Statement on Migration and Health

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allea
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The French Academy of Pharmaceutical Sciences, which is a member of FEAM, requires additional data to formulate its opinion and, as a result, reserves its position.

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Summary

FEAM and ALLEA join their voices to call for the collection of reliable, validated and comparable data as well as for a wider and continuous dialogue between sectors and disciplines to inform policies and combat myths around migration and health.

Academies should further collaborate with public health authorities, NGOs and universities to address migration and health with better research, better communication of research findings and access to required information to facilitate the provision of health services to migrants and refugees.

FEAM and ALLEA formulate the following recommendations:

1. Accurate and simple communication guidelines are needed to inform the public about migration.
2. Migration policies should be better interlinked with health policies to address complex challenges and benefit migrants and EU citizens; the health sector should be actively involved in these policy discussions and actions.
3. Better communication of research findings is needed to clarify that migration does not pose a threat to the health of EU citizens, and to convey the potential benefits of migration for EU citizens.
4. Wider and easier access to healthcare services as well as more information about available services should be provided to forced migrants. At least basic and emergency healthcare should be provided to irregular or undocumented migrants.
5. More scientifically validated data and frequent updates on migrant health should be produced and reflected in evidenced-based policies.
6. National health systems should allow for personal health information to be easily transportable and accessible while ensuring the protection of personal data.
7. The provision of healthcare services to address non-communicable diseases, including mental health for migrants at risk should be reinforced.
8. A multi-sectoral and holistic approach should be used to address global challenges such as climate change, conflict resolution and migration and health.
9. Multi-stakeholder and inclusive collaboration are needed to address migration and health challenges.

Introduction

In 2019, there were 272 million "international migrants" worldwide.[1] This statement focuses on a much more limited flow of forced migrants arriving to Europe to escape war, persecution or violations of human rights in their countries of origin.[2] An increase in the number of this group of migrants occurred during 2015-2016 with estimates that around 1,032,408 arrived in Europe in 2015, 373,652 arrived in 2016,[3] and many others lost their lives during their journey.[4] This led EU institutions to declare a "migration crisis" and respond with a "European Agenda on Migration".[5]

To date, the situation is far from solved[6] and migrant health issues have been recently exacerbated in 2020 by tensions between the EU and Turkey along the Greek border.[7] The recent outbreak of a novel coronavirus disease (COVID-19) of pandemic proportions threatens to deteriorate the situation of refugee camps on Greek islands even further.[8]

Nonetheless, numbers and statistics need to be interpreted with caution. The global number of displaced individuals living in high-income countries (HIC), including Europe, is currently much smaller than those living in low and middle income countries (LMIC).[9] Migration is also a very complex topic with wide-ranging effects on demographics, economic growth, fiscal policies and other areas. This statement focuses on one, albeit a very important and complex aspect of migration in Europe: the interface between migration and health. Many socio-economic determinants of health interact with biological and environmental factors to influence health

1 United Nations, Recommendations on Statistics of International Migration, Revision 1 (1998) para. 32, currently under revision: https://unstats.un.org/unsd/publication/seriesm/seriesm_58rev1e.pdf. In the absence of a legal definition, the United Nations Department of Economic and Social Affairs considers "any person who changes his or her country of usual residence" for the purposes of reporting this figure. This includes, for instance, students moving to high-income countries (HIC) who often return to their countries of origin. See https://www.un.org/en/development/desa/population/migration/data/estimates2/estimates19.asp. Similarly, around 90 million migrants were estimated to live in the European Region as defined by the World Health Organization (WHO) European region. See World Health Organization, Regional Office for Europe (2018). Report on the health of refugees and migrants in the WHO European Region: No public health without refugee and migrant health.

2 This statement focuses on forced migrants, defined as "a person subject to a migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made causes". This category may often overlap with others such as "asylum seeker", refugee or displaced migrant. For an overview of definitions and how they may overlap, see footnote 14 below.

3 https://data2.unhcr.org/en/situations/mediterranean

4 https://missingmigrants.iom.int/region/mediterranean

5 European Commission, A European Agenda on Migration, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions (2015), 240 final.

