

PUBLIC HEALTH SIGNIFICANCE OF
HEALTH-RELATED DATA ON MIGRANT
AND REFUGEE PEOPLE AND
POPULATIONS

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Public health: the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society (Acheson, 1988; WHO)

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.

Public Health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries.

Health care is vital to all of us some of the time, but **public health** is vital to all of us all of the time. (C. Everett Koop, 13th Surgeon General of the US)

Public health systems are commonly defined as ‘all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction’.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status to identify and solve community health problems



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Diagnose and investigate health problems and health hazards in the community



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Inform, educate, and empower people about health issues



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Mobilize community partnerships and action to identify and solve health problems



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Develop policies and plans that support individual and community health efforts



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Enforce laws and regulations that protect health and ensure safety



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Assure competent public and personal health care workforce



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Research for new insights and innovative solutions to health problems





Donald J. Trump 

@realDonaldTrump



....however, for strictly political reasons and because they have been pulled so far left, do NOT want Border Security. They want Open Borders for anyone to come in. This brings large scale crime and disease. Our Southern Border is now Secure and will remain that way.....

 87.1K 2:12 PM - Dec 11, 2018

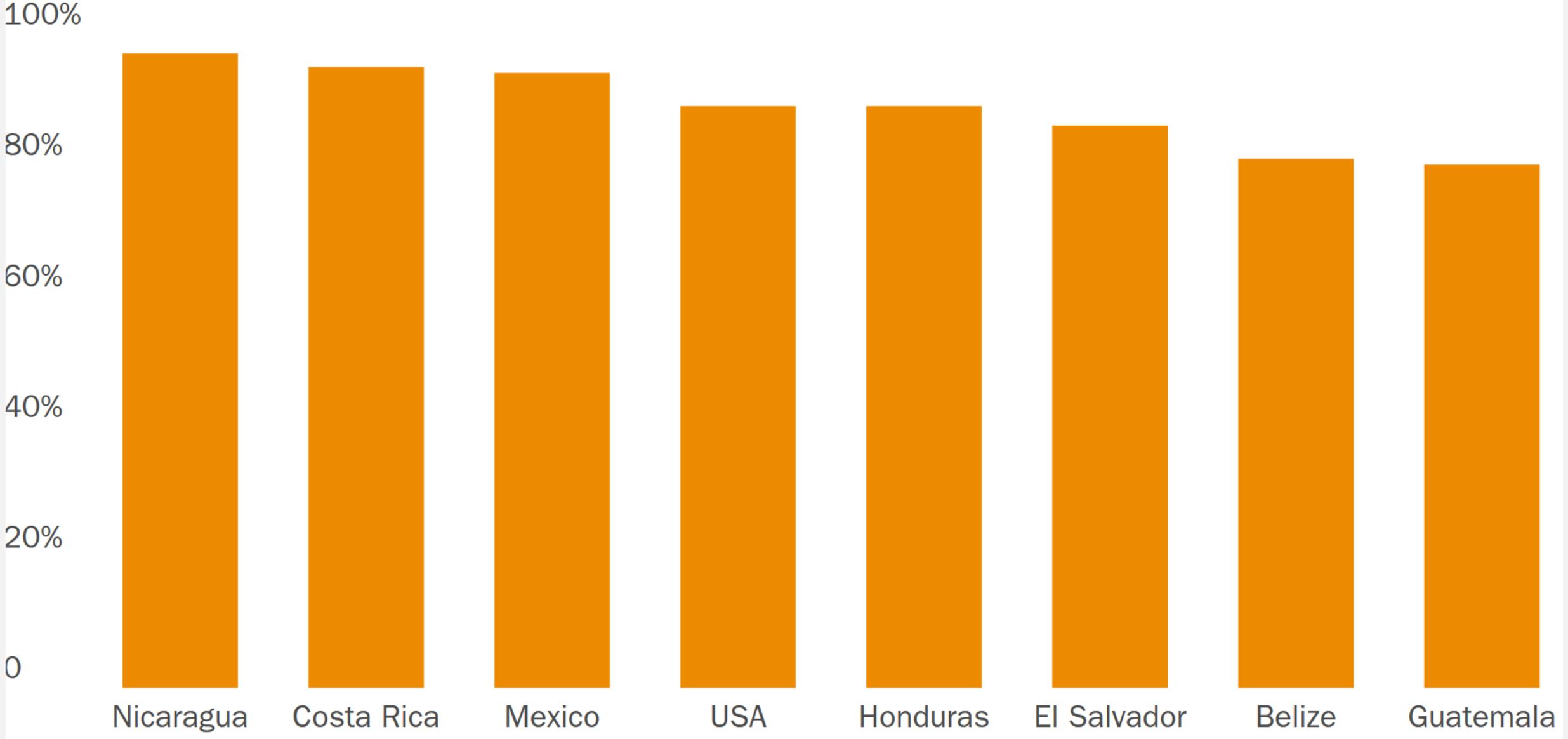


 36.1K people are talking about this



2017

Average vaccination coverage rates in selected countries



Source: World Health Organization

Diphtheria, Pertussis, & Tetanus (DTP3) Vaccination Coverage Rates

2017

100%

80%

60%

40%

20%

0



Mexico



Costa Rica



Honduras



El Salvador



USA



Guatemala

Measles 1st Dose (MCV1) Vaccination Coverage Rates

2017

100%

80%

60%

40%

20%

0

Nicaragua

Honduras

Mexico

Costa Rica

USA

Belize

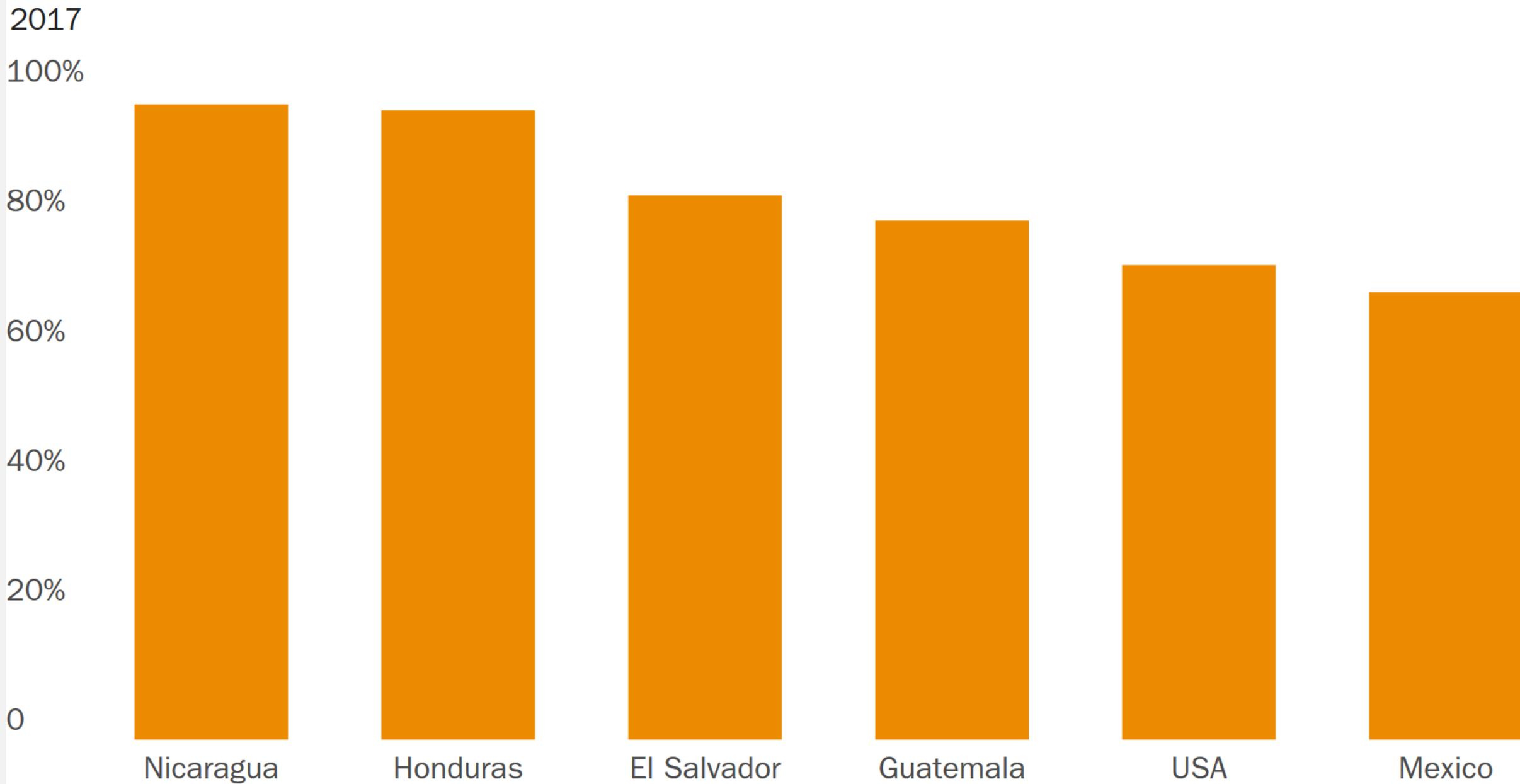
Guatemala

El Salvador

Source: World Health Organization

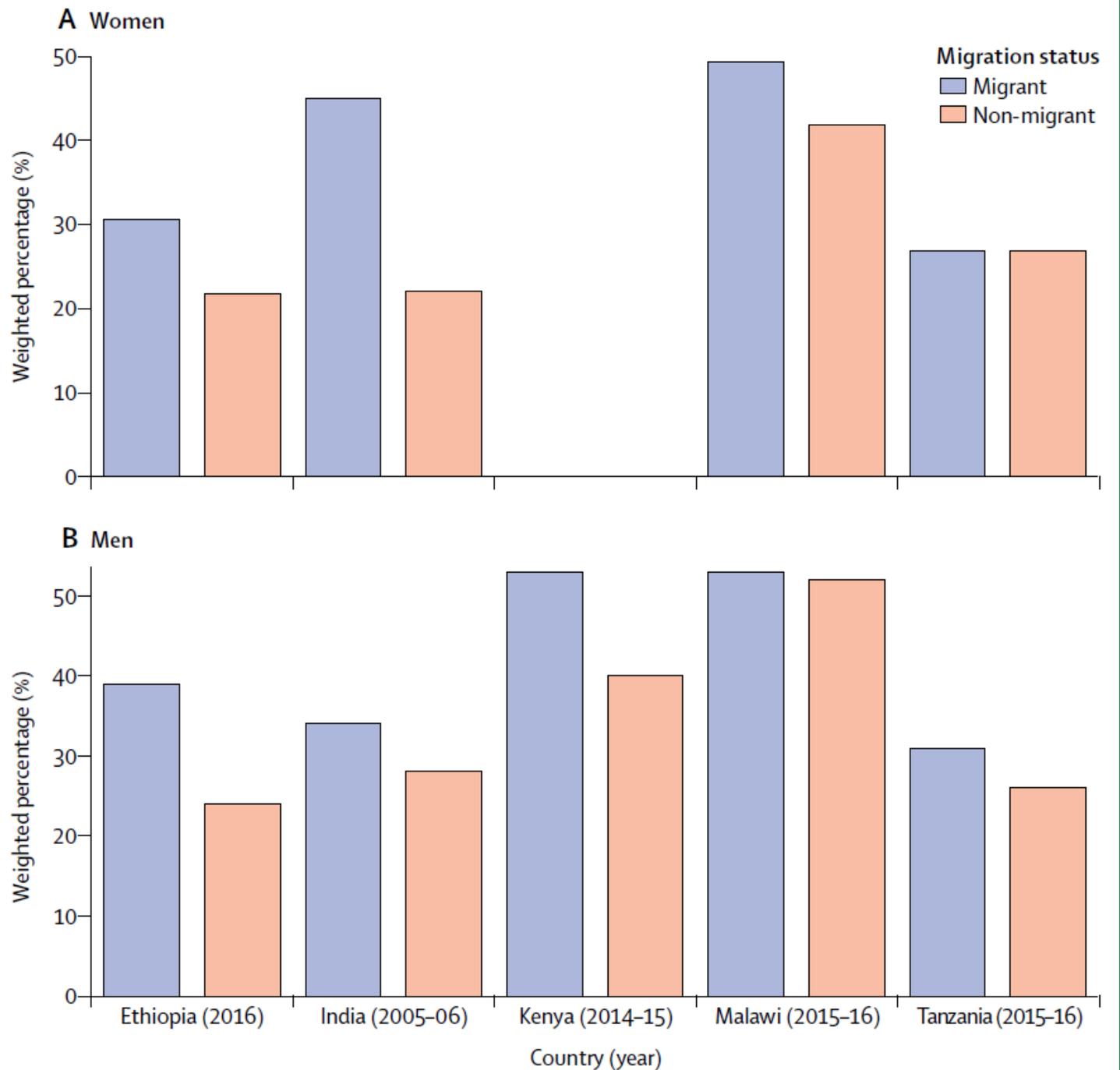


Rotavirus (RotaC) Vaccination Coverage Rates



Source: World Health Organization

WEIGHTED
PERCENTAGE OF
MEN AND WOMEN
USING MODERN
METHODS OF
CONTRACEPTION
BY MIGRATION
STATUS



IMMIGRATION – DEMOGRAPHY - MISBELIEFS

