

# EU Health Policy Platform

## Call to Action on Migration and Health

November 2017



This Call to Action is the result of a process of dialogue with European health stakeholders, as part of the EU Health Policy Platform’s thematic network on ‘migration and health’. It articulates the shared vision and expectations of health stakeholders representing diverse perspectives and across various sectors.<sup>1</sup>

<sup>1</sup> This Call to Action draws on key elements defined in a Framing Document, available [here](#)\*, which sets out in more detail the intersections between migration and health, and systemic factors affecting migrant and ethnic minority health.

We, the undersigned:

- Consider that **everyone has the right to health**, regardless of their migration status or background, and therefore that all migrants and ethnic minorities in Europe have the right to equally access essential preventive and curative care, including mental health services, without discrimination.
- Consider that the European Union has an obligation, as a matter of **primary EU law**, to ensure a high level of human health protection in the definition and implementation of all its policies and activities ("**health in all policies**"), consistent with its founding values of human dignity, equality, and respect for human rights, including the rights of persons belonging to minorities.
- Consider that, per "health in all policies", the EU's health-related responsibilities extend to **determinants of health** influenced by the Commission's work and activities across all relevant areas, and therefore that policies must be informed by consideration of their health-related impact, including specifically with respect to their impact on the physical and mental health of migrants and ethnic minorities; and therefore that, while DG SANTE has primary responsibility for matters relating to health care services and public health, **all DGs share responsibility for the EU's health-related obligations**
- Consider that within migrant populations **some individuals and groups have expanded rights to health services** based on international human rights treaties and conventions to ensure non-discrimination and reparation for violations such as torture, sexual and gender-based violence and other forms of ill-treatment; and that victims torture survivors, in particular, suffer from chronic physical pain and psychological problems such as post-traumatic stress and depression years after their abuse and that prompt identification and provisions of appropriate health services is essential to their quality of life and effective enjoyment of a broad range of other civil, political, economic, social and cultural rights.
- Consider that there is **ample evidence of the disparate health status** of migrants and ethnic minorities in Europe, and that this is attributable to failures in health service delivery and their inability to equally access health systems, as well as the impact of social determinants, which include multiple and intersecting forms of discrimination, both individual and institutional.
- Emphasize the need for the Commission to adopt a **broader conception of migration**, which recognizes **migration as a natural and permanent feature of Europe's social landscape**; and devote adequate attention to the situation of the migrants and their dependents residing in Europe, recognizing that in 2015-2016, at the height of the increase in irregular entries, the majority of newcomers were regular migrants coming to Europe for reasons of work, study or family, and that even today the majority of people with irregular status in Europe initially enter Europe as regular migrants.
- Note that a sudden change in demand for health services by migrants, due to a rapid increase in the number of newcomers, has been experienced by a very small number of countries and does not characterize the experience of **most member states**, which **have long experience providing services to migrants**.

- Are persuaded that the Commission must **reorient its work with member states** on health inequalities towards **influencing their policies to obtain structural change**, using the full complement of non-coercive measures (such as technical advice and guidance, and support for good practice), rather than mainly working to compensate for deficiencies in national health systems through low-level interventions.
- Consider that the Commission has a critical role to play in **denouncing and actively countering damaging narratives and pervasive stereotypes** that fuel discriminatory policies and practices; and in ensuring that research and policies on social determinants address the reality and impact of discrimination on health.
- Consider that an important ongoing challenge is promoting the involvement of **migrants as active participants in health service provision**, and ensuring services are culturally acceptable, adapted and appropriate; and that the Commission can play a valuable role in supporting research, policy and practice on how to achieve this.
- Recall that the EU and EU member states have repeatedly affirmed the right to health and their **commitment to ending inequality and social exclusion**, including through international fora and via the actions of intergovernmental bodies such as the United Nations and its agencies, and frameworks such as the **Sustainable Development Goals**.
- Underscore the importance of all EU policies being driven by data and evidence; and therefore the necessity of **sustained, adequate funding on the health status of migrants and ethnic minorities and their determinants of health**, which can appropriately inform policy making; as well as increased efforts to translate existing evidence into sustainable practice and policy.

