

# Responding to the health needs of migrants in Europe

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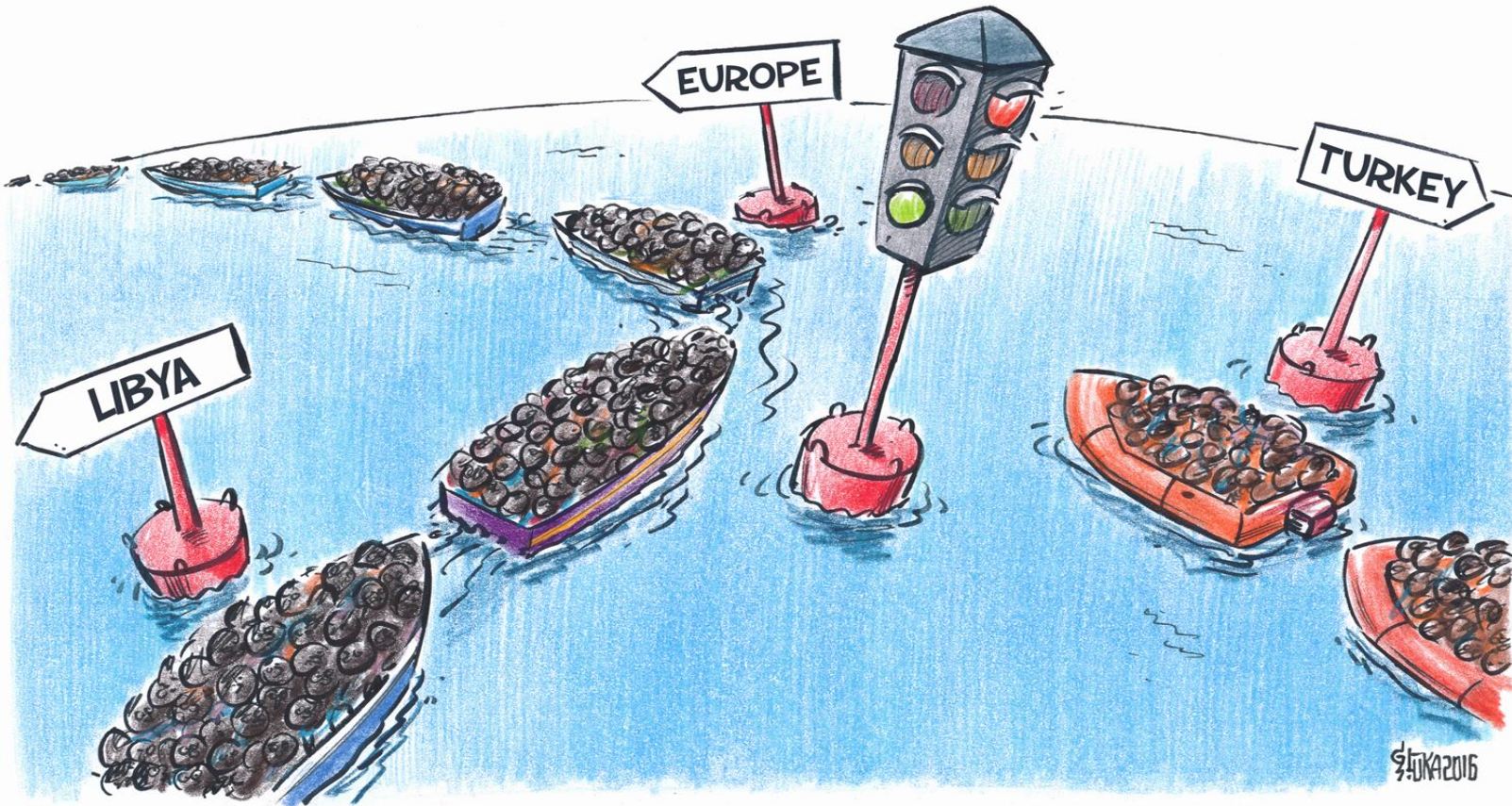


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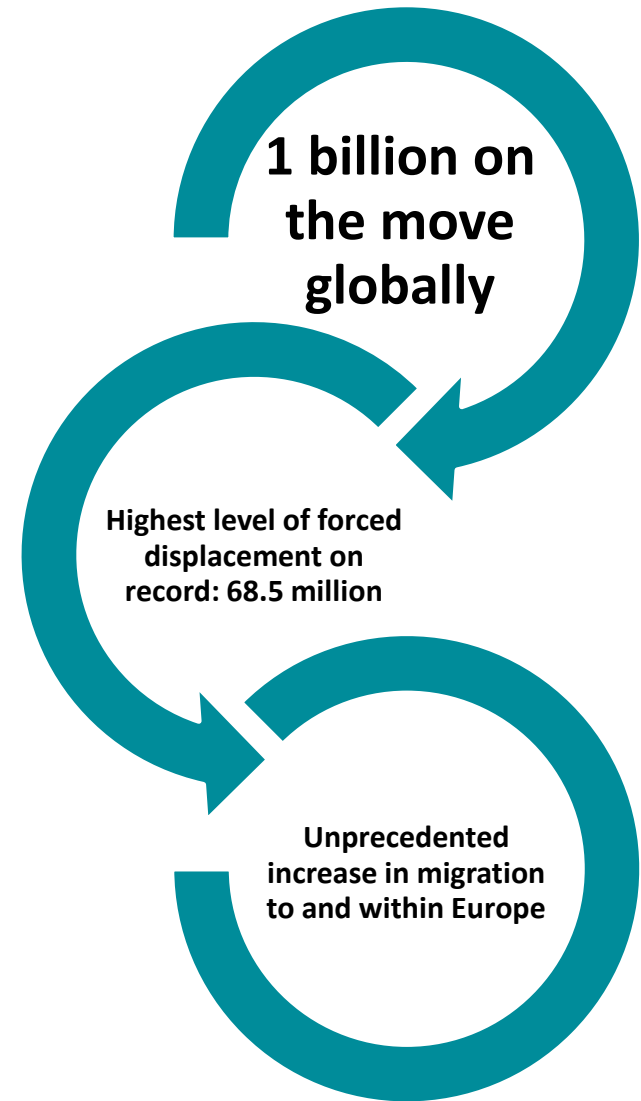






**“..Migration is a defining issue of our generation. How the world addresses human mobility will determine public health and social cohesion for decades ahead.”**