- Studies, based on large-scale longitudinal data from six countries (France, Germany, Spain, Sweden, Switzerland, and UK) found that migrants have lower first-birth rates than non-migrants with the exception of migrant Turkish women.
- Moreover, birth rates among migrants were barely at the level of population replacement (a total fertility rate below 2.1 births per woman) and often falling.

IMMIGRATION – MISBELIEFS - FACTS

- In advanced economies, each 1% increase of migrants in the adult population increases the gross domestic product (GDP) per person by up to 2%.
- Migrants increase income per person and living standards through greater contributions to taxes, which are of greater economic worth than the social or welfare benefits they receive.
- The World Bank Group estimated that migrants sent a total sum of US\$613 billion to their families at origin in 2017 (approximately three-quarters of these remittances were sent to LMICs—an amount more than three-times larger than official development assistance).

Report on the
**health of refugees and
migrants** in the WHO
European Region

No PUBLIC HEALTH

without REFUGEE and MIGRANT HEALTH

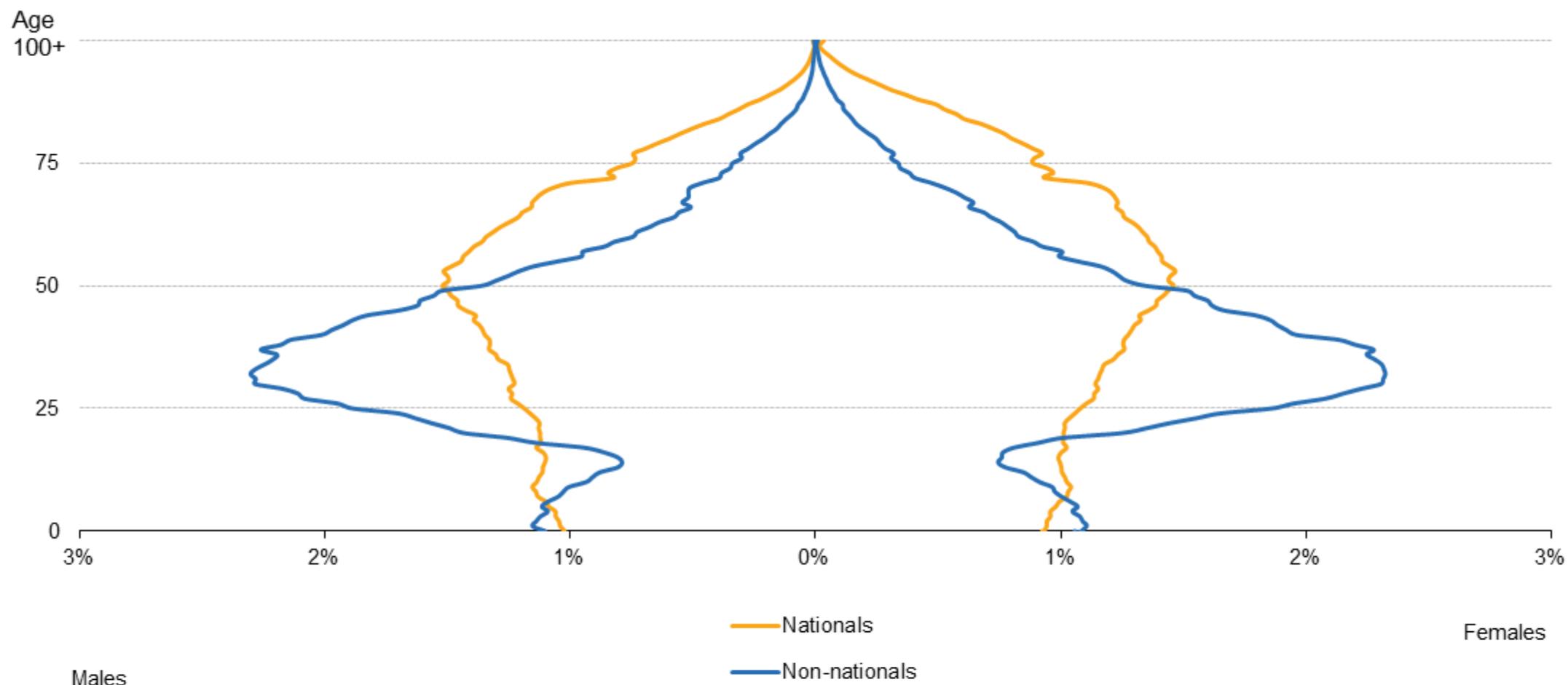
There is a steady increase in the global number of refugees and migrants, including in the WHO European Region. Globally, in 2017, 258 million people (approximately one in every 30) lived outside their country of origin. In the WHO European Region, almost 10% of the population of almost 920 million are international migrants, accounting for 35% of the global international migrant population.