6 Orcutt, Miriam, et al. "Lancet Migration: global collaboration to advance migration health." *The Lancet* 395.10221 (2020): 317-319.

7 https://www.nytimes.com/2020/03/13/world/europe/turkey-greece-border-migrants.html

8 https://www.msf.org/urgent-evacuation-squalid-camps-greece-needed-over-covid-19-fears

9 Abubakar, Ibrahim, et al. "The UCL–Lancet Commission on Migration and Health: the health of a world on the move." *The Lancet* 392.10164 (2018): 2606-2654, p. 2610.

outcomes of migrant populations. As such, extrapolating the research findings from one community or from one country to regional or even global levels may not always be possible.

Addressing migrant health is equally complex in policy terms. Many organisations, including the World Health Organisation (WHO), the European Regional Office of the WHO, and the International Organization for Migration (IOM), have been working in this area for many years and in close cooperation with NGOs.[10] While much ongoing cooperation and funding on various aspects of migration and health takes place at the EU and international levels, the provision of healthcare services to migrants remains a function and competence of Member States. Therefore, healthcare services for migrants differ from Member State to Member State, and the implementation of EU strategies and policies is particularly difficult within this setting.

In spite of current efforts by the European Union, the WHO, the IOM, NGOs, and universities, among others, more work and commitment of all stakeholders is needed to provide scientifically validated data on the health of refugees and migrants across Europe and the world. The collection and exchange of valid and comparable data as well as scientifically sound analyses are essential to produce evidence-based policies.

With this statement, **FEAM and ALLEA join voices to call for the collection of reliable, validated and comparable data as well as for a wider and continuous dialogue between sectors and disciplines to inform policies and combat myths around migration and health. Academies should further collaborate with public health authorities, NGOs and universities to address challenges of migration and health with advanced research, effective communication of research findings and access to required information to facilitate the provision of health services to migrants and refugees.**

10 See among others, Resolution of the World Health Assembly, WHA61.17 (2008), "Health of migrants" and WHA70.15 (2017), "Promoting the health of refugees and migrants" WHA61.17.

Definitions and statistics on migration are unclear and complicate open and neutral comparisons

Migration is "a global reality".[11] However, statistics differ widely from country to country and have changed year to year. Figures are also perceived differently, according to how they are presented to the public. For instance, while the 2015 increase in the number of refugees and migrants arriving to the European region gave much of the impetus for recent debate around migration, data shows that most global migration occurs between low and middle income countries (LMICs) on the same continent, rather than from LMICs to high-income countries (HICs) and/or to a different continent.[12] Some studies have found that people's perceptions around migration do not necessarily reflect the reality, and others suggest that the public in host countries often overestimates the number of immigrants.[13]

Statistics are further complicated by a complex terminology: the word "migration" is used to describe people moving from one country to another for many different reasons.[14] These reasons have a direct impact on a migrant's legal status, which in turn has important health consequences: for example, in many countries, access to healthcare depends on whether a migrant is classified as a regular migrant, an asylum seeker, a refugee, or an irregular or undocumented migrant.[15] To complicate matters further, a migrant's status is dynamic: an undocumented migrant or an asylum seeker could either become a regular migrant, a refugee or an irregular migrant after a final decision about her or his residence permit or right to asylum is taken.

Recommendation 1: accurate and simple communication guidelines are needed to inform the public about migration

11 Abubakar et al., op. cit., p. 2606.

12 Abubakar et al., op. cit., p. 2610.

13 See for instance Citrin, Jack, and John Sides. "Immigration and the imagined community in Europe and the United States." Political Studies 56.1 (2008): 33-56, concluding that: "there is a pervasive syndrome of opinions about immigration: the public overestimates their number, favors fewer immigrants and perceives the consequences of immigration for public finance and safety as negative". See also Stantcheva, Stefanie, Alberto F. Alesina, and Armando Miano. "Immigration and Redistribution." *National Bureau of Economic Research*, No. w24733 (2018) describing the disconnection between perceptions and reality.

