Chapter 7: The Road Ahead: Conclusions and Recommendations

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Over the past twenty years many of the countries that now make up the EU have gone from being net exporters of human resources to net receivers. However, many of these countries still uphold a mixed composition of out and in migration, that is, significant numbers of people leave their country to settle in other EU countries or to other parts of the world. But they are now doing so at a far slower pace than before and certainly at a slower rate than the number of people coming in to the region. The so-called transition to "receiving country" status has not been an easy one for EU countries and in many respects they have been caught seemingly by surprise, and ill-prepared institutionally and socio-psychologically for this new status. Certainly, very few EU countries have developed forward looking comprehensive policies to deal with in-migration and even fewer have introduced programmes designed to facilitate the social insertion and integration of newcomers. Health and migration are intrinsically linked, as health is one of the key dimensions of integration, and currently, most migrants experience inadequate living conditions, their crossing to Europe often creates significant health risks, and life in host countries impose further stressors. The implications for public health of this neglect have been, and will continue to be far-reaching for years to come.

The demography of the European Union is also changing rapidly. In most EU countries fertility is falling, while at the same time people are living longer. In some parts of the European Union the situation is so marked that schools are being closed as a result of the decreasing birthrate. Meanwhile, health and social services have been trying with strong difficulties to keep pace with or to be proactive with regard to the changing nature of the needs that are being expressed and will continue to be expressed by people living into their eighties. The sustainability of the system is at stake.

Patterns of economic development have also varied considerably; the gap between the richest and the poorest countries has been growing over the recent years. Meanwhile, the socio-economic inequalities have been growing in both developing and developed countries. This fact inevitably represents a social and political challenge, even within the most industrialised countries.

Nevertheless, a constant progress has been observed in several areas throughout the world. Transportation and communication systems, for example, have improved and there are few parts of the world that today are not reached or reachable by a combination of road, air and sea transport. From a news and information perspective, a global culture of communications brings to the most remote areas of the world images and myths about how life is elsewhere. Against this overall backdrop it is not surprising that people continue to be pushed and pulled to migrate. For most of them, migration has meant, and will continue to mean, moving from the countryside to the big towns and cities that are evolving at an exponential and worrisome pace in most developing countries. For others, however, migration has meant, and will continue to mean, moving across borders and continents. For many still, migration from the rural to the urban areas will be a transition for migrating abroad. It is also important to note that industrialised countries everywhere as well as many industrialising countries that are regional powers, are demanding new human resources in a context of economic growth and population ageing.

Even if migration can be deemed as a natural phenomenon in this demographic and economic context, it is causing concern from many points of view both, in the countries of origin and of destination. Some developing countries are experiencing a massive brain drain, particularly of health professionals and other highly qualified human resources. Meanwhile, many people in developed countries live with the fear and misconceptions of what they wrongly perceive as a threat to their culture and lifestyle induced by current migration.

The Schengen Agreement and the enlargement of the European Union are designed, among other things, to facilitate the free movement of people and goods between EU Member States, while controlling the entering of travelers and migrants. This is, however, unlikely to satisfy the real and growing demand for "new blood" and there are good reasons to believe that migration into the European Union will continue to be required and will certainly continue to grow. The current conditions of migration in the EU have several and diverse implications. The first is that migration into the European Union is fast becoming a demographically biased process in which men and women are increasingly moving alone and not as family or partners. The second is that migrants are moving into social, political and cultural environments that are increasingly hostile. Meanwhile, the current restriction to migration flows and the lack of serious partnerships with the countries of origin are creating a new category of clandestine, irregular or otherwise termed undocumented migrants, and in many cases, increasing restrictions have fostered human trafficking and smuggling. It is difficult to know how many irregular migrants are already present in the EU. There are estimates of up to 5 million in the European Union and there are also indications that the number of people attempting, if not succeeding, in entering the European Union irregularly, is growing and will continue to do so.

Despite the centrality of migration in this changing global equation and despite its importance for the sustained development of EU countries, there has been a distinct lack of planning for both migration and/or for their integration/inclusion in the host countries. This lack of planning is helping to raise difficult questions about their social and economic inclusion in some settings, and has contributed to promote old phobias about the newcomers and what they represent. Migrants, thus, risk moving into social and political environments that are less welcoming than they were twenty years ago, making their well-being more precarious.

The findings that this report has brought into light indicate that the epidemiology of diseases and health problems are clearly changing as a result of migration in the European Union. On the one hand, it is important to keep in mind that, while the profile is changing, the actual numbers of people involved and the vital statistics that are emerging do not show massive inflows. On the other hand, migration has implications for the type of care that is required, the cost of that care and its long-term impact on both, health systems and public health.

A changing epidemiology

What the implications of all this will ultimately be for health and well being, healthcare and health systems in the EU remains to be seen, but thus far the data point to the fact that the epidemiology of diseases and other health problems in the EU could change as a result of migration.