Obtaining a true picture of the health profile of refugees and migrants and of the health system responses through regional standardized data collection and sharing, open policy dialogue and commitment is paramount in achieving the vision of Health 2020, the Sustainable Development Goals and universal health coverage.

Foreword to the Report from Zsuzsanna Jakab

Age structure of the national and non-national populations, EU-28, 1 January 2018

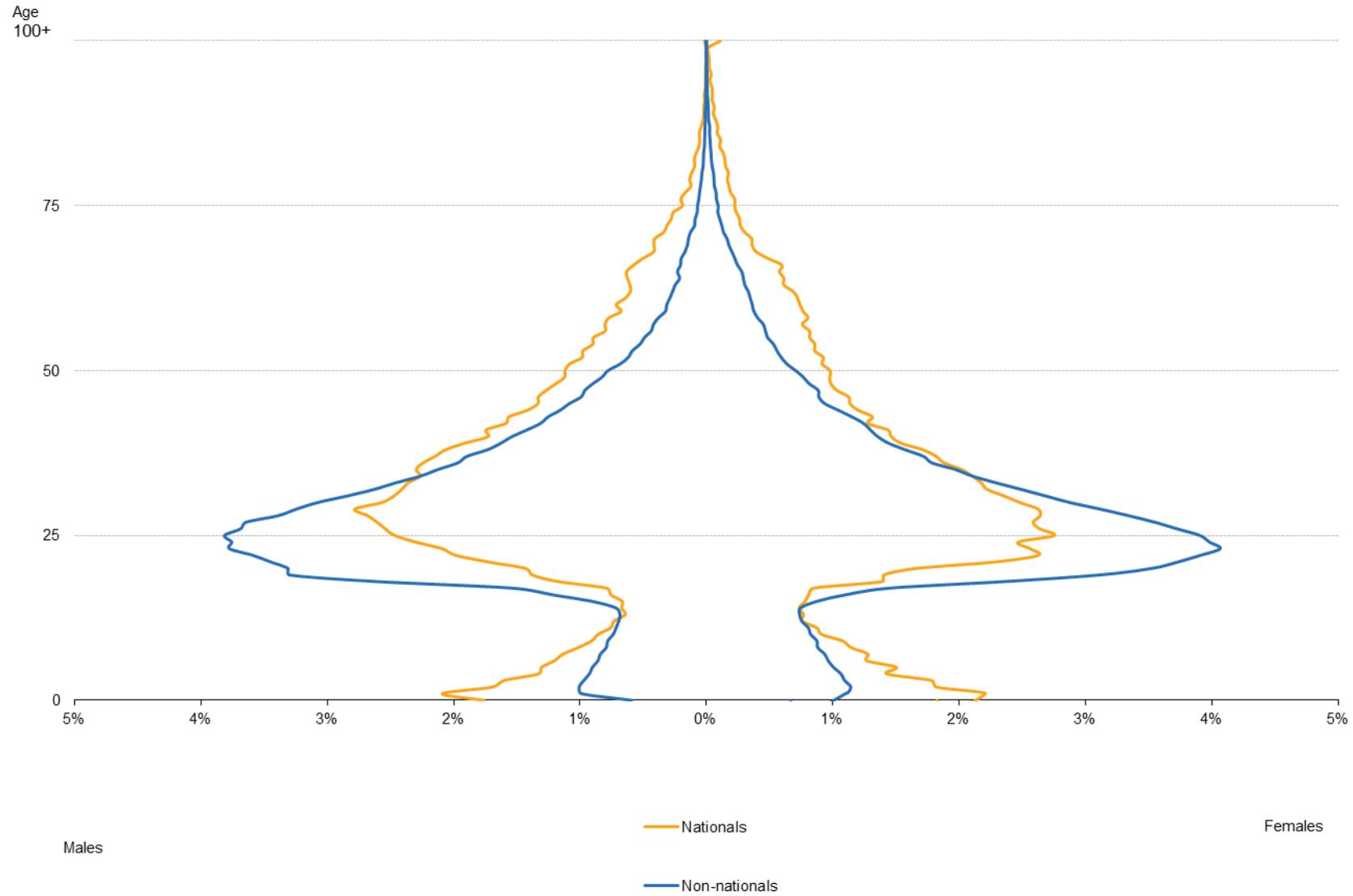
(%)



Source: Eurostat (online data code: migr_pop2ctz)

