

A Portuguese EU Presidency conference, 'Health and migration in the EU: better health for all in an inclusive society', will provide demographic analysis of migratory flows in the EU, analysis of health challenges and determinants of migration, a review of Member State health policies and evaluation of the impact of these policies. The Presidency's aim is to promote debate and understanding about the connections between health and migration in order to develop effective health policies and strategic programmes for migration.

Migrants are a very diverse group in terms of their reasons for migration and their country of origin. Many are students or holders of work permits; a much smaller number are asylum seekers. For the present purpose, we consider migration in terms of crossing the borders of the EU rather than from one Member State to another, except where that represents onward movement of a migrant arrived in the EU.

Most migrants to the EU are healthy but in population terms may bear a disproportionate burden of infectious disease. Communicable diseases will vary in the extent to which a migrant might be infected before entry to the EU (for example, HIV/AIDS) or afterwards, within the Member State and linked to vulnerable socio-economic status (for example, tuberculosis (TB)). Comprehensive data on infectious disease burdens of migrants are currently lacking.

The public health implications of migration have received comparatively little attention in EU policy development, but it is important not to generalise about migrants or infectious disease. The approach to screening and management is likely to differ for those diseases that spread relatively slowly (TB, HIV) from those that may pose an acute threat (for example, severe acute respiratory syndrome (SARS)). Detection of disease on screening must not be used as a reason to deny entry to the EU, for that would deter migrants coming to screening and the identification of high-risk patients. Migrants need to be offered the same access to healthcare services as the rest of the population. It is also important for Member States to do more in tackling infectious disease in developing countries in order to reduce the global burden of disease.

Among the key challenges for healthcare systems are:

- Improving evaluation and sharing of information on current screening practices across the EU.
- Facilitating healthcare access and improving healthcare follow-up of migrants after the initial contact, as part of a general need to enhance primary care services in some Member States;
- Developing information and communication systems to improve awareness and support interaction between patients and the healthcare system.
- Co-ordinating strategies for screening and follow-up practices for high-risk groups across the EU.
- Developing consensus on those infectious diseases most relevant to migration.
- Progressing research to clarify issues where currently there is uncertainty. In particular, well-designed research studies are needed to determine:
 - (i) burden of infectious disease in migrant groups;
 - (ii) nature of health inequalities – including vaccination status – between migrants and the rest of the population;
 - (iii) nature and degree of net public health risk attributable to migration;
 - (iv) efficacy of alternative screening approaches – it is essential to do better in assessing the benefits of screening and to include the evaluation of approaches based on surveillance and sentinel systems in the strategic analysis of the options for managing infectious disease-related migration problems.

Conclusions and recommendations

1 **Relevance of health to consideration of EU migration strategy** We conclude that the public health implications of communicable disease are important elements for development of the broader strategy to manage migration issues for the EU. We agree with the organisers of the Portuguese Presidency conference that:

the priorities for further research and policy development cover:

- (i) improved collection of information;
- (ii) assessing, sharing and implementing best practice in screening;
- (iii) establishing mechanisms of access to healthcare.

2 Clarifying what is known/not known and filling information gaps

The European Commission and Member States need to collect better statistics to quantify the impact of migration on health and health systems.

This can be achieved partly by building on current EU and international (World Health Organization) efforts and partly by supporting new joint initiatives with neighbouring and developing countries for fact-finding and interpretation. In particular, additional validated data are required to determine:

- (i) burdens of infectious disease in migrants;
- (ii) nature of health inequalities between migrants and other groups in the population;
- (iii) nature and degree of public health risk attributable to migration;
- (iv) efficacy of screening and alternative approaches, including surveillance and sentinel systems;
- (v) vaccination status of migrants – to establish healthcare system priorities to assure access to immunisation schedules;
- (vi) modelling of disease transmission to estimate public health impacts, what is an effective intervention and what is cost-effective;
- (vii) barriers in access to treatment and follow-up.

3 Screening, surveillance and treatment strategies

The efficacy of screening depends on disease prevalence, available test methods, their sensitivity and predictive value, and the provision of healthcare measures to respond to the test result.

It is essential to do better in assessing the efficacy of screening programmes. And it is of the greatest importance to use the new knowledge collected to inform systematic evaluation of the facilities and procedures available to migrants at their point of entry to the EU.

Currently, it must be assumed that many cases of infectious disease are missed at this early contact stage and there is need to share the examples of good practice in Member States for reception centres and initial presentation to the healthcare system.

We recommend that the agenda of the Portuguese Presidency discussions should include this review of

good practice with a goal of devising a standardised set of protocols for testing and healthcare provision, which can be implemented according to local circumstances. Standardisation of practice in screening and care approaches would also provide the basis for collecting better data to inform future policy choices.

Efforts to standardise at the European level will be dependent on good networking between Member States and must be augmented by support for training locally and by improved provision of information to communities of migrant patients.

The European Centre for Disease Prevention and Control (ECDC) must continue to develop its key role in EU-wide surveillance of current and emerging infections, and in co-ordination to ensure that Member State authorities provide standardised and detailed surveillance statistics in compiling the evidence base.

We welcome the current ECDC activity, in response to a request for guidance from the European Commission, on evaluation of the options for migrant access to HIV/AIDS prevention and care. We agree that it is necessary to explore a wide range of issues in this evaluation, covering social integration (relating to stigma, socio-economic and legal status), epidemiology (transmission and risk factors), surveillance (definition of high-risk groups) and the barriers to accessing prevention and care services (at institutional, provider and client level).

4 Global co-ordination The EU must take a leadership role in strengthening public health capacity in newer Member States and in developing countries.

The European Commission and Member States must also continue to explore how they can help implement the recommendations from the Joint Science Academies Statement on Infectious Disease (2006).

Not only must Member States assist in the cost of diagnosis and treatment for migrants under the provisions available to EU citizens, it is also important for Member States to tackle infectious disease in developing countries in order to reduce the global burden of disease.

For further information

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