14 For the purposes of migrant health, the category defined as "forced migrants" may often overlap with others such as "asylum seeker", "refugee" and "undocumented" or "irregular" migrant, as defined by the United Nations High Commissioner for Refugees, Master Glossary of Terms (2006), available at: https://www.refworld.org/docid/42ce7d444.html. For an explanation of why these categories often overlap see Reed Holly, Forced Migration and Undocumented Migration and Development, UN/POP/EGM/2018/11 31 October 2018, available at: https://www.un.org/en/development/desa/population/events/pdf/expert/28/EGM_Holly_Reed.pdf

For definitions at the EU level see Directive 2013/32/EU of the European Parliament and of the Council of 26 June 2013 on common procedures for granting and withdrawing international protection, and EMN glossary of terms available at: https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network/glossary_en.

15 https://fra.europa.eu/en/publication/2016/healthcare-entitlements-migrants-irregular-situation-eu-28

While terminology on migration has been harmonised by the International Organization on Migration (IOM), accurate and simple communication is essential to inform the public. Clear definitions are key in presenting accurate information and statistics and reducing the spread of fears around migrants and migration. More information is needed to convey to the public the actual number of forced migrants or asylum seekers arriving in Europe, their human rights, their needs and their potential human, social, cultural and economic input in host countries.

Some studies have found that people's perceptions around migration do not necessarily reflect the reality, and others suggest that the public in host countries often overestimates the number of immigrants.

Cross-sectoral collaboration in migration is key in addressing complex challenges and offers opportunities to benefit all the population

The EU has allocated a significant budget to address the challenges related to the influx of non-EEA nationals into the EU and this remains a priority for the next funding period.[16] However, the impact of many of these investments remains unclear. Most of the allocated budget has been used for border control and only a small fraction is currently addressing health. While a rapid decline in the number of non-EEA nationals coming to the EU could be interpreted as a positive outcome, this outcome seems to be related to the financial and material help provided by the EU to Turkey and other countries (e.g. Libya) to keep migrants within their territories. The potential impacts and unintended consequences of this and other EU activities on border control are not yet fully known or understood.

While the provision of healthcare remains a national responsibility and competence, at the EU level, the European Commission cooperates with other organisations, including the WHO, IOM and NGOs on health and migration.[17] However, more collaboration is needed between EU and Member States as well as across sectors and institutions, including

16 See European Commission, A step-change in migration, management and border security https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20190306_managing-migration-factsheet-step-change-migration-management-border-security-timeline_en.pdf

See also information about the next Multiannual Financial Framework (MFF 2021-2027).

17 Information about these initiatives can be found on the website of DG SANTE/ Migrant health: https://ec.europa.eu/health/social_determinants/migrants_en and a list of deliverables/projects is available at: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/migrants_projects_en.pdf

the European Commission (DG Health and other DGs), the European Centre for Disease Prevention and Control (ECDC), international organisations, NGOs, universities, academies and other organisations. Broader cross-sectoral cooperation and active involvement of the health sector in migration policy discussions and actions could lead to further opportunities, such as improving the integration of some migrants with qualifications into the healthcare sector while potentially addressing shortages of healthcare workers under the existing EU legal framework, which includes rules on asylum, reception conditions and qualifications.

Recommendation 2: migration policies should be better interlinked with health policies to address complex challenges and benefit migrants and EU citizens; the health sector should be actively involved in these policy discussions and actions

The health sector should be an active part of broad policy discussions and actions on migration as suggested by the UCL-Lancet Commission on Migration and Health.[18] More research is also needed on the broad effects of migration policies and their interface with health.

The application of Directive 2013/33/EU should also be reinforced through a close cooperation between European organisations, national health systems and NGOs. Such cooperation requires leadership and direction to ensure effectiveness at all levels. Adequate mechanisms, including an EU audit system reflecting common education and training qualification standards could be used for the evaluation of the diplomas and qualifications of migrants within the healthcare sector.[19]

18 See Recommendation 2 of the UCL-Lancet Commission on Migration and Health, in Abubakar et al., op. cit., p. 2644.

19 This could facilitate the implementation of the European Qualifications Passport for Refugees, https://www.coe.int/en/web/education/recognition-of-refugees-qualifications

Effective communication of research is needed to combat myths around migration and health as well as to inform the public about the potential benefits of migration