*Commission Chair, UCL-Lancet Commission on Migration and Health, 2018*







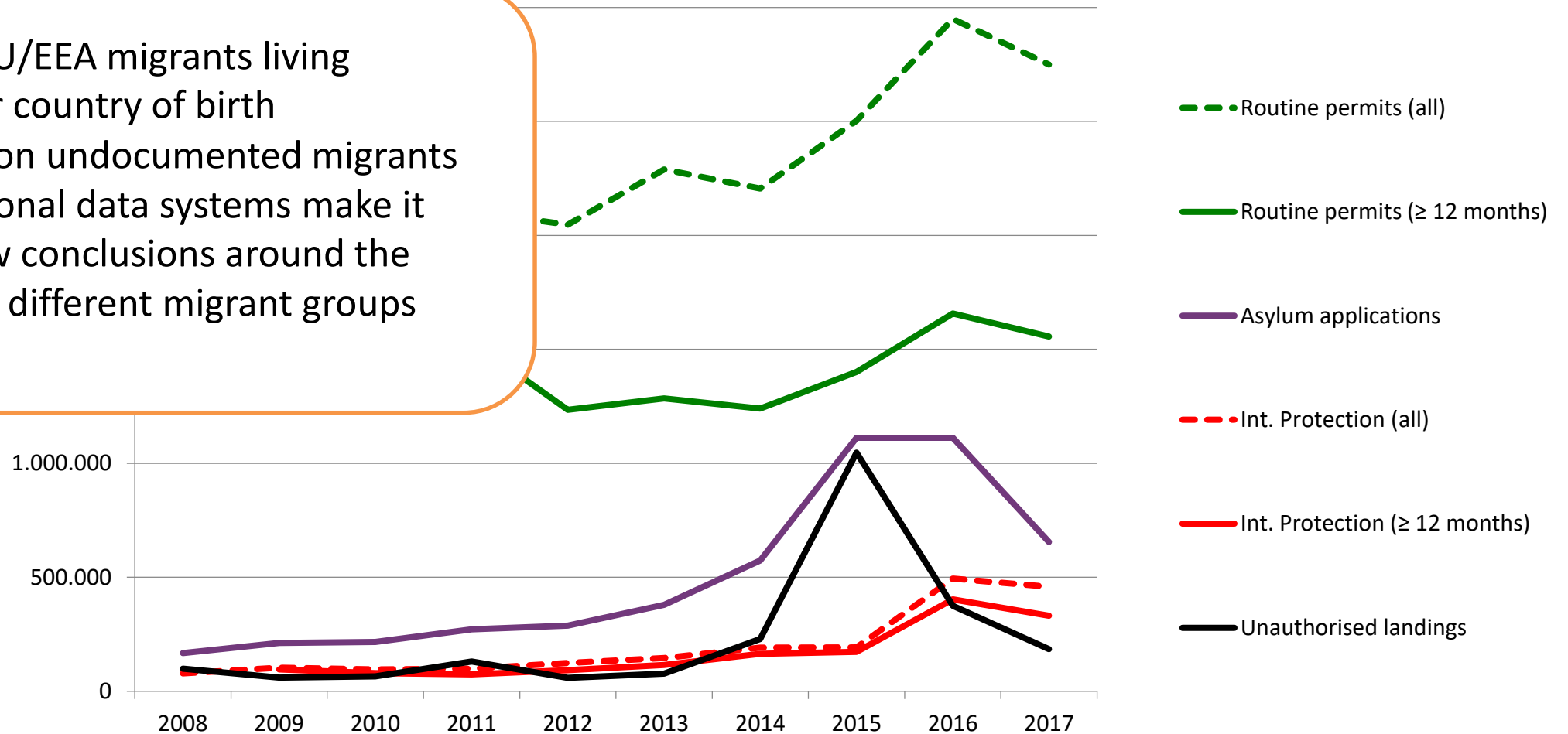
**“I struggle to find the right words because none can convey the sheer misery and inhumanity of a situation that in Europe is frankly unbelievable.”**

**Anne McCann MSF, 2019**



## Annual immigration to Europe, 2008-2017

- 35 million EU/EEA migrants living outside of their country of birth
- 3.9-4.8 million undocumented migrants
- Gaps in national data systems make it difficult to draw conclusions around the health of these different migrant groups





## ■ Annual

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- 3.9-4.8 m
- Gaps in national systems make conclusions of range of mig

An overwhelming consensus of evidence exists to support the positive economic benefits of migration.

Migrants constitute a substantial proportion of the health care workforce in many European countries.

Approximately US\$450 billion in remittances sent back home to LMICs in 2017 — an amount more than three-times larger than official development assistance (The World Bank Group).

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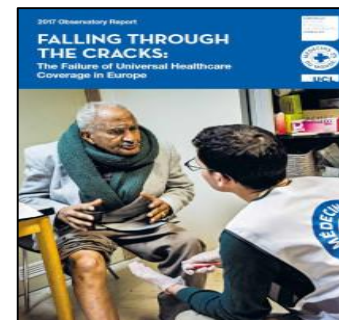
uthorised landings

## ■ Mainstream health systems in Europe have restricted access to migrants

**“The global agenda is unequivocal: WHO and the UN urge all governments to provide universal health coverage”**

Medecins du Monde, 2017

- Thousands of migrants across Europe have access to emergency healthcare only, are being deterred from seeking health care, or charged fees
- Study of migrants presenting to Medecins du Monde clinics across Europe
  - 55% had no health-care coverage
  - 18% had coverage for A&E only



2030 Sustainable Development Goal 3.8:  
“Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all”

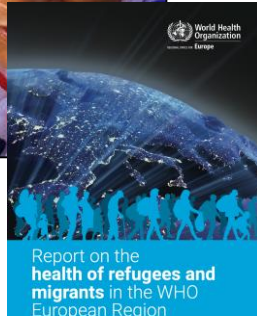
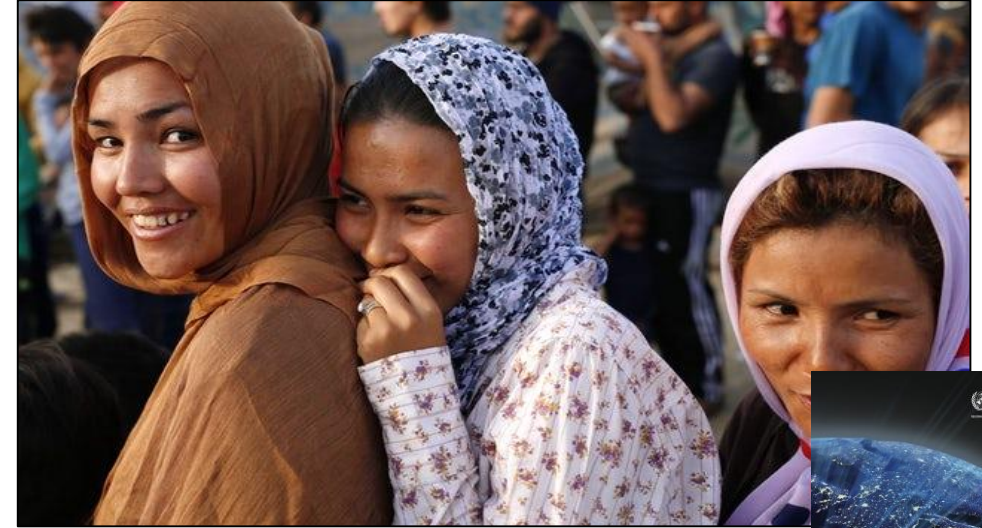
# Increased international and regional dialogue around the *health* of migrants