Age structure of immigrants by citizenship, EU-28, 2017

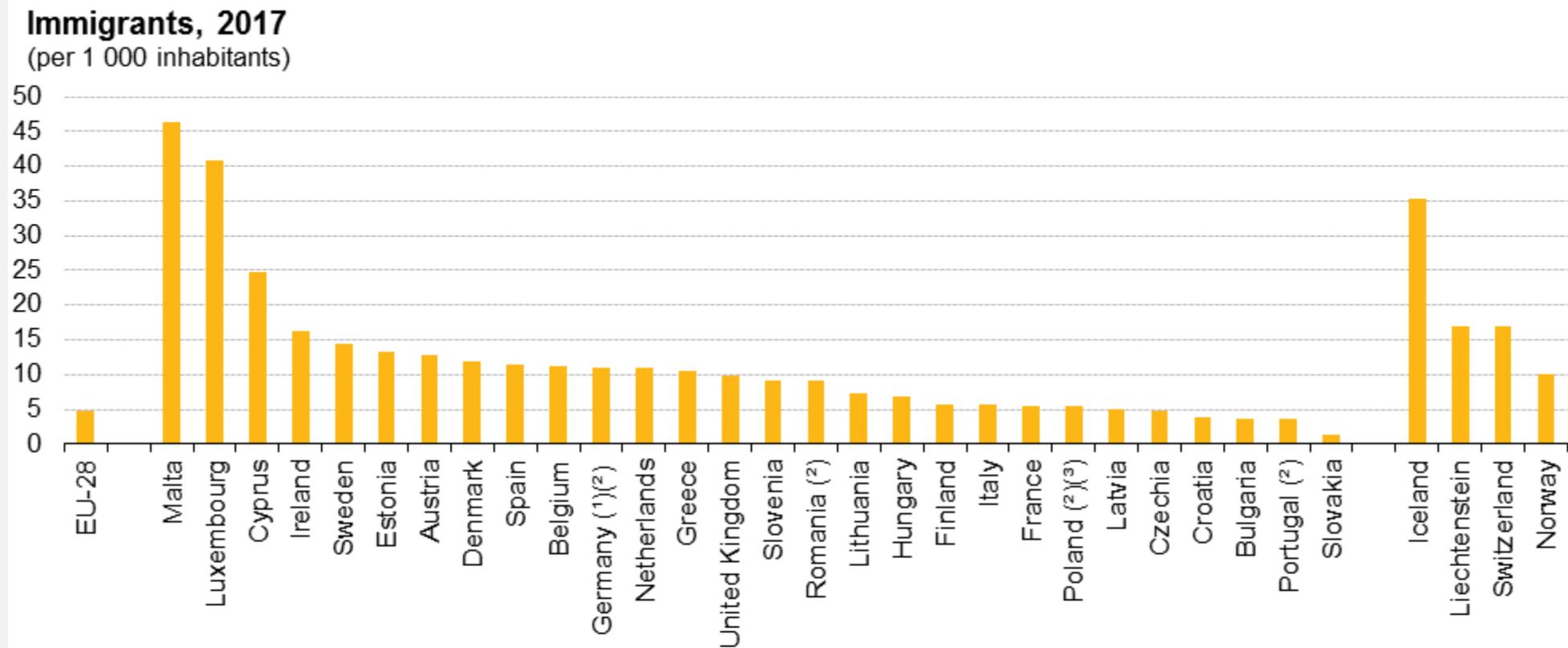
(%)



Source: Eurostat (online data code: migr_imm2ctz)

Note: Age definition is reached for all Member States with the exception of Ireland, Greece, Malta, Austria, Romania, Slovenia and the United Kingdom. Those transmitted immigration flows under age completed definition.

Immigration to European countries



(1) Break in series.

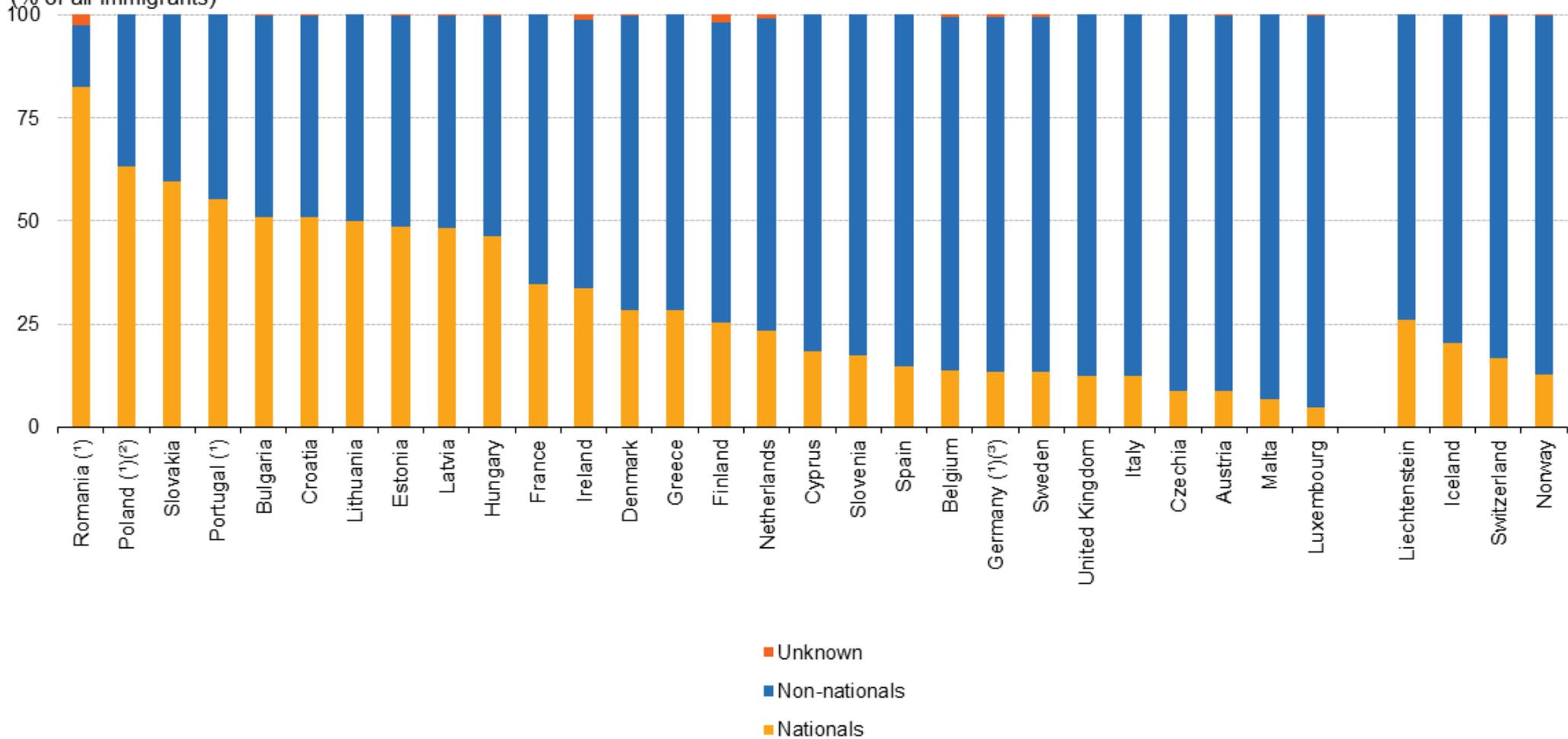
(2) Estimate.