Research shows that the arrival of migrants to the EU does not create challenges for the health of local population. For instance, the probability that migrants can transmit diseases such as tuberculosis or air travel related outbreaks to local populations seems to be very low when the country of destination has an inclusive public health service with strong surveillance.[20] Despite this, studies also suggest that early detection measures might benefit migrants, who often face different health risks at each phase of their journey and post-settlement.[21]

Overall, migration has always occurred within and outside of Europe and it represents an opportunity for the continent to benefit from renewal and diversity as well as for demographic and economic reasons.[22] While the overall costs and benefits of migration are complex to gauge, and depend, among other factors, on the type of migration (e.g. different skills brought by migrants, age of migrants) and the economic context of host countries, some studies have found evidence of either positive effects or very small negative effects of migration on host countries.[23] A review of the economic impacts

A review of the economic impacts of asylum seekers arriving into Western Europe found no evidence that host countries were affected in their economic performance or fiscal balance. Other studies found that eliminating barriers to migration could potentially lead to the biggest gain in GDP worldwide.

20 See Abubakar et al. (2018), op. cit., p. 2612-2613, quoting, among others, Aldridge, Robert W., et al. "Tuberculosis in migrants moving from high-incidence to low-incidence countries: a population-based cohort study of 519,955 migrants screened before entry to England, Wales, and Northern Ireland." *The Lancet* 388.10059 (2016): 2510-2518.

21 See Greenaway, Christina, and Francesco Castelli. "Infectious diseases at different stages of migration: an expert review." *Journal of travel medicine* 26.2 (2019), p. 3.

22 See Organisation for Economic Co-operation and Development. Is migration good for the economy? *Migration Policy Debates* (2014), https://www.oecd.org/migration/OECD%20Migration%20Policy%20Debates%20Numero%202.pdf

23 See for instance Card, David, and Giovanni Peri. "Immigration economics by George J. Borjas: a review essay." *Journal of Economic Literature* 54.4 (2016): 1333-49, summarising and discussing two opposite views within the economic literature on immigration. In previous work, Borjas has found that unskilled immigration diminishes the wages of native-born American high-school dropouts by 1.7 % while Peri has found that it raises the wages of this group by 0.6%. See also *The Economist*, Special Report "Migration", Low-skilled migrants, Labourers and loved ones, November 14th 2019, *The Economist* (2019), referring to the findings of both authors and concluding that when looking at all native workers as a whole, they coincided in finding a small positive effect on wages.

of asylum seekers arriving into Western Europe found no evidence that host countries were affected in their economic performance or fiscal balance.[24] Other studies found that eliminating barriers to migration could potentially lead to the biggest gain in GDP worldwide.[25]

In addition to economic gains, some studies suggest that Europe needs migrants for demographic reasons – due to the combined effects of a declining fertility rate and increasing life expectancy leading to an ageing population.[26] Nonetheless, while migration may be beneficial to compensate for Europe's ageing population, its overall demographic impact is not clearly understood at the moment.[27]

Recommendation 3: better communication of research findings is needed to clarify that migration does not pose a threat to the health of EU citizens, and to convey the potential benefits of migration for EU citizens

More ad-hoc research and clarity, as well as better communication of research findings on the effects of migration are needed. This includes research on potential positive or negative effects of migration on EU citizens. The overall potential benefits of migration should be communicated more effectively to the public. Likewise, better communication is needed to clarify that migration is not a threat to the health of EU citizens.

24 See d'Albis, Hippolyte, Ekrame Boubtane, and Dramane Coulibaly. "Macroeconomic evidence suggests that asylum seekers are not a "burden" for Western European countries." *Science advances* 4.6 (2018), p. 4 for a review of the economic impacts of asylum seekers arriving to Western Europe.

25 Clemens, Michael A. "Economics and emigration: Trillion-dollar bills on the sidewalk?." *Journal of Economic perspectives* 25.3 (2011): 83-106.

26 Van Der Gaag, Nicole, and Joop de Beer. "From Demographic Dividend to Demographic Burden: The Impact of Population Ageing on Economic Growth in Europe." *Tijdschrift voor economische en sociale geografie* 106.1 (2015): 94-109.