Communicable diseases

From the perspective of communicable diseases the emerging picture suggests that migrants, especially those coming from poor countries, have a higher risk of developing some of the classic diseases of poverty such as tuberculosis. They also appear to be increasingly at higher risk of acquiring (or having) sexually transmitted infections and HIV/AIDS, depending on their region of origin and transit. The situation, however, is not straightforward. There is a high degree of variability within the overall migrant population and not all migrants are by any means at equal risk. In the case of the communicable diseases that are most common in migrant populations, for example, migrants coming from countries and backgrounds with a high prevalence of those diseases are more at risk than those coming from low prevalence areas. This is true for tuberculosis, hepatitis, HIV/AIDS and possibly other infections as well.

Non-communicable diseases

Although the history of the health response to migrants has traditionally been one of communicable diseases, the emerging situation in the EU (and elsewhere too) suggests that non-communicable diseases and chronic health problems are fast becoming a serious challenge for the migrant populations and their descents. Over the last decade it has become apparent, for example, that depending on countries of origin, ethnic background, and quality of adaptation to new environments, some migrants have higher risk than host populations of developing cardiovascular disease, hypertension, stroke, and type 2 diabetes. Consequently, policies should take this into account.

Reproductive health

Throughout much of the EU there is also evidence that the reproductive health of migrants is suffering and becoming increasingly problematic for both public health and clinical medicine. In the case of women and their offspring, for example, pregnancy and pregnancy outcome, as well as gynecological health in general have become highly fragile. Migrant women tend to have more difficult pregnancies and worse outcomes of pregnancies (i.e. low birth weight) than non-migrant women. They are also far more likely to have unwanted pregnancies and resort to less safe interruptions of pregnancies more frequently than host population women. The sexual health of migrants is also becoming a worrisome aspect of the migration process because rates of sexually transmitted infections, including HIV, among some groups of migrants are often considerably higher than those of nationals. Moreover, it may pose some challenges to reach and offer services to migrant women, if services are not cultural sensitive and appropriate.

Mental health

Migration is a complex psychosocial process for anyone, thus it should not be surprising that the history of migration has always been replete with references to mental health. Contemporary migration to the EU is no exception to this, and in most of the countries for which there is data available, it is clear that migrants are more at risk of a variety of mental health and psychosocial problems than non-migrants, as migrants in addition to many constraints, also face a lack of support networks. In some cases their reported rates of suicide and/or attempted suicide, as well as of depression and psychoses, are higher than among non-migrants.

Occupational health

In most EU countries migrants now account for a disproportionately high number of all the occupational accidents and diseases that are reported. A number of reasons can be proposed to account for this, including their social and educational background, the type of occupations they occupy (at least when they first arrive), the lack of training/briefing they receive, their lack of familiarity with selected tools, machinery and in many cases, the language. Poor occupational health, including high risk of accidents, is a serious problem in itself, but in contexts where migrants are not able to (for whatever reason) access the type of remedial care they need, there is a serious risk that the outcome of these accidents will be serious, many ending in disabilities, if only because there is limited access to and use of professional care and treatment.

The environment of migrant health

Explaining the differences between migrants' and non-migrants' health and well being, or understanding the fragility of migrant health in general is not easy. A number of situational elements deserve to be considered in this equation.

Complexity of migration

First of all the process of migration has never been a simple one and in today's world when families are rarely able to move as units and when the social and political environment of migration is clouded with political, social and economic contradictions, it has become even more complex. On the one hand there is the push of poverty, personal frustration, lack of opportunity and at times political insecurity. At the same time there is a growing global culture of television and media that is constantly exporting images of the well-being and wealth in other places, that people would like to enjoy. Once migrants leave home and arrive in their destination countries however, the reality is often one of poor jobs, poor housing, inadequate salaries, unfamiliarity with the language, culture and life style, and unwelcoming attitudes. Meanwhile, in

many cases, the physical conditions under which migrants are able to move are often dangerous and the process of moving is risky and may comprise personal abuse, violence and exploitation.

Complexity of arrival

Arrival in new social settings can be difficult for migrants, especially if and when there is a perception that they are unwanted. Migrants often arrive with profound feelings of homesickness, guilt at leaving relatives behind, and with anxiety about the future and their capacity to meet expectations and responsibilities to those left behind. The challenge of cultural and social adaptation is often made all the more difficult when there are no facilitating programs and when the origins and education of migrants does not lend itself to a rapid accommodation to new languages and customs.

Living and working conditions

The living and working environments that migrants are oriented into often place them at high risk of new infections, reactivation of pre-existing ones and stress. Indeed for many migrants the exposure to diseases typically associated with poverty often occurs in the well-to-do EU countries into which they move and in which they are housed in old, poorly equipped, overcrowded conditions that offer neither privacy nor freedom from forced exposure to the illnesses of others. In the case of low-income migrants who today constitute the majority, the mix of job insecurity, low salaries, and the multiple jobs taken on in order to survive and send remittances back to families is not easy to handle without undermining health and well-being.

