Regional Migration: ‘Challenges and opportunities’

Dr. Apostolos Veizis
Director of the Medical Support Unit
apostolos.veizis@athens.msf.org

WHO definition of Health

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- The correct bibliographic citation for the definition is: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

Public health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO)
Life, health and human dignity at risk

Mixed migration routes to the EU: orchestrated humanitarian crisis

- When one is closed another one opens...
- More and more refugee profiles
- More and more women and children
- Violence and loss of human dignity
- People pushed-back and stranded
- People dying on the way

Dignity, safety, and respect for the basic rights that all people have are enshrined in international humanitarian, human rights and refugee law...

The needs...

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Migration to EU: 5 persistent challenges and fundamental right concerns

1. Strict border management
2. Inadequate living conditions in reception centres
3. Restrictive asylum procedures
4. Leaving unaccompanied children vulnerable
5. Immigration detention

ECDC field visit report, 2011

"The main problem is the increased risk for communicable diseases in the detention centers, mainly linked to severe overcrowding, lack of hygiene, lack of basic supplies (e.g. blankets, shoes, soap, etc.), lack of the possibility for outdoor activities and the long duration of detention. The conditions in the centers are below the internationally accepted minimum standards in all visited detention centers. It is well documented that overcrowding increases the risk for communicable diseases spread, such as tuberculosis, diarrhea, upper respiratory infections, etc." European Center for Disease Control, 2012.
Challenges

- Multiple actors: Coordination - collaboration
- Cultural mediation:
  - Many languages
  - Not enough
- Patients on the move / stranded
  - Quality care
  - Follow-up – continuity of care

- Increased vulnerability
- Multiple traumatic life-events
- Physical & Mental health needs – chronic diseases
- Transit population: difficult to follow-up – continuity of care

This report shows that providing regular preventive care, as opposed to providing only emergency care, is cost-saving for healthcare systems. Even when using a simple model to estimate costs, the implications are clear: treating a condition only when it becomes an emergency not only endangers the health of a patient, but also results in a greater economic burden to healthcare systems.

The hypertension model was also applied to other time periods. When the costs were calculated for a period of five years and then over a lifetime, the cost-savings of providing regular access to care over emergency treatment increased.

Over a period of five years, the cost-savings increased between 12% and 13%. The cost-savings over a lifetime were even higher, about 16%.
• EU Charter of Fundamental Rights
  Human dignity is inviolable. It must be respected and protected

Recommendations
At transit and destination countries in EUROPE:
- Authorities need to assume their humanitarian and legal responsibility & take action:
  - Safety – living conditions – early vulnerability screening
  - Free, easy access to healthcare (physical/MH care)
    - Preventive (screening, perinatal, vaccinations)
    - Curative (acute/chronic)
    - Cultural mediation
- Innovative ways for continuity of care & follow-up

Research priorities
- Analysis of the data of the medical structures/NGOs/actors on arrival
- Analysis of the data of the medical structures/NGOs/actors in transit
- Analysis of the data of the medical structures/NGOs/actors final destination
- Why no medical services/resources provided proactively by the authorities VS police/military resources