27 See for instance Coleman, David. "The demographic effects of international migration in Europe." *Oxford Review of Economic Policy* 24.3 (2008): 452-476, arguing that "While immigration usually reduces the average age of the recipient populations, it cannot 'solve' population ageing except through very high and exponentially increasing inflows".

Wider access to healthcare services for migrants is in line with equity and human rights and could lead to cost savings

Health is recognised as a human right by international treaties[28] and at the EU level.[29] However, while access to healthcare services is recognised for refugees,[30] and EU Directive 2013/33[31] requires Member States to ensure that applicants of international protection receive the necessary healthcare, for other types of migrants – including irregular or undocumented migrants — the situation is different from Member State to Member State.[32] These divergences, coupled with other factors such as lack of information and awareness about entitlements often result in barriers to accessing healthcare services.

While the costs of providing services to migrants is often one of the most controversial aspects of migrant policies, some studies have found important cost savings stemming from the provision of timely healthcare services to migrants.[33] These studies show that from an economics perspective, the best outcomes are achieved when forced migrants and asylum seekers have access to the same healthcare services as the local population. Similarly, a 2015 statement by the Coordinating Committee of the National Academy of Sciences argued in favour of providing healthcare services to asylum seekers based on the probability that many asylum applications will eventually be approved, and "it is therefore in the interest of public welfare that these persons receive good medical care at an early stage, not least in order to avoid long-term health problems and secondary diseases".[34] The statement also highlighted the importance of providing access to healthcare services to those individuals whose asylum application has been denied, and to undocumented or irregular migrants. For these groups, it is suggested that basic care and healthcare in case of acute diseases should be provided.

28 See the United Nations International Covenant on Economic, Social and Cultural rights.

29 See article 35 of the Charter of Fundamental Rights of the European Union, and the European Pillar of Social Rights https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en

30 See article 30 of Directive 2011/95/EU on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted establishes that "Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection".

31 Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection.

32 https://fra.europa.eu/en/publication/2016/healthcare-entitlements-migrants-irregular-situation-eu-28

33 See Trummer, U., Novak-Zezula ,S., Renner, A., Wilczewska, I. "Cost Savings Through Timely Treatment for Irregular Migrants and EU Citizens without Insurance". Study Commissioned by IOM, RO Brussels, Migration Health Division in the Framework of the EQUI-Health Project 'Fostering Health Provision for Migrants, the Roma, and other Vulnerable Groups' (2016).

34 Leopoldina, Acatech and Union der Deutschen Akademien der Wissenschaften. "Healthcare for asylum seekers", Brief statement, 15 Oct. 2015, available at: https://www.leopoldina.org/uploads/tx_leopublication/2015_Gesundheit_Asylsuchende_EN.pdf

The economic case for providing access to healthcare services is also highlighted in a report published by the UK Academy of Medical Sciences in 2016, which concludes that "the community should reinforce the clear economic case for proactive treatment of forced migrants, which is known to lead to lower per capita health expenditure compared to delayed access to healthcare".[35] These findings led to economic and other policy studies being increasingly in line with equity principles and human rights.[36]

Recommendation 4: wider and easier access to healthcare services as well as more information about available services should be provided to forced migrants. At least basic and emergency healthcare should be provided to irregular or undocumented migrants

Wider and easier access to healthcare services, including preventive and primary care to forced migrants – regardless of their asylum status — should be provided. Such access must be granted to migrants in terms of language and content. More research about the cost effectiveness of interventions to improve access to other healthcare services is also needed. For all other categories of migrants, including irregular or undocumented migrants, at least basic healthcare and emergency healthcare should be provided. Along with the provision of services, it is also important to provide sufficient information and raise awareness about available services for all vulnerable populations, including migrants.

35 See UK Academy of Medical Sciences. "Forced migrant health: priorities for health research", A report of a roundtable meeting held by the Academy of Medical Sciences on 15 June 2016, p. 16, available at: https://acmedsci.ac.uk/file-download/41617-58380e78803c7.pdf, citing Bozorgmehr, Kayvan, and Oliver Razum. "Effect of restricting access to health care on health expenditures among asylum-seekers and refugees: a quasi-experimental study in Germany, 1994–2013." PloS one 10.7 (2015).