(3) Provisional.

Source: Eurostat (online data codes: migr_imm1ctz and migr_pop1ctz)

Distribution of immigrants by citizenship, 2017

(% of all immigrants)



(1) Estimate.

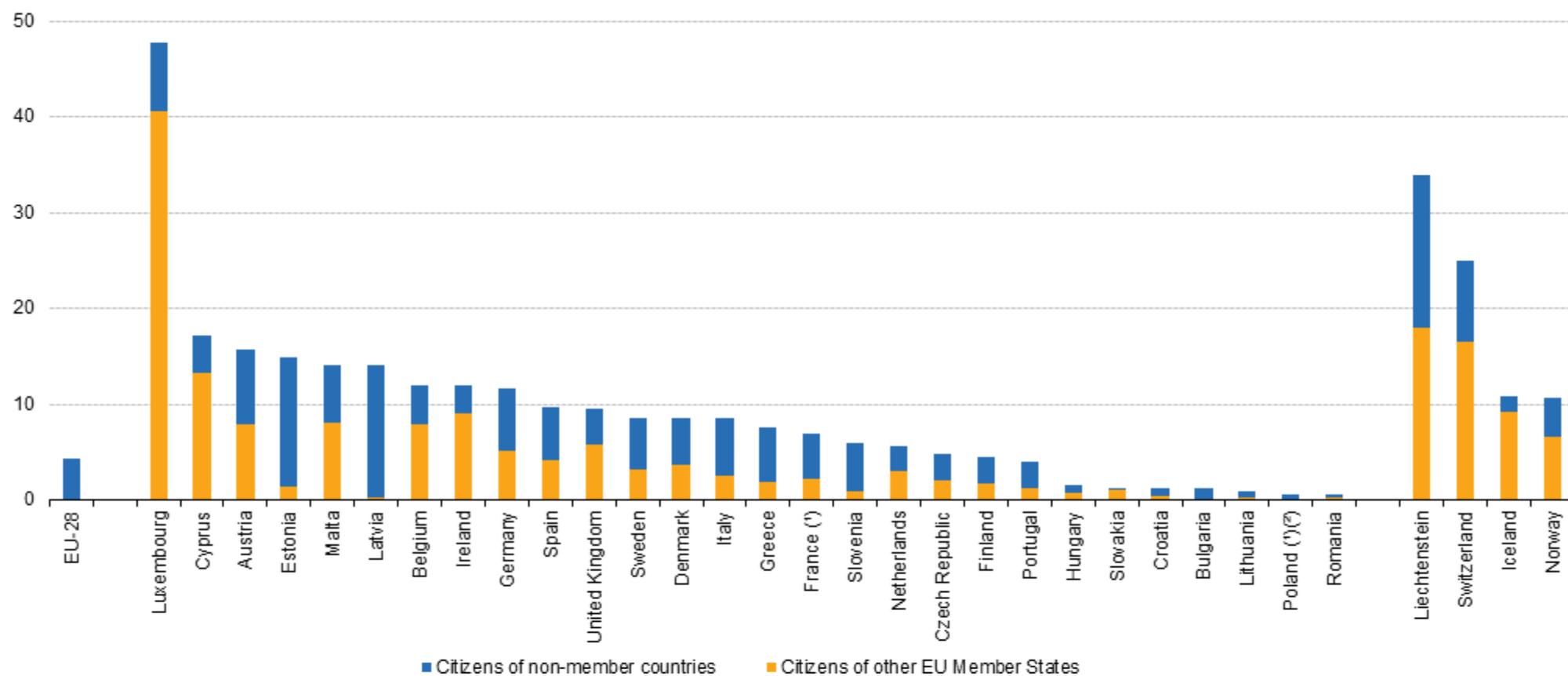
(2) Provisional.

(3) Break in series.

Source: Eurostat (online data code: migr_imm2ctz)

Share of non-nationals in the resident population, 1 January 2018

(%)



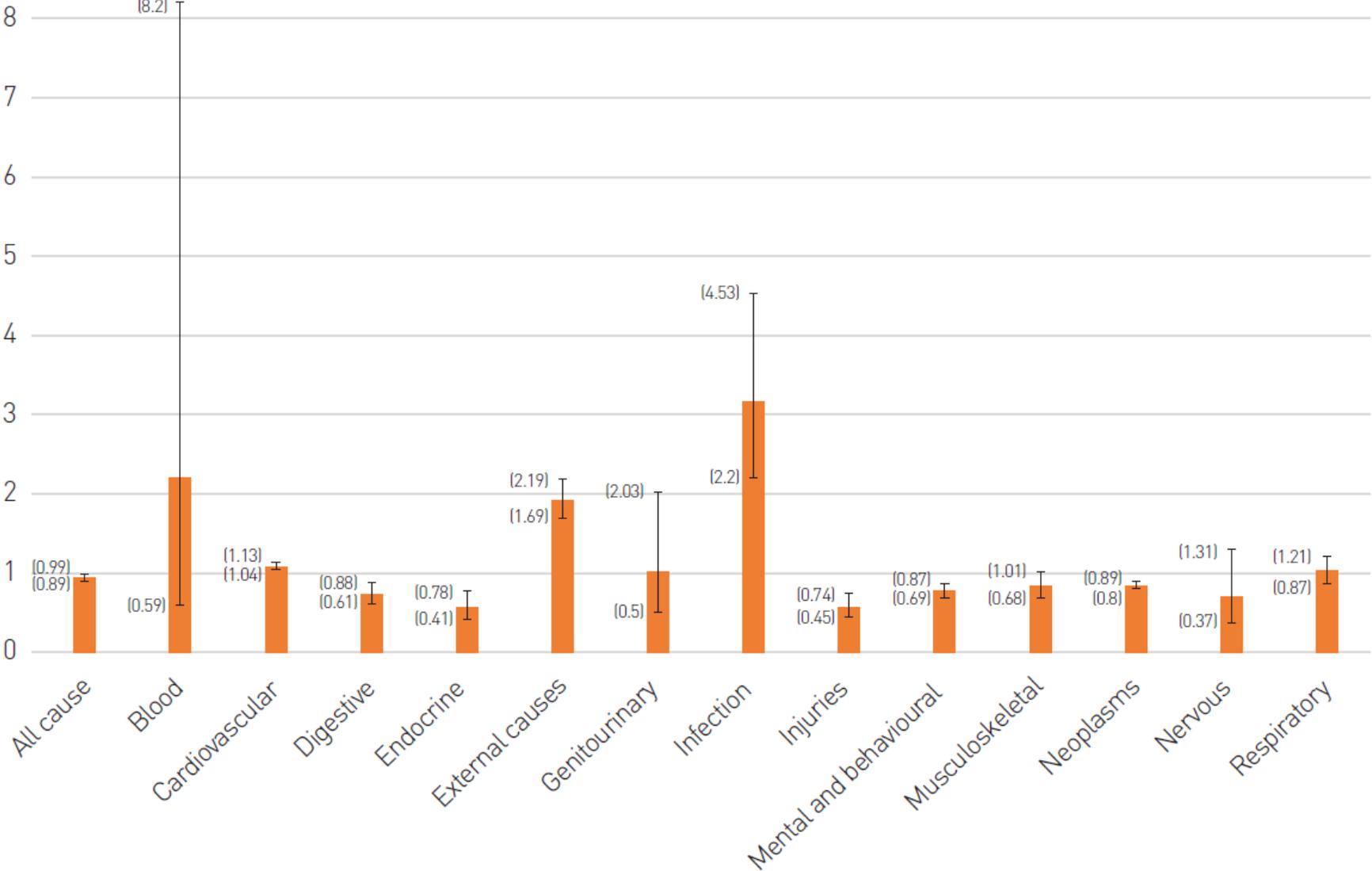
(*) Provisional.

