

## Consensus Conference for establishing a European level Migration Health Database

Pécs, 07-08 October 2019

### Workshop 1

#### Data sources: Statistical, administrative and innovative

#### Discussion Notes

The Moderator, Dr. Allan Krasnik of the University of Copenhagen asked the participants to provide best practices from their own experience.

#### 1 How do we ensure inclusion of migrants into national surveys?

##### ECDC (Teymur Noori)

Data collection on HIV AIDS is coordinated with UNAIDS and WHO

Let's introduce country of birth as a variable. Other variables can also be considered.

WHO can have a normative role in suggesting this to Member States and they can start implementing this.

In this particular case a Top-Down approach should and could be applied in order to initiate change.

##### IOM Brussels (Dominik Zenner)

There is a lot of data on occupational health which is available and not analyzed from a migration health perspective.

The large majority of migrants are labour migrants. So these available datasets should be relevant.

##### WHO Turkey (Merkur Beqiri)

Health status survey of Syrian refugees in Turkey can be compared to the health status of the resident population.

WHO pushed to include migrants and refugees in the regular health status survey, but this was unfortunately not successful

### WHO Albania (Gazmend Bejtja)

How to address the selection bias in surveys?

There is special expertise in HIV prevention on how to reach populations which are usually hard to reach. This special expertise could be utilized to reach undocumented or irregular migrants which in turn would improve the quantity and quality of relevant data.

Continuity of data also requires the inclusion of data available in various data sources.

## **2 How do we ensure information on migrants in registry data on diseases and on health service utilization?**

### WHO Turkey (Merkur Beqiri)

The technical solutions are available. But that is not enough. Data standardization also requires consensus.

Migrants are not a different species. Migrants are people whose residence status is dynamic. This viewpoint can be relevant and useful when we are trying to identify the most useful data sources and variables. In addition to place of birth, other variables could be useful (last place of residence, nationality of parents)

### Uppsala University, Sweden (Soorej Puthooppambal)

Health status of migrants is misrepresented due to the data being collected only on disease and ill health. This may lead to a biased picture of migrant health.

We have to think about how much effort we are putting into collecting registry data.

## **3 How do we obtain continuity of health data on migrants across countries and over time**

### HIA Slovakia (Jozef Suvada)

Where the migrant is coming from, where he/she is transiting, where he/she is going are all important variables. Often country of birth is not enough information.

National registries are cost effective: each country is collecting the most relevant data for that context. Countries will not invest into collecting data that they do not consider as relevant.

Ministry of Health, Ministry of Interior, etc are only responsible for a specific segment of the migrant population. Consequently the data collection is also segmented and the data will also be segmented. This has an impact on the data collection and the data itself.

Data protection issues in general and GDPR-related issues in particular will need to be kept in mind when thinking about data collection and data analysis.

Legal migrants already provide a lot of data in every country, we just don't use the data for migration health purposes.