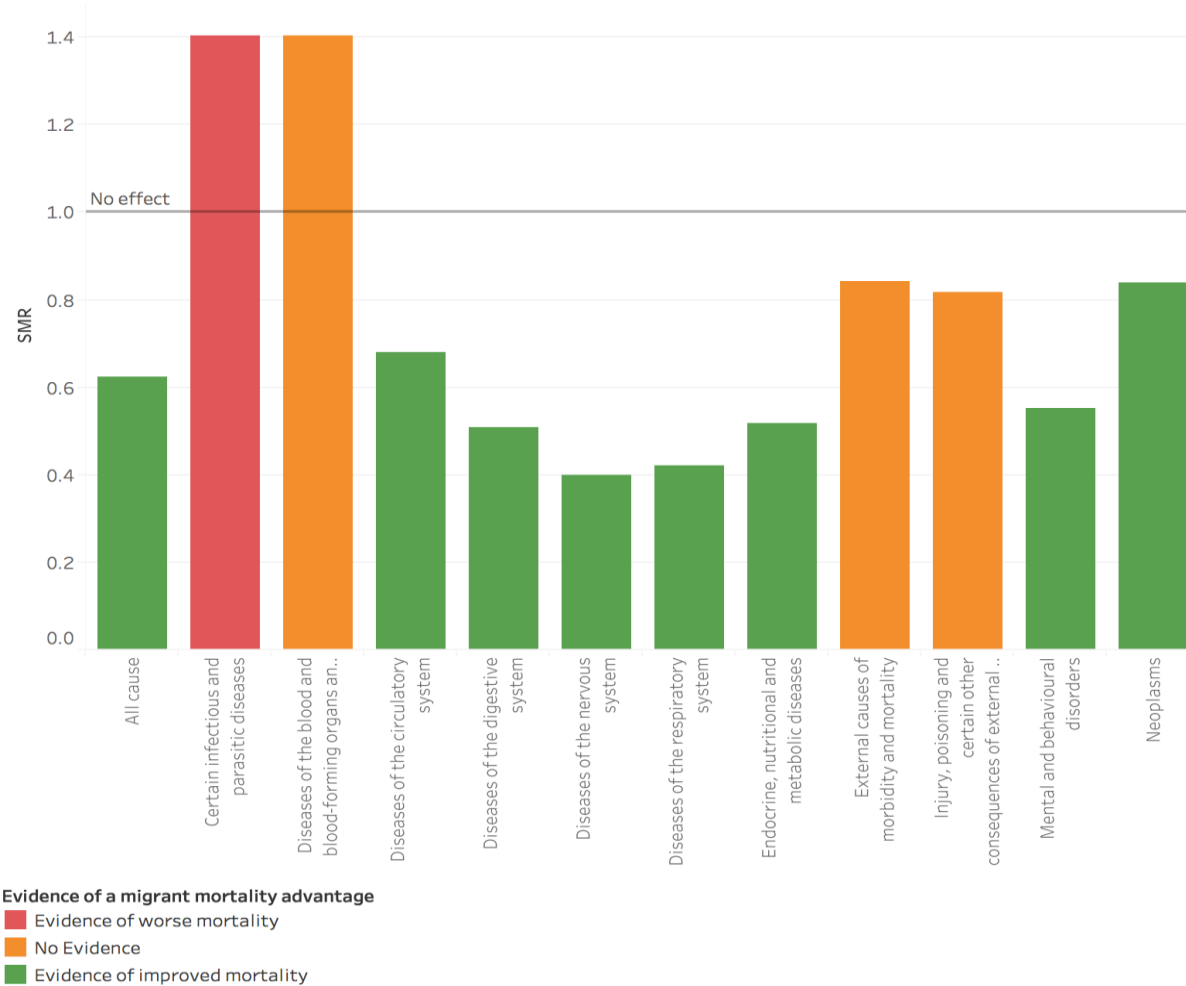
In May 2019 (72<sup>nd</sup> World Health Assembly), WHO Member States prioritised a global action plan (2019-2023) to “promote the health of refugees and migrants and universal health coverage...asserting health as an essential component of refugee assistance”

## Six priorities for governments:

1. Promote the health of refugees and migrants
2. Promote continuity and quality of essential health care
3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas
4. Accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage
5. Strengthen health monitoring and information systems
6. Improve evidence-based health communication; counter misperceptions about migrant and refugee health



# What are the health needs of migrants in Europe?



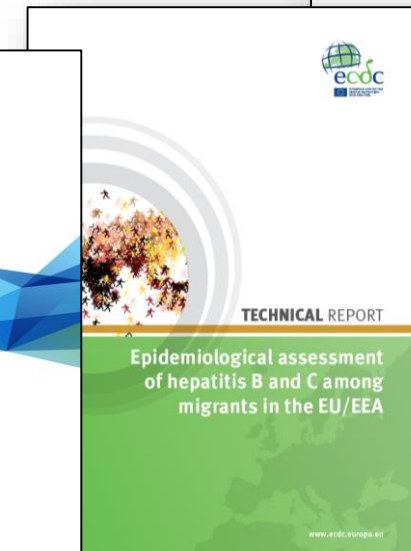
“...our study showed that international migrants to high-income countries have a mortality advantage compared with the general population, and this advantage persisted across the majority of ICD-10 disease categories...with the exception of infectious diseases”



## ■ Migration and infection in the EU

“...Migration is undoubtedly influencing the epidemiology of certain infectious diseases in the EU/EEA...migrants in Europe face a disproportionate burden of TB, HIV, and hepatitis”  
*ECDC 2018*