We therefore recommend the following priority actions:

## 1. ADOPT A BROADER CONCEPTION OF MIGRATION AND HEALTH

- (a) The EU, and in particular DG SANTE, should **recalibrate its approach to migration and health** to ensure adequate and sustained attention to health status and needs of recent as well as **longstanding migrants and their dependents**, which includes attention to chronic and non-communicable diseases, in all EU legislative and non-legislative instruments.
- (b) The Commission should provide **continued funding and support** for NGOs, especially those working at grass-roots level and in outreach. It should also support the exchange of knowledge and practices between Member States and ensure better coordinated action to ensure the provision of **sustainable, accessible, affordable, adequate and appropriate care for all migrants** across the EU, including in collaboration with WHO, IOM and other relevant international organisations.
- (c) DG SANTE should **revise its categorical approach to migrant and ethnic minority health**, which is broadly framed through the lens of “vulnerability,” and move toward one that recognises diversity within groups, as well as personal autonomy and resilience. At the same time, DG SANTE should continue to recognise the existence of specific rights, needs or vulnerabilities of certain individuals given their specific status, situation and experience such as for victims of

torture, women, children, LGBTI persons and people with disability, etc, and ensure that health services appropriately address these.

## 2. ENSURE IMPLEMENTATION OF A ROBUST “HEALTH IN ALL POLICY”

- (a) DG SANTE should **undertake an analysis, and do ongoing monitoring, of the impact on migrants’ health** of Commission policies across other areas of the Commission’s work, internally (esp. DG HOME and DG EMPL), and externally (esp. EU External Action Service, DG DEVCO); and **should take a coordinating role** in ensuring that the “health in all policy” is integrated across all relevant DGs, as well as initiatives to measure and mitigate social determinants.
- (b) DG SANTE should take a **clear position in favour of right to mental and physical health for all, irrespective of residence status**, further to recommendations on access to health services for all migrants irrespective of status produced with support from the European Commission as the foundation for all Commission health-related policies and guidelines.
- (c) Consistent with Sustainable Development Goal 3.8, and the *EC COM(2016) 739 Next steps for a sustainable European future*, the Commission should develop a **shared strategy for sustainable investment in health**, and a **holistic approach** to health and access of social and health services for all, irrespective of status.
- (d) Efforts should be made to make **better, more complementary use of available EU funds**, and to support Ministries of Health and Social welfare to enable the use of European Structural and Investment Funds (ESIF), to improve infrastructure and training for practitioners and interpreters, including people from migrant and refugee communities; and introduction of an obligation for Asylum, Migration and Integration Fund (**AMIF**) **funding** to systematically include activities on **migrants’ mental and physical health** and specific responses to the rights and needs of vulnerable groups such as torture victims, women, children, LGBTI and persons with disabilities in both Union actions/emergency assistance and national programmes.
- (e) The **Pillar of Social Rights** should be updated to **integrate social rights and standards related to human mobility and migration**, and the rights of migrants, irrespective of residence status, consistent with EU acquis and with human rights.
- (f) Building on existing expert recommendations developed through Commission funding, DG SANTE should step up efforts to create clear **guidelines**, and **good practice** for the health workforce on:
  - 1) working in **intercultural settings**;
  - 2) working with **interpreters** and **cultural mediators**;
  - 3) **specific health issues** that are particularly relevant to migrants (such as issues particularly relevant to people who experienced torture or violence, or female genital mutilation; and women, such as sexual and reproductive health services);
  - 4) obstacles to care for migrants; and
  - 5) identification of mental distress and diagnosis.

This should include guidance about ensuring that interpreters/mediators do not harbour views that would impede their ability to conduct their work appropriately and confidentially; and be

accompanied by continued project funding for the implementation of training for health professionals across all disciplines.