Marginalisation and healthcare

The social and economic marginalisation of migrants and their real or perceived social exclusion can play an important negative role in both their exposure to the risk of diseases, their lack of information about how they might avoid infection, and their access to the health and social services that might be useful in dealing with the problems they encounter. If and where there are no coordinated attempts to reach out to migrants, there is evidence that they are not able to use whatever healthcare services are available effectively. From the perspective of the overall public health of receiving communities this is neither good for migrants nor for the host communities.

Taking into consideration all that has been presented in the chapters of this report, and despite the information and knowledge still missing in various aspects, we believe that some practical conclusions and recommendations may be drawn to improve the health of migrants in the EU, which consequently represents better health for all in a inclusive society, on values and principles, health needs and adequate responses.

First of all, there is a need to obtain better information on migrant's health, to develop indicators to assess their health status and needs. Information systems should be adjusted accordingly. Specific research on migrant's health barriers, problems and knowledge of valid interventions is also crucial for designing evidence-based policies.

Both aspects should contribute to design integrated health strategies that are culturally sensitive, help reduce inequalities and encompass health promotion, disease prevention, treatment and rehabilitation and involve special training of health workers. A general diversity-based approach (broad definition of culture) should have the following characteristics:

- The ability to create additional value taking into account the national policies in what regards health systems and migrants status;
- Consider that health disparities are more the result of socio-economic factors than ethnic group origin, although there is a migrant's specificity in terms of vulnerability and health determinants;
- Be able to manage migration flows, taking into account disconnection between restrictive national legal frameworks and national labour market needs, which has resorted into an increase of irregular migration (ad hoc regularisation processes);
- Improve the currently poor integration of migrants and their descendants;
- Account for the need of international cooperation between country of origin, transit and destination;
- Be able to optimise current policy instruments.

Responding to opportunities and responsibilities

To date there has been few systematic attempts in the EU to take up the issue of migrant health or to design and provide services specifically tailored around their migrants. Nor have there been many out-reach programmes that have taken into account the unique constraints that the working and living conditions of migrants often impose on healthcare seeking behaviour. Thus as we move into what promises to be a highly dynamic 21st century in which societies everywhere, but certainly in the EU, are likely to become increasingly complex in terms of their social, demographic, cultural and health profiles, the EU and its Member States are being presented with immense opportunities for sustained growth and yet with many new tasks and responsibilities. None will be more important than ensuring the social inclusion of its new residents which should certainly also ensure their good health. If this is to happen, a new vision of public health and a better and more sympathetic willingness to address the nexus of migration and health in pro-active constructive ways will be necessary. To date there has been an unspoken assumption that migrants are no different from host populations in terms of their health and health needs; and while this has been a sound ethical policy and practice from the point of view of not creating even greater resistance to newcomers, it has neglected the reality of multi-cultural health, different health backgrounds and profiles, and post-migration adaptation as central determinants of health. This approach may be placing millions of people, migrants and host populations, in unnecessarily precarious situations.

Public health means health for all

The emerging public health paradigm and challenge in the EU is not only one of simply promoting and protecting the health and well being of migrants. Rather it is one of a new vision of public health in which the multi-cultural and constantly evolving nature of contemporary society is recognised for what it is, namely an opportunity and a challenge. Today's and tomorrow's public health will have to respond more than ever before to the basic principle of public health, namely that health for all is not a romantic ideal, but

rather a sine qua non requisite of sustainable development. Health for all can be achieved but in an arena of rapidly changing diversity it will have to be sought with more commitment and vigour than it has been to date.

What can be done

If the goal of health for all, including that of migrants, is to be achieved and if the contribution that good public health can lead to development is to be realised, a number of steps will have to be taken quickly and comprehensively by the EU and all its Member States.

More knowledge is urgently required about the dynamics of health and well being of migrants and ethnic minorities in Europe. To this end it is urgent that countries take steps to understand the dynamics of migration and settlement as it affects the health of migrants in their settings. While special surveys will help in this regard, routine surveillance of the health of migrants of all types will go much further towards providing the basis of evidence that policy makers and planners can use in defining national and EU-wide strategies and redefining these over time as the situation changes.

Rational and coherent policies on migration into and within the EU are long overdue. While it is increasingly evident that many if not most EU countries will continue to need migrants for many decades to come, there are concerns about the number of migrants in the EU countries can be properly taken in at a given time, and what is the occupational backgrounds in demand. At the same time there is an urgent need to ensure that the process of migration and settlement (no matter how brief it may be) is not injurious to the health of migrants and by extension the health of the host population. Well founded, evidence-based policies could go far in alleviating many of the concerns that are emerging in the area of public health because they will ideally address the conditions under which newcomers move and are expected to live and work once they arrive. They are policies that should be developed at the EU level and once ratified by member states, should constitute the basis for EU-wide planning for the movement of people within and into the EU, their social and economic inclusion, their human rights and especially their right to health.

