well as to include a migration perspective in all health-related policies.

The AMAC project is in line and sets itself to contribute to stated recommendations by the European Council for the EU to assume a leading role in the global challenge of migration health and for the European institutions as well as member states to improve migration policies with health as one of its core components.

The project is another opportunity to establish effective partnerships with specialised institutes and committed governments (not limited to health ministries), reinforced by the cooperation with the European institutions and other non-governmental and international organizations. This collective effort will strive to produce innovative proposals, to build on recent initiatives, aimed at improving migrants' health and tackling health inequalities in EU societies.