- >30% of all TB diagnoses in any given year
- >25% of hepatitis B and C diagnoses in the EU
- >40% of all HIV diagnoses in the EU
- Linked to the higher burden of disease in their countries of origin but exacerbated by barriers to care they face on arrival



# EU/EEA TB: steady decline, but increasing in migrants

## Governance

- Commitment to cross-border TB control and care within and between EU and non-EU countries
- Ensure availability of funding
- Live list of TB service providers

## Service delivery

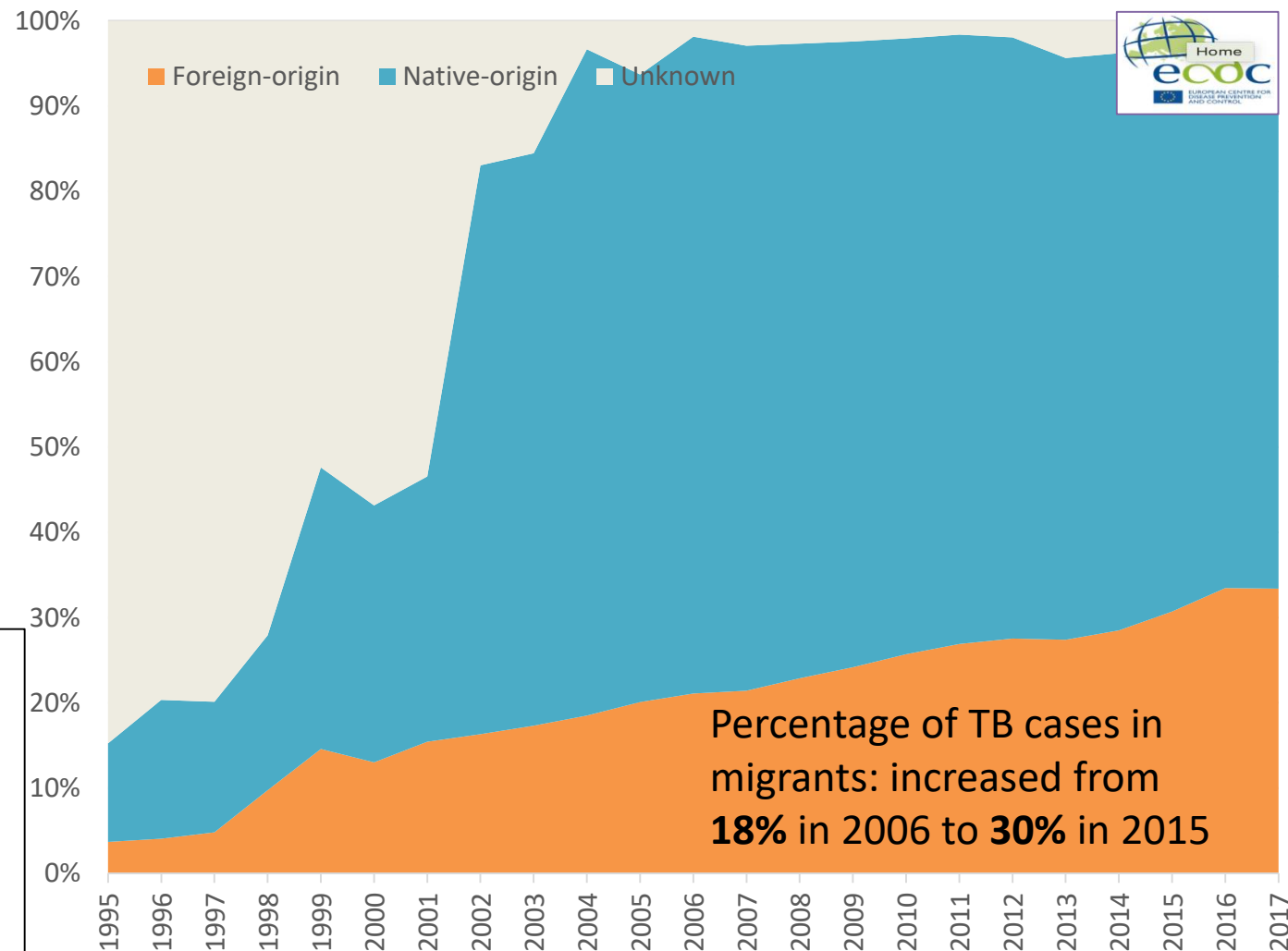
- Prevention (diagnosis and treatment of latent TB)
- TB infection control
- Early diagnosis (DS and DR TB)
- Timely and effective treatment
- Continuity of care for migrants

## Surveillance and monitoring

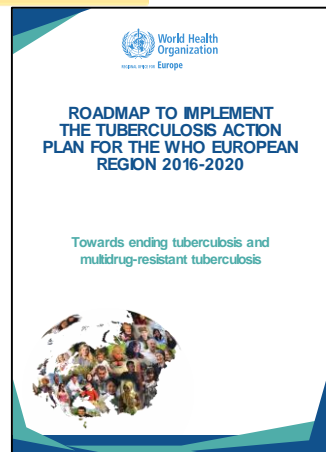
- Improve individual patient data including effective transfer of patient records and continuity in record keeping
- Monitor programme performance

## Supportive environment

- Enablers/incentives (e.g. counselling and psychosocial support)
- Advocacy/social mobilisation including:
  - community empowerment and capacity building
  - migrant sensitive services
  - communication with migrant communities
  - engagement of health authorities and stakeholders



Percentage of TB cases in migrants: increased from **18%** in 2006 to **30%** in 2015

