Selected area
Health inequalities with regard to ethnic minorities and racism

Scope of the proposal
Increasing inequalities - impact of the coronavirus on disadvantaged migrants and ethnic minorities

Relevance, possible synergy with ongoing or planned EU actions on health in the European Union
The COVID-19 pandemic has highlighted numerous health disparities affecting recent migrants and ethnic minorities in European countries, with current knowledge based mainly on findings from some high-income countries. Studies have highlighted that migrants specifically, including more precarious migrants, may have numerous risk factors and vulnerabilities for COVID-19 and may have had high rates of infection and adverse clinical outcomes. Relative poverty, crowded living and working conditions, higher-risk occupations such as healthcare and transport, and fewer opportunities to work from home and access public health messaging, are all thought to have contributed to increased risk. Pre-existing chronic conditions may also disproportionately potentiate the risk of severe COVID-19 among some ethnic minorities.

As well as directly related negative medical outcomes, a wide variety of other health and social impacts of the pandemic have been documented. These include the exacerbation of existing inequities in accessing healthcare services, increased lockdown periods for migrants living in camp and reception/detention settings, and increased job and income losses in migrants working in insecure employment. Undocumented migrants, refugees and asylum seekers are particularly vulnerable. Multiple outbreaks in camps, detention centres, and reception centres housing migrants, have been reported where overcrowding and lockdowns may have increased their risk of exposure. Evidence suggests that some at-risk migrant groups in European countries may have been excluded from the national response. Public health guidance in many countries was not initially tailored to the needs of migrant and ethnic minority groups, and language and cultural barriers may have meant some could not access guidelines and messaging. In a rapid review of communications targeting migrant populations across 47 Council of Europe Member States, no government had produced risk communications on disease prevention targeting people in refugee camps or informal settlements.

All in all, it is now well documented that health inequalities have been widened by the COVID-19 crisis due to the exacerbation of pre-existing structural factors in migration contexts. What we are observing is the domino effect of differential exposure that leads to differential vulnerability and differential outcomes.

This thematic network will complement to the new EU Anti-Racism Action Plan, EU Pact on Migration and Asylum, by including the public health dimension. It will also be in line with and support the COVID-19 mantra of the European Commission: ‘No one is safe until everyone is safe’. In addition, it will follow up on recommendations from the EU funded project JAHEE. The general objective of JAHEE is to improve health and well-being of European citizens and achieve greater equity in health outcomes across all groups in society in all participants’ countries and in Europe at large. JAHEE also includes a specific focus on both vulnerable groups and migrants. As the EU is also funding Vaccine Inequities we hope to approach inequities from a broader
thematic perspective. We plan to use COVID-19 related lessons learned to create a platform on health inequalities for preventative healthcare, infection, vaccination etc.

Objectives, means to achieve them

This proposed thematic network will facilitate the writing of a joint statement on the topic with partners from the EU Health Policy Platform. Our objective is to inform the Commission on lessons learned from COVID-19 and how to address increasing inequalities, in order to ensure that migrants and ethnic minorities will not be left behind in the midst of a future health crisis.

The EUPHA-MIG section has over 1’600 members, a steering committee and thematic working groups so we will draw upon those as well as partners from JAHEE, CHAIN and we also intend to encourage and support public health across EU countries to work together in order to benefit from current evidence on challenges and solutions.

EUPHA-MIG and its partners will draw upon the series of webinars on COVID-19, migrants and ethnic minority health previously conducted by (GSMERH, World Health Summit, Lancet Migration).

With the thematic network members, we will build on the summaries from these webinars and other evidence to identify the key lessons learnt and draft recommendations for action. The recommendations will then be circulated through our networks for further comments from and a final agreement on the recommendations will be achieved through Delphi methods from European experts and key stakeholders (to be delivered to the Health Policy Platform by 2022).

Leading organisation

European Public Health Association (EUPHA) through its Migrant and Ethnic Minority Health section (EUPHA-MIG); Bernadette N Kumar, Section President, Charles Agyemang, Vice-President, Steering Committee Members

Possible network and partners involved

Prof. Terje Andreas Eikemo – Head of CHAIN, Centre for Global Health Inequalities Research; Prof. Esperanza Diaz Head – Director of the Pandemic Center, University of Bergen, Prof. Allan Krasnik - University of Copenhagen, Dr. Sally Hargreaves (St. Georges/ECDC), Alyna Smith - PICUM, Prof. Laurence Gruer - Global Society on Migration, Ethnicity, Race and Health, Luis Andrés Gimeno-Feliu MD, PhD - EpiChron Research Group on Chronic Diseases, Aragón Health Sciences Institute (IACS), IIS Aragón, Miguel Servet University Hospital, Zaragoza, Spain, Charlott Nordstrom - JAHEE WP7 Coordinator.

Contact person and details

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The European Public Health Association (EUPHA) is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20’000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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This activity received co-funding under an operating grant from the European Union’s Health Programme (2014-2020).