(*) Estimate.

Source: Eurostat (online data code: migr_pop1ctz)

Summary standardized mortality ratios for refugees and migrants compared with the host population in the WHO European Region for various mortality causes

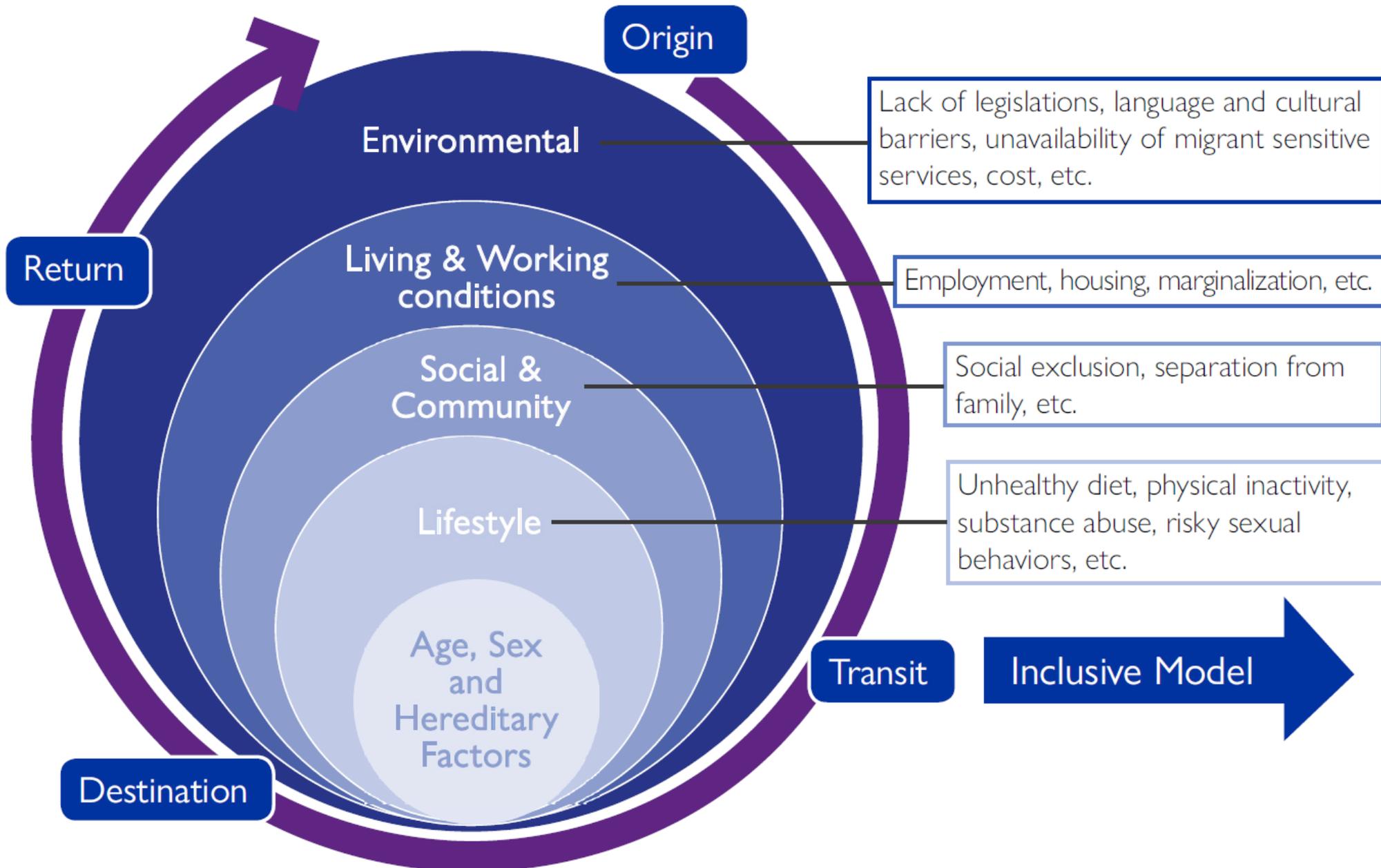
Standardized mortality ratio [95% Confidence intervals]