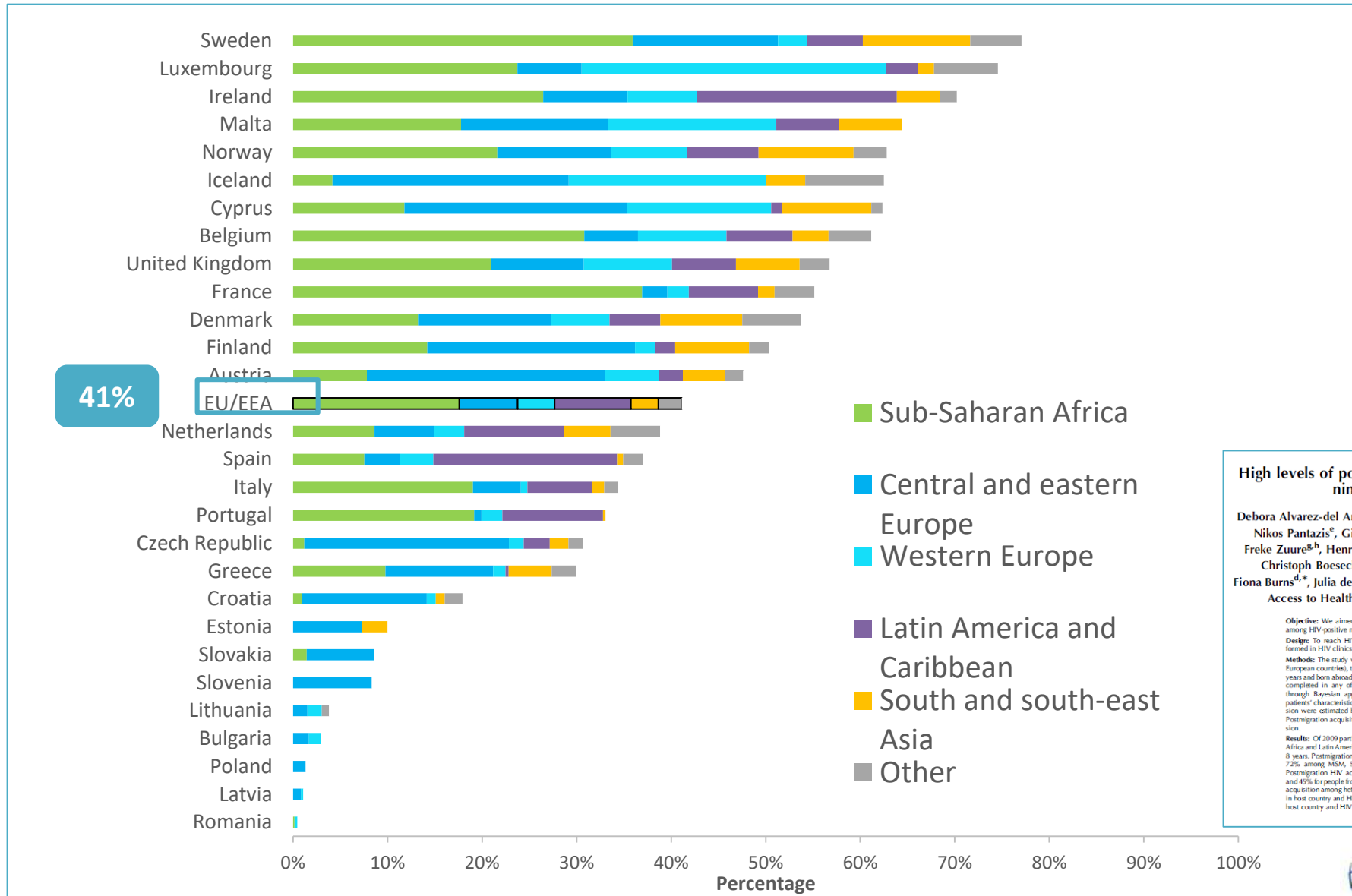


The Minimum Package for Cross-Border TB Control and Care in the WHO European Region: a Wolfheze Consensus Statement

M Dara, P de Colombani, R Petrova-Benedict, R Centis, JP Zellweger, A Sandgren, E Hekdal, G Sotgiu, N Jansen, R Bahitjarevic, GB Migliori  
European Respiratory Journal 2012; DOI: 10.1183/09031936.00053012



# HIV in migrants within Europe



**63%** estimated to have acquired HIV post-migration

Migrants are more likely to present late to health services than non-migrants

**High levels of postmigration HIV acquisition within nine European countries**

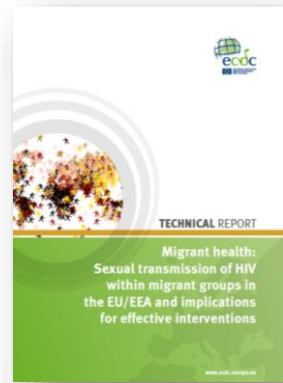
Debra Alvarez-del Arco<sup>a,b,c</sup>, Ibadun Fakoya<sup>d</sup>, Christos Thomadakis<sup>e</sup>, Nikos Pantazis<sup>e</sup>, Giota Touloumi<sup>e</sup>, Anne-Francoise Gennotte<sup>f</sup>, Freke Zuure<sup>a,b</sup>, Henrique Barros<sup>g</sup>, Cornelia Staehelin<sup>h</sup>, Siri Göpel<sup>h</sup>, Christoph Boesecke<sup>i</sup>, Tullio Prestileo<sup>m</sup>, Alain Volny-Anne<sup>o</sup>, Fiona Burns<sup>d,\*</sup>, Julia del Amo<sup>a,b,c,\*</sup>, on behalf of the Advancing Migrant Access to Health Services in Europe (aMASE) study team

**Objective:** We aimed to estimate the proportion of postmigration HIV acquisition among HIV-positive migrants in Europe.

**Design:** To reach HIV-positive migrants, we designed a cross-sectional study performed in HIV clinics.

**Methods:** The study was conducted from July 2013 to July 2015 in 57 clinics (nine European countries), targeting individuals over 18 years diagnosed in the preceding 5 years and born abroad. Electronic questionnaires supplemented with clinical data were completed in any of 15 languages. Postmigration HIV acquisition was estimated through Bayesian approaches combining extensive information on migration and patients' characteristics, CD4<sup>+</sup> cell counts and HIV-RNA trajectories from seroconversion were estimated by bivariate linear mixed models fitted to national history data. Postmigration acquisition risk factors were investigated with weighted logistic regression.

**Results:** Of 2009 participants, 46% were MSM and a third originated from sub-Saharan Africa and Latin America & Caribbean, respectively. Median time in host countries was 8 years. Postmigration HIV acquisition was 63% (95% confidence interval: 57–67%); 72% among MSM, 58 and 51% in heterosexual men and women, respectively. Postmigration HIV acquisition was 71% for Latin America and Caribbean migrants and 45% for people from sub-Saharan Africa. Factors associated with postmigration HIV acquisition among heterosexual women and MSM were age at migration, length of stay in host country and HIV diagnosis year and among heterosexual men, length of stay in host country and HIV diagnosis year.