- (g) Promote the adoption and implementation of **migrant health-related rights, considerations and indicators** in the **Global Compact on Migration**, including by supporting the WHO Proposed Health Component, developed in cooperation with ILO, OHCHR, UNFPA, UNAIDS, and the World Bank.
- (h) EASO should support member states to establish effective **mechanisms to identify victims of torture, sexual and gender-based violence** and other forms of ill-treatment among asylum seekers and refugees through a combination of initial screenings of all asylum seekers for trauma and coordinate with DG SANTE and health sector actors to ensure clinical assessments by health professionals adequately experienced and trained.

### 3. SPECIFIC AND FOCUSED INITIATIVES ADDRESSING DISCRIMINATION AS A HEALTH DETERMINANT

- (a) The Commission's work, across all relevant DGs, should **systematically and comprehensively address discrimination as a determinant for health** for migrants and ethnic minorities, through an intersectional perspective that considers factors such as migration status, disability, ethnicity, age, sex, gender identity, sexual orientation, among others.
- (b) DG SANTE and DG RTD should **fund research on the specific impact of stigmatisation and discrimination** experienced by migrants on their access to health and general health status; and efforts to implement policies and practices aimed at overcoming stigma and discrimination. Research should also address the impact of criminalisation (e.g., of irregular status, of sex work, of the use of drugs, etc.) on migrants' access to preventive and curative care and other forms of social support.
- (c) All EU institutions in their publications and in external representation should **end use of the term "illegal"** to refer to any person or form of migration; and (following the example of DG JUST in the area of hate speech) take steps to actively counter hostile narratives against migrants and ethnic minorities, including in the media and online fora, in collaboration with migrant and anti-discrimination organisations as well as the private sector.
- (d) DG JUST should integrate migrants and ethnic minorities into its work on hate crimes and hate speech from an intersectional perspective, and investigate ways that the EU's **non-discrimination legislation** presents novel avenues for combating forms of direct and indirect discrimination, including in the **health sphere**.

### 4. TAKE CONCRETE STEPS TO MITIGATE HEALTH-RELATED EFFECTS OF IMMIGRATION CONTROL

- (a) DG HOME should integrate an **explicit family-perspective into migration policy**, consistent with respect for family life, which applies across every aspect of the migration process, to minimise trauma and prioritise maintaining the integrity of families, where the definition of "family" is

broad and inclusive, and not limited to male-female partnership with children. Official documentation of unions should not be a prerequisite for being considered “family”.

- (b) DG HOME should adopt a **clear policy against placing children in institutional settings, in particular any form of immigration detention of children (and their families)** and other persons facing particular vulnerabilities (including those related to physical or mental health), consistent with evidence that institutionalisation and detention even for the shortest time in “child-friendly centres” is associated with profound, negative impact on children health and psychosocial development, and is never in a child’s best interest; and support states in the development of effective, humane **alternatives to detention** within the community, with proper case management support focused on engagement and case resolution for all migrants.
- (c) DG HOME should promote and coordinate with DG SANTE, the **highest possible standards of protection for social rights**, including access to mental and physical health care across its policies, including in return and border procedures and under the Common European Asylum System; and take all necessary measures to ensure that Member States adequately implement the current directives of the Common European Asylum System (CEAS), especially with regards to vulnerable groups, including by ensuring early access to health care according to rights and needs, including holistic rehabilitation services for torture victims to rebuild their lives, and reception conditions for all asylum seekers. Particular attention should be paid to the impact of the lack of protection for social rights on the mental health of migrants and the promotion of appropriate diagnosis centred around the needs, experiences and recovery of the person.
- (d) Consistent with guidelines by the EU Fundamental Rights Agency and with the protection of fundamental rights, DG HOME should issue clear **guidelines against the apprehension** of migrants by police or immigration authorities **outside health clinics** and other places where migrants attempt to access social services.
- (e) Consistent with EU law on data protection and privacy and established norms of medical ethics, DG SANTE and DG HOME should work with health professional associations, WHO and other relevant bodies, to establish guidelines and to promote good practice among member states on **data protection, confidentiality and privacy** to ensure that any **personal data** obtained from a migrant by health providers, including **regarding residence status, cannot be shared** with any third party **for the purpose of immigration enforcement**.