36 Trummer, Ursula, and Allan Krasnik. "Migrant health: the economic argument." *European Journal of Public Health* 27.4 (2017): 590-591.

More data on the health of migrants is needed to produce evidence-based policies

The health status of migrants is a complex question; general and simplistic answers should therefore be avoided. Many migrants tend to be healthy when they leave their country of origin: the "healthy migrant effect" was coined to describe studies showing that refugees and migrants are often healthier than host populations during the earliest stages of migration.[37] A paradox of unexpected good maternal and perinatal health outcomes in migrants has also been described and explored by experts both in the US and Europe.[38] While "the healthy migrant effect" theory is now considered "a reductionist interpretation of a very complex situation",[39] a meta-analysis recently carried out by the UCL-Lancet Commission on Migration and Health found an advantage in terms of reduced mortality of international migrants moving to high-income countries (HIC).[40] The study also showed the need for better data collection and reporting to produce a more accurate picture, reflecting key influencing factors such as the type of migration, time of migration and policies towards promoting health in the host countries.

Accurate data that is scientifically valid and comparable is key in providing an accurate overview of this complex and changing landscape. It is also essential for streamlining evidence-based migration and health policies. Data is especially lacking for vulnerable groups such as irregular migrants and on a disaggregated basis (by sex, age, and migration status).

Factors such as strenuous conditions during travel, violence, overcrowding in detention centres and camps, are important drivers of migrants' health problems "on the road", and at their places of destination.[41] By accommodating migrants in areas of existing deprivation, migrants' health will suffer. The picture is also different according to whether one refers to communicable or non-communicable diseases – including mental health. All aspects of physical, mental and

37 World Health Organization, Regional Office for Europe (2018), op. cit., p. 10, and Abubakar et al., op. cit., p. 2609-2610.

38 See Hummer, Robert A., et al. "Paradox found (again): Infant mortality among the Mexican-origin population in the United States." Demography 44.3 (2007): 441-457 and Racape, Judith, et al. "Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socioeconomic status." *BMC pregnancy and childbirth* 16.1 (2016): 75.

39 Abubakar et al., op. cit., pp. 2632-2633.

40 Aldridge, Robert W., et al. "Global patterns of mortality in international migrants: a systematic review and meta-analysis." *The Lancet* 392.10164 (2018): 2553-2566.

41 Greenaway, Christina, and Francesco Castelli, op. cit., p. 2.

nutritional health must be considered. In addition, specific problems of paediatric and obstetric care pose specific and often urgent challenges.

Accurate data that is scientifically valid and comparable is key in providing an accurate overview of this complex and changing landscape. It is also essential for streamlining evidence-based migration and health policies. Data is especially lacking for vulnerable groups such as irregular migrants and on a disaggregated basis (by sex, age, and migration status).[42] The collection, storage and use of health data from migrants is essential in order to design evidence-based policies. However, this is a sensitive issue, and due protection of personal data is needed to protect vulnerable populations and to contribute to fostering trust and to help data collection, sharing and analysis.

Recommendation 5: more scientifically validated data and frequent updates on migrant health should be produced and reflected in evidence-based policies

Larger and more frequently updated datasets should be produced to better understand the health of migrants and the effect that other socio-economic determinants of health such as education might have. The collection, storage and use of health data about migrants should be facilitated while guaranteeing due protection of personal data of individuals and vulnerable populations.

42 World Health Organization, Regional Office for Europe (2018), op. cit., p. 57.

The health information of migrants is often lost during the migration process

The process of migration is often complex and long. Migrants often move from one country to another and possibly on to others, and their personal health information often becomes unavailable or is lost during these changes. Preserving this information is important for receiving effective healthcare and for the overall improvement of healthcare service provisions through the use of already collected information. For example, the vaccination history of children is crucial to retain and update. The integration of migrants' health data within existing national health information systems is also important to provide public health systems and policy makers with an accurate and complete rather than a fragmented picture.[43]

43 Abubakar et al., op. cit., p. 2631.

Recommendation 6: national health systems should allow for personal health information to be easily transportable and accessible while ensuring the protection of personal data

Personal health information of migrants should be easily transportable and accessible in agreement with existing regulations concerning the protection of personal data. Health information systems should be adapted as to facilitate the transportation of data, ensure the protection of its confidentiality and allow for the integration of migrants' data on existing health information systems rather than creating separate systems.