Source: ECDC/WHO (2018). HIV/AIDS Surveillance in Europe 2018– 2017 data

# ■ Migrants are an under-immunised group

Low immunity coverage in migrants (particularly adult migrants and key nationalities)\*

Herd Immunity Threshold (HIT) targets

Measles 81%



92-95%

Mumps 68%



75-86%

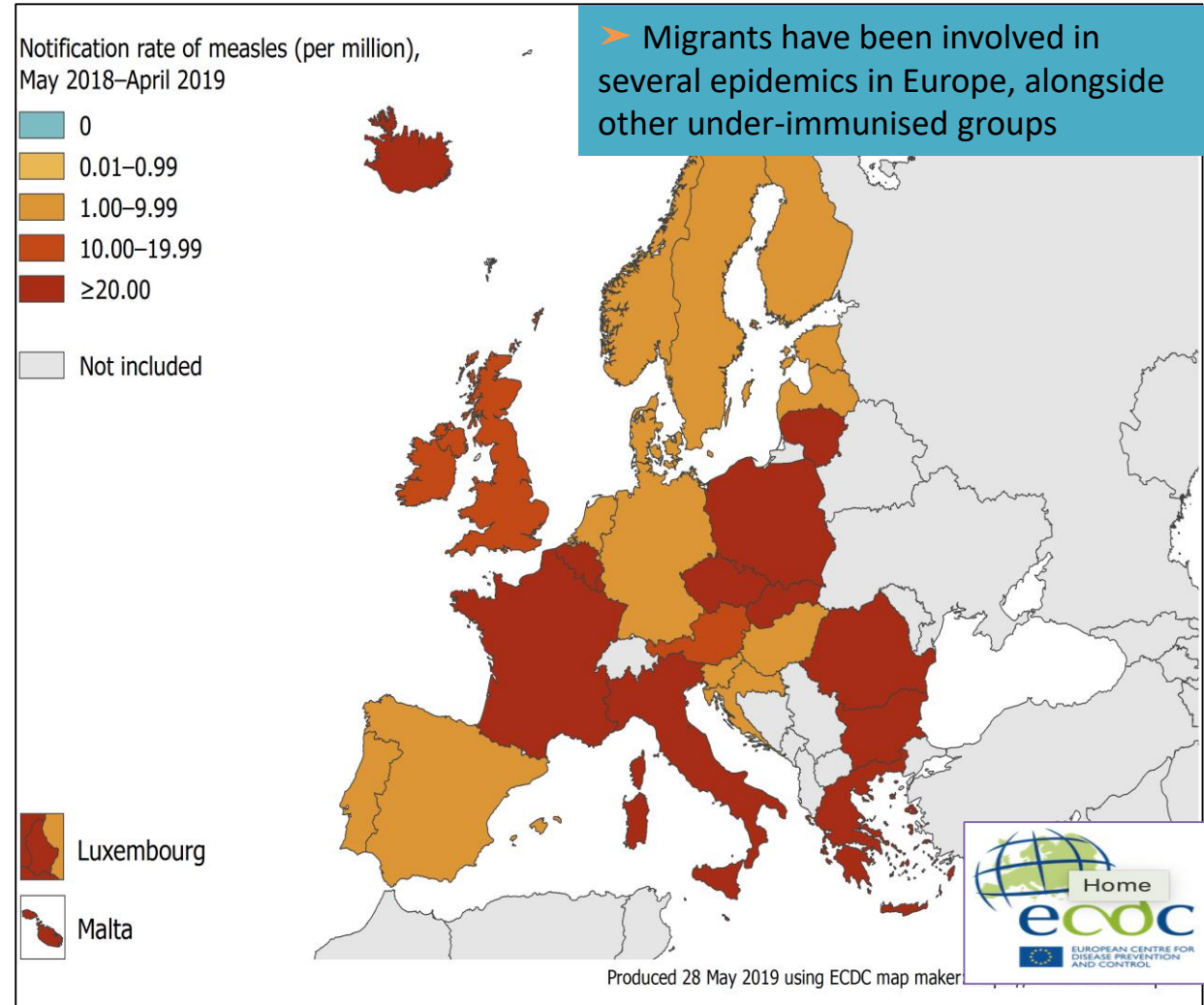
Diphtheria 55%



83-86%

\*Himmels J...et al. The immune status of migrant populations in EU/EEA countries and implications for vaccine-preventable disease control: a systematic review and meta-analysis. 2019, submitted.

➤ Migrants have been involved in several epidemics in Europe, alongside other under-immunised groups





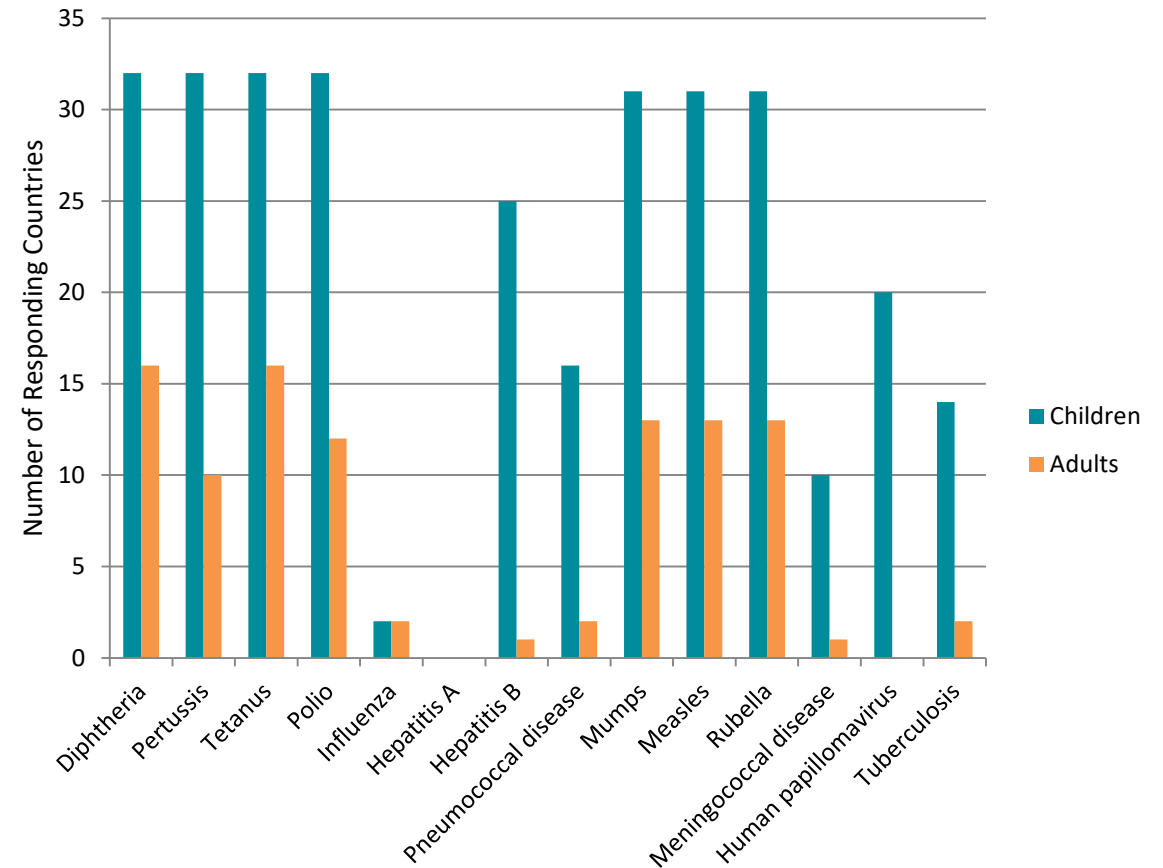


Commits to the elimination of measles and rubella, and calls for Member States to develop innovative solutions that pay special attention to migrants