Shared sender-receiving country policies are urgently called for because responsibility for the health of migrants cannot and should not only be the responsibility of receiving countries. Much more must be done to create shared (sending and receiving countries) approaches to the promotion and protection of the health of migrants and their care. If this is done, it could go far to strengthen the health systems of the sending as well as receiving countries.

Innovative insurance and healthcare financing schemes are called for, especially given the growing body of evidence that migrants are just if not more susceptible than host populations to diseases and accidents that imply care. New ways of financing the healthcare of migrants should involve a mix of employers, public and private insurance, local cooperative migrant associations, states and migrants. Schemes of this kind would go far in addressing the fear among many migrants that they cannot afford care and hence their necessary denial of problems until it is too late.

Migrant-friendly social insertion policies that acknowledge the central social and economic importance of migration and contribution of migrants. They should, at the same time, recognise the challenges faced by migrants in terms of health and social insertion and should hence seek to provide them with the opportunities, incentives and protection for social inclusion. Migrant policies that visibly seek to address issues such as working conditions, minimum wages, housing, family rights and access to care will go far in ensuring a sound footing for health and social good of all, not only migrants.

Migrant relevant healthcare and social services that take into account the special needs of migrants are largely missing in most communities. Out-reach services are urgently called for that not only recognise the role of cultural, social, linguistic and health background, but also the role of the difficult and ill-defined settings in which migrants often live and work. In many cases it is the latter that are at the basis of the emerging and often problematic epidemiology of migrant health. Out-reach services that are staffed in part by migrants themselves will always be more effective in reaching people at risk than services that are staffed by people who do not understand or are not easily accepted in the socio-cultural milieu of migrants. In addition to migrants serving migrants, the general labour force should be trained on diversity to provide culturally sensitive services.

Migrant tailored health system responses are much needed and would ideally be structured to take into account the changing epidemiology of health problems that is now emerging in the context of migration and resettlement. These responses will ideally be evidence-driven and flexible enough to also take into account the changing ethnic nature of migration into and within the EU.

Some attempts to address the emerging challenge of migration-related health have been taken and there are many good practices already established in EU countries. But it is nevertheless clear that the urgency of the problem today calls for concerted action by the EU and its Member States. The 21st century could well be one of rich cultural as well as economic growth for the EU, but if this is to happen, much more will have to be done to avoid the human wastage, exclusion and morbidity that now surround migration into the EU.

All EU health strategies must recognise that the demography and the human face of migration has changed and will continue to do so for many years to come. Only by ensuring that migrants and their health and social needs are comprehensively addressed will the EU and its Member States, it will be possible to sustain the health of Europe as a whole. To do this, the EU will has to engage a new range of partners, not least of which will be the migrants themselves and the many associations that represent them, the private and the public sectors that benefit from the presence of migrants as a labor force, and the many social security systems that could benefit even more through innovative schemes that recognise the added contribution that migrants make while at the same time accruing some benefit themselves.

Since there are many outstanding examples of good practices dealing with migration and health throughout the EU, sharing them among Member States is certainly a very useful way to take advantage of what has proved to be successful. However, although good practices generally tend to fix the problems temporarily, they do not fix the system. Hence, even if Good Practices are a way to learn from other's experiences, in the case of migrant health,

structural change and structural policies should be preferred as an optimal long term solution.

The EU health strategy should target not only EU citizens but include all migrants to contribute to their inclusion in society, reducing their vulnerabilities and fostering their empowerment. Adequate healthcare and health promotion, as well as equal access to health services, are particularly important for migrants and members of minority ethnic groups. Along with migrant health preoccupations should be a concern of "health in all policies". All interested parties, governmental and NGOs, at EU and MS level should be involved. Several other high level policy frameworks as the Programme of Community Action / Public Health (2008-2013) should be considered as immediate opportunities for action.

Many arguments presented here indicate that international cooperation with countries of origin and transit improving the management of migration flows and tackling arising health issues should be much incremented. The EU-Africa Strategy, Euro-Mediterranean Partnership and other policy instruments may provide immediate possibilities for this purpose. Since the EU is a strategic global partner several international organisations as WHO should be used to promote healthier migration and settlement processes. The same could be applied to International non-Governmental and governmental organisations or transnational organisations.

In order to better understand migrant health and advance some feasible practical approaches to migrant's health problems it would be of utmost importance that the EU Council, the European Commission and the Parliament could agree at the highest political level on a set of first steps for action to include some of the above recommendations. ■

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