Non-communicable diseases are imposing a high burden among migrant groups

Non-communicable diseases – and especially mental health — pose particular problems to migrants, especially to women, small children, adolescents, unaccompanied minors and other vulnerable groups.[44] Forced migrants may be particularly exposed to risk factors for mental health conditions, such as exposure to violence, traumatic events or detention.[45] Migration, along with other socio-economic factors, should be thoroughly considered as a core determinant of health and well-being.[46]

Recommendation 7: the provision of healthcare services to address non-communicable diseases, including mental health of migrants at risk should be reinforced

More emphasis should be given to the provision of non-communicable diseases, including mental healthcare services for migrants at risk, such as forced migrants exposed to violence, traumatic events or detention. More research is also needed to better understand the needs and address the problems in these areas.

44 See for instance, Hvidtfeldt, Camilla, Jørgen Holm Petersen, and Marie Norredam. "Prolonged periods of waiting for an asylum decision and the risk of psychiatric diagnoses: a 22-year longitudinal cohort study from Denmark." *International journal of epidemiology* (2019), and Priebe, Stefan, Domenico Giacco, and Rawda El-Nagib. Public health aspects of mental health among migrants and refugees: a review of the evidence on mental healthcare for refugees, asylum seekers and irregular migrants in the WHO European Region. Copenhagen: WHO Regional Office for Europe, Health Evidence Network (HEN) Synthesis Report 47 (2016).

45 Abubakar et al., op. cit., p. 2636-2637.

46 F El-Khoury, K Marr, M Melchior, M Héron, EquipeBaromètre Santé 2017, Verbal victimisation and mental health of sexual minority adults in France, *European Journal of Public Health*, Volume 29, Issue Supplement 4, November 2019.

Migration and climate change are interlinked and should be addressed with a multi-sectoral and holistic approach

People are on the move all over the world for different reasons. While the current number of migrants arriving into the EU is likely to have been overestimated,[47] climate change, and conflicts (which may also be related to each other) could lead to a significant increase in the future.[48] As mentioned within the EU Green Deal, climate change is an important "source of conflict, food insecurity, population displacement and forced migration".[49] The EU Commission has suggested that such policy implications "should become an integral part of the EU's thinking and action on external issues, including in the context of the Common Security and Defence Policy".

47 See footnote 13 above, and accompanying text.

48 Watts, Nick, et al. "Health and climate change: policy responses to protect public health." *The Lancet* 386.10006 (2015): 1861-1914.

49 https://ec.europa.eu/commission/sites/beta-political/files/political-guidelines-next-commission_en.pdf

Recommendation 8: a multi-sectoral and holistic approach should be used to address global challenges such as climate change, conflict resolution and migration and health

Complex issues such as climate change, conflict resolution and migrants' health should be addressed with a multi-sectoral and holistic approach, including in the framework of the ambitious plan for an EU Green Deal. The health sector should be actively involved in the design and implementation of policies in these broad and interlinked areas.

NGO's, Universities and Academies can help clarify issues and steer wide and inclusive debates on migration and health

Multi-stakeholder collaboration is key in addressing migration and health challenges. Public health authorities need to work with NGOs, universities, law enforcement authorities and many other sectors, including Academies, in order to tackle the complex landscape of migration and health. For instance, by working in the field, NGOs are better placed to understand and represent the voices of vulnerable and underrepresented populations (including migrants and refugees).[50] Universities have contributed to a wide debate on migration and health, for instance through the M8 Alliance's Expert Meeting on Migrants' and Refugees' Health.[51] With their interdisciplinary reach, Academies can similarly contribute to fostering a broad dialogue with multiple sectors, and to leading reviews and analyses that can shed light and help address these critical issues with evidence and scientific data.[52]

Recommendation 9: multi-stakeholder and inclusive collaboration is needed to address migration and health challenges

Public health authorities should work cooperatively with NGOs, universities, law enforcement authorities and many other sectors to tackle such a complex landscape. NGOs should be protected against the dilemma they are confronted with: either providing care to undocumented migrants while acting against legal and financial regulations of the host country, or not providing care to some categories of migrants, while violating human rights and excluding the most vulnerable from healthcare services. The voices of migrants should also be better incorporated in debates and key decisions about their own health. As independent voices, Academies should contribute to fostering a broad and evidence-based dialogue with multiple stakeholders.