European  
Vaccine  
Action Plan  
2015-2020



- Few European countries have comprehensive systems to offer catch-up vaccination to adult migrants on arrival
- 10 of 32 EU/EEA countries reported charging adult migrants for required vaccination



RESEARCH ARTICLE

Eurosurveillance

Divergent approaches in the vaccination of recently arrived migrants to Europe: a survey of national experts

Immunisation of migrants in EU/EEA countries: Policies and practices

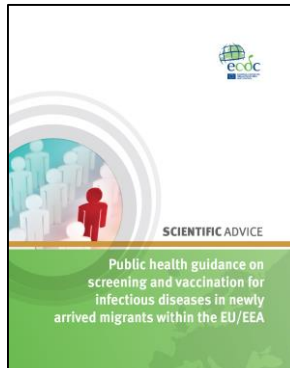
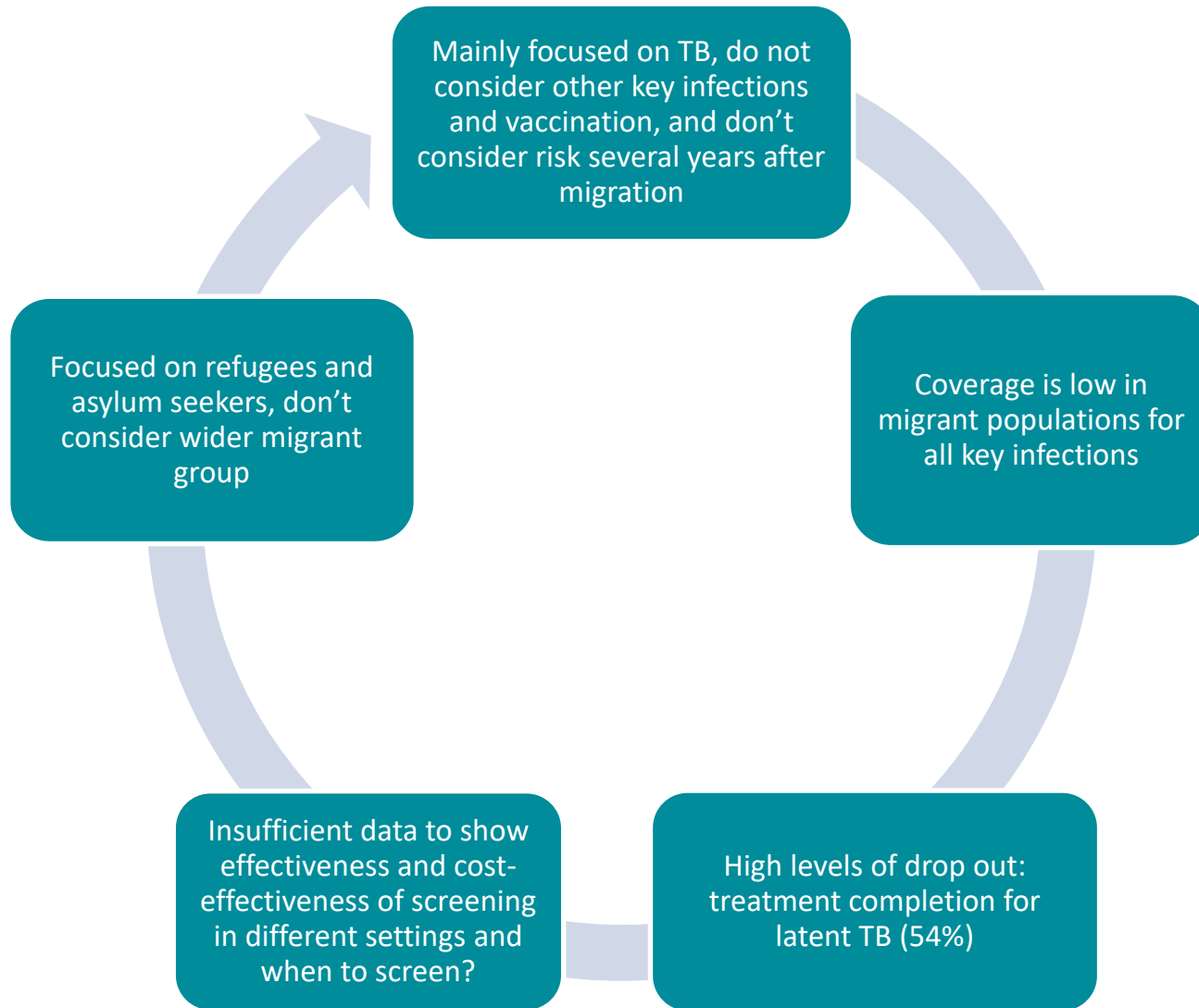
Cristina Giambi <sup>a,\*</sup>, Martina Del Manso <sup>a</sup>, Giulia Marchetti <sup>a,b</sup>, Kate Olsson <sup>c</sup>, Karam Adel Ali <sup>c</sup>, Silvia Declich <sup>a</sup>, the Venice survey working group <sup>1</sup>

<sup>a</sup> Istituto Superiore di Sanità, Viale Regina Elena 299, 00161 Rome, Italy

<sup>b</sup> Sapienza Università di Roma, Piazzale Aldo Moro 5, 00185 Rome, Italy

<sup>c</sup> European Centre for Disease Prevention and Control, Gustav III:s boulevard 40, 169 73 Solna, Sweden

# Renewed focus on strengthening screening programmes targeting migrants



**Systematic Review**  
The effectiveness and cost-effectiveness of screening for latent tuberculosis among migrants in the EU/EEA: a systematic review |