## 5. MORE AND BETTER DATA ON & ANALYSIS OF MIGRANT AND ETHNIC MINORITY HEALTH

- (a) DG SANTE should explicitly and systematically **integrate migration status and ethnicity into measures of universal health coverage and social determinants**; and integrate indicators (in terms of policy such as those developed for the MIPEX Health Strand) that take account of these factors into existing mechanisms (European Semester, State of Health in the EU, etc.) as part of its efforts to monitor and address health inequalities.
- (b) DG SANTE and DG RTD should **fund and promote interdisciplinary research on access (including updates on legal entitlements) to and delivery of health care**, the quality of mental and physical health care and health status for migrants, from an intersectional perspective (i.e., taking into account age, sex, gender identity, sexual orientation, disability, ethnicity, among

others); and should fund successors to relevant projects such as CLANDESTINO and MEHO (Monitoring the health status of migrants within Europe, 2007-2010).

- (c) DG SANTE and DG RTD should fund initiatives to promulgate and support the implementation of guidelines ensuring that all new arrivals are offered a comprehensive medical exam, essential vaccinations and treatment for physical or psychological conditions requiring attention, including post-traumatic stress.
- (d) The Commission should focus efforts on bridging the gap between research and policy-making by **investing in initiatives aimed at translating evidence into practice and policies**, involving multidisciplinary experts and researchers, NGOs and other relevant stakeholders.
- (e) DG SANTE should actively **support research on strategies to better involve migrants in health service provision** (looking, e.g., at examples of community-level engagement and the provision of peer support), which presuppose their role as active partners in health.

## **6. GREATER FOCUS ON STRUCTURAL, RATHER THAN STOP-GAP, CHANGE TO HEALTH SYSTEMS AND SHORTCOMINGS IN SERVICE DELIVERY**

- (a) DG SANTE should fully exercise the persuasive measures at its disposal (such as technical advice and guidance, and support for good practice) to **promote structural reforms that address health inequalities** faced by migrants and ethnic minorities, and their root causes.
- (b) DG SANTE should encourage and support member states' adoption of strategies to address health inequalities of migrants and ethnic minorities, such as through the creation **national action plans** on migrant and ethnic minority health, and the sharing of good practice.
- (c) Consistent with Sustainable Development Goals 3 and 5, DG SANTE should promote universal access to sexual and reproductive health by **adopting a roadmap on Maternal Health, integrating principles of non-discrimination and universal access**, irrespective of migration status, as well as culturally appropriate care; and explore options to integrate maternal health in the EC Joint Action on Health Inequalities.

**To achieve the above, the undersigned urge DG SANTE to:**

- Convene a meeting of health and migration stakeholders, together with contact persons from other relevant DGs, to identify concrete modalities and a timeframe for achieving priority actions.

Organisations:

AIDS Action Europe (AAE)  
Babaylan-Denmark  
Center for Reproductive Rights  
Council of Occupational Therapists for the European Countries (COTEC)  
End FGM European Network  
EuroHealthNet  
European AIDS Treatment Group (EATG)  
European Brain Council (EBC)  
European Federation of Associations of Family of People with Mental Illness (EUFAMI)  
European Midwives Association (EMA)  
European Patients Forum (EPF)  
European Psychiatric Association (EPA)  
European Public Health Association (EUPHA)  
International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA Europe)  
International Organization for Migration (IOM)  
International Rehabilitation Council for Torture Victims (IRCT)  
Kirkens Bymisjon Oslo - Helsesenteret for papirløse migranter  
Maternity Action (MA)  
MediNetz Würzburg e.V.  
Mental Health Europe (MHE)  
Platform for International Cooperation on Undocumented Migrants (PICUM)  
Standing Committee of European Doctors (CPME)