FEAM and ALLEA have been collaborating

50 Spoel, Estelle, et al. "Migrants' social determinants of health: living conditions, violence exposure, access to healthcare: Estelle Spoel." *European Journal of Public Health* 29. Supplement_4 (2019): 186-034.

51 Bempong, Nefti-Eboni, et al. "Critical reflections, challenges and solutions for migrant and refugee health: 2nd M8 Alliance Expert Meeting." (2019): 3.

52 Summary Report of the Migration, Health and Medicine Conference, Brussels, 22 November 2019, available at: https://www.feam.eu/wp-content/uploads/Migration-Health-and-Medicine-Conference-Summary-Report.pdf

About the Federation of European Academies of Medicine (FEAM)

FEAM is the umbrella group of Academies of Medicine, Medical Sections of Academies of Sciences, Academies of Veterinarian Sciences and Academies of Pharmaceutical Sciences. FEAM promotes cooperation between national Academies and provides a platform to formulate their collective voice on matters concerning medicine, health and biomedical research with a European dimension. Its mission is to extend to the European authorities the advisory role that national Academies exercise in their own countries on those matters.

www.feam.eu

About ALLEA

ALLEA is the European Federation of Academies of Sciences and Humanities, representing more than 50 academies from over 40 EU and non-EU countries. Since its foundation in 1994, ALLEA speaks out on behalf of its members on the European and international stages, promotes science as a global public good, and facilitates scientific collaboration across borders and disciplines. Jointly with its members, ALLEA seeks to improve the conditions for research, to provide the best independent and interdisciplinary science advice available, and to strengthen the role of science in society. In doing so, ALLEA channels the expertise of European academies for the benefit of the research community, decision-makers and the public.

www.allea.org

Previous work by FEAM and ALLEA on Migration and Health

on a number of initiatives, including following events to discuss migration, health and health inequalities:

• Conference on Migration, Health and Medicine, Brussels, 22 November 2019 hosted by the Royal Belgian Academy of Medicine in collaboration with the French Academy of Medicine

• Bicentennial Symposium organised by the French Academy of Medicine with various partners, including FEAM and ALLEA, Paris, 22 January 2020.[53]

• Previous work by some member academies of FEAM and ALLEA:

- UK Academy of Medical Sciences (2016). Forced migrant health: priorities for health research A report of a roundtable meeting held by the Academy of Medical Sciences on 15 June 2016, https://acmedsci.ac.uk/file-download/41617-58380e78803c7.pdf

- The German National Academy of Sciences - Leopoldina (2015). *Joint statement concerning healthcare for asylum seekers*, https://www.leopoldina.org/en/publications/detailview/publication/zur-gesundheitsversorgung-von-asylsuchenden-2015/

Other related work: Health Inequalities project

FEAM and ALLEA are working with the Royal Netherlands Academy of Arts and Sciences (KNAW) on a multi-disciplinary project[54] aimed at reviewing existing evidence-base in the area of health inequalities and striking a balance between the research findings of different disciplines. A cross-disciplinary Scientific Committee comprising experts of FEAM and ALLEA academies is overseeing this project.

53 https://www.feam.eu/?post_type=events&p=1993

54 https://allea.org/health-inequalities/

Rue d'Egmont, 13
1000 Brussels | Belgium
+32 (0)2 793 02 50
E-mail: info@feam.eu
Twitter: @FedEuroAcadMed
www.feam.eu

Jaegerstrasse, 22/23
10117 Berlin | Germany
+49 (0)30-3259873-72
E-mail: secretariat@allea.org
Twitter: @ALLEA_academies
www.allea.org