Christina Greenaway<sup>1,2</sup>, Manish Pareek<sup>3</sup>, Claire-Nour Abou Chakra<sup>4</sup>, Moneeza Wallj<sup>2</sup>, Iuliia Makarenko<sup>2</sup>

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

Dr Robert W Aldridge, PhD Dominik Zenner, MD Peter White, PhD Elizabeth Williams, PhD   
Morris C Muzyamba, PhD Poonam Dhavan, MPH et al

**THE LANCET**  
Infectious Diseases

How effective are approaches to migrant screening for infectious diseases in Europe? A systematic review



Farah Seedat\*, Sally Hargreaves\*, Laura B Nellums\*, Jing Ouyang, Michael Brown, Jon S Friedland



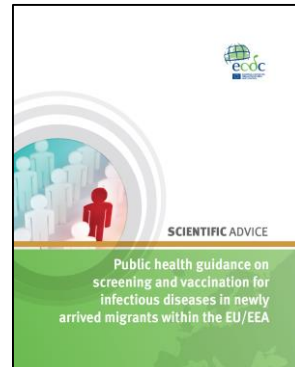
## Renewed focus

We need to acknowledge that we will not make regional targets for elimination of TB, HIV, hepatitis, vaccine-preventable diseases if we don't place renewed focus on migrant populations

We need to adopt a more holistic approach to migrant health, through mainstream health systems

Focused on re-  
asylum seekers  
consider wider  
groups

In-  
effective  
in d-  
with



Cost-effectiveness of screening for  
infectious diseases in migrants in the EU/EEA: a

Farah Seedat<sup>1</sup>, Moneeza Walji<sup>2</sup>, Iuliia Makarenko<sup>2</sup>,  
Nour Abou Chakra<sup>4</sup>, Moneeza Walji<sup>2</sup>, Iuliia Makarenko<sup>2</sup>,

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THE LANCET  
Infectious Diseases

Cost-effectiveness of migrant screening for

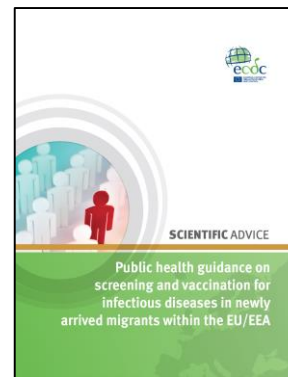
infectious diseases in Europe? A systematic review

Farah Seedat<sup>1</sup>, Sally Hargreaves<sup>4</sup>, Laura B Nellums<sup>5</sup>, Jing Ouyang, Michael Brown, Jon S Friedland



# ECDC public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA, 2018

- Provide free screening, referral, and linkage to care and treatment for all individuals who require it, including undocumented migrants
- Ensure all screening and vaccination is voluntary, confidential, non-stigmatising and for the benefit of the individual
- Consider the unique needs of newly arrived migrants (eg, delays to presentation) and take steps to reduce drop-out from care



## Active TB

Offer active TB screening using chest x-ray (CXR) soon after arrival for migrant populations from high TB incidence countries. Those with an abnormal CXR should be referred for assessment of active TB and have a sputum culture for *Mycobacterium tuberculosis*.

## Latent TB infection

Offer LTBI screening using a TST or an IGRA soon after arrival for all migrant populations from high TB incidence countries and link to care and treatment where indicated.

## HIV

Offer HIV screening to migrants who have lived in communities with high prevalence of HIV ( $\geq 1\%$ ). If HIV positive, link to care and treatment as per clinical guidelines.

Offer testing for HIV to all adolescents and adult migrants at high risk for exposure to HIV. If HIV positive, link to care and treatment as per clinical guidelines.

## Hepatitis B

Offer screening and treatment for hepatitis B (HBsAg and anti-HBc, anti-HBs) to migrants from intermediate/high prevalence countries ( $\geq 2\%$  -  $\geq 5\%$  HBsAg).

Offer hepatitis B vaccination series to all migrant children and adolescents from intermediate/high prevalence countries ( $\geq 2\%$  -  $5\%$  HBsAg) who do not have evidence of vaccination or immunity.

## Hepatitis C

Offer hepatitis C screening to detect HCV antibodies to migrant populations from HCV endemic countries ( $\geq 2\%$ ) and subsequent RNA testing to those found to have antibodies. Those found to be HCV RNA positive should be linked to care and treatment.

## Schistosomiasis

Offer serological screening and treatment (for those found to be positive) to all migrants from countries of high endemicity in sub-Saharan Africa, and focal areas of transmission in Asia, South America and North Africa.

## Strongyloidiasis

Offer serological screening and treatment (for those found to be positive) for strongyloidiasis to all migrants from countries of high endemicity in Asia, Africa, Middle East, Oceania and Latin America.

## Vaccine preventable diseases

Offer vaccination against measles/mumps/rubella (MMR) to all migrant children and adolescents without immunisation records as a priority.

Offer vaccination to all migrant adults without immunisation records with either 1 dose of MMR or in accordance with the MMR immunisation schedule of the host country.

Offer vaccination against DtaP-IPV-Hib to all migrant children and adolescents without immunisation records as a priority.

Offer vaccination to all adult migrants without immunisation records according to the immunisation schedule of the host country. When this is not possible, adult migrants should be given a primary series of diphtheria, tetanus, and polio vaccines.



## ■ Ways forward



### The UCL–Lancet Commission on Migration and Health: the health of a world on the move

*Ibrahim Abubakar\*, Robert W Aldridge\*, Delan Devakumar\*, Miriam Orcutt\*, Rachel Burns, Mauricio L Barreto, Poonam Dhavan, Fouad M Fouad, Nora Groce, Yan Guo, Sally Hargreaves, Michael Knipper, J Jaime Miranda, Nyovani Madise, Bernadette Kumar, Davide Mosca†, Terry McGovern, Leonard Rubenstein, Peter Sammonds, Susan M Sawyer, Kabir Sheikh, Stephen Tollman, Paul Spiegel, Cathy Zimmerman\*, on behalf of the UCL–Lancet Commission on Migration and Health‡*

- Equitable access to health services and to all determinants of the highest attainable standard of health
- Dedicate political capital, financial, and human resources to fulfil global commitments to secure healthy migration
- Re-balance policy making in migration, trade and environment, and foreign affairs to give greater prominence to health
- Confront racism, prejudice, and discriminatory rhetoric about migrants
- Ensure adequate monitoring, evaluation, and research to support implementation of UN/WHO initiatives
- Improve leadership and accountability
- Enhance funding mechanisms and networks
- Make migrant communities part of the solution