PROPORTIONS OF TB (LEFT) AND HIV (RIGHT) CASES ATTRIBUTED TO PEOPLE OF FOREIGN ORIGIN IN THE TOTAL POPULATION IN SELECTED COUNTRIES

Member State	People of foreign origin among TB case notifications (%)
Malta	96.0
Cyprus	93.3
Sweden	89.8
Slovenia	36.4
Czechia	29.3
Spain	28.5
Estonia	21.9
Ukraine	0.1
Belarus	0.0
Uzbekistan	0.0

Member State	Migrants among total number of people living with HIV (%)
Andorra	100
Turkmenistan	100
Sweden	80.9
Malta	74.6
Portugal	35.0
Czechia	30.4
Republic of Moldova	0.0
Ukraine	0.0



Inclusive Model →

- WHA 61.17
- WHA 70.15
- Universal Health Coverage
- Migrant Sensitive Health & Social Services
- Data Collection & Analysis
- Partnerships

IMMIGRANTS – OCCUPATIONAL HEALTH ISSUES

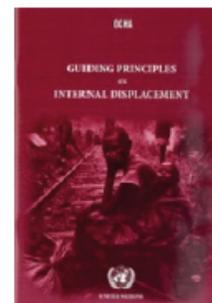
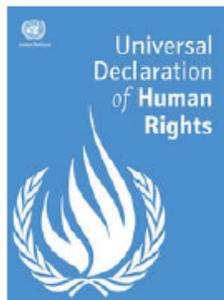
- Often 3D jobs
- Worse conditions, longer work-time, lower salary than non-migrants
- Some typical exposures: temperature, noise, vibration, pesticides, other chemicals (e.g. hotel housekeeping, dry cleaning)
- Often without contracts
- Workplace abuse, stress, lack of safety standards
- Trafficking, forced labour

- Language and cultural barriers
- Access to healthcare
- Documentation status
- Politics

Adapted from: S.C.Moyce and M. Schenker: Migrant Workers and Their Occupational Health and Safety. *Annu. Rev. Public Health* 2018. 39:351–65

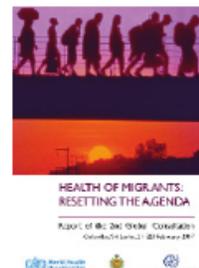
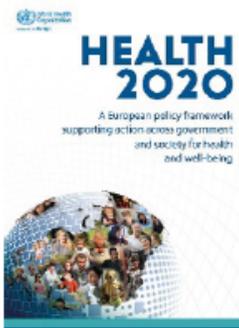
IMMIGRATION - OCCUPATIONAL HEALTH ISSUES

	Examples of occupational hazards and harm	Migrant health study findings
Sex work	Poor condom negotiation or use can cause sexually transmitted infections and unwanted pregnancy; sexual violence and confinement can cause anxiety disorders and depression	Migrant female sex workers in Benin, Ethiopia, and Kenya are at greater risk of HIV than non-migrant sex workers and higher risk of acute sexually transmitted infections in all settings
Construction	Work at heights can cause fatal falls and disabilities; heavy lifting can cause musculoskeletal problems; poor personal protective equipment can cause respiratory disease, dermatitis, and eye injury	In the USA, Latino construction workers were nearly twice (1.84, 95% CI 1.60-2.10) as likely to die from occupational injuries as their non-Latino counterparts
Manufacturing (eg, textiles)	Repeated bending and fixed postures can cause musculoskeletal damage and pain; sharp instruments can cause puncture wounds; dust particles can cause silicosis	In Malaysia, 64% of migrant workers had musculoskeletal pain caused or worsened by work compared with 28% of Malaysian non-migrant manufacturing workers
Commercial fishing	Environmental exposures (sun, cold, rain) can cause skin cancer, dehydration, frostbite; long hours and weeks with no break can cause exhaustion and pneumonia; unstable fishing vessels and inadequate life vests can cause drowning; fishing net and knife hazards can cause deep cuts and lost limbs	Survivors of trafficking working in the Thai fishing industry reported higher injury rates (47%) than non-trafficked fish industry workers (21%); 54% of trafficked fish industry workers experienced severe violence versus 10% of non-trafficked fish industry workers
Agriculture	Pesticide exposure can cause toxicity; environmental exposures (heat, cold, mosquitoes) can cause dehydration, kidney failure, headaches, and malaria; heavy lifting and bending can cause repetitive injury syndromes	In one greenhouse in Oman, 95% of workers were migrants; poor practices related to pesticide use resulted in numerous health problems, such as skin irritation (70%), headaches (39%), and vomiting (30%)



1948 1948 1951 1951 1966 1990 1998 2008 2010

WHO Constitution	Universal Declaration of Human Rights Article 25	UN Convention Relating to the Status of Refugees	Provisional Intergovernmental Committee for the Movements of Migrants from Europe (later IOM)	International Covenant on Economic, Social and Cultural Rights Article 12	International Convention on the Protection of the Rights of All Migrant Workers, and Members of Their Families	OCHA Guiding Principles on Internal Displacement	WHA Resolution 61.17: Health of Migrants	WHO-IOM-Spain 1st Global Consultation on the Health of the Migrants
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2012 2015 2015 2016 2016 2017 2017 2018 2019

WHO Europe: Health 2020	Sustainable Development Summit "Leave No One Behind"	106th Session of the IOM Council "Advancing the Unfinished Agenda of Migrant Health for the Benefit of All"	WHO Strategy and Action Plan for Refugee and Migrant Health in WHO European Region 2016–2022	71st UNGA HLD on Large Movements of Migrants and Refugees. New York Declaration	WHO-IOM Sri Lanka 2nd Global Consultation on the Health of Migrants	WHA Resolution 70.15: Promoting the Health of Refugees and Migrants	Global Compacts on Refugees and for Safe, Orderly and Regular Migration	Global Plan of Action on the Health of Refugees and Migrants,
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PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS GLOBAL ACTION PLAN, 2019–2023



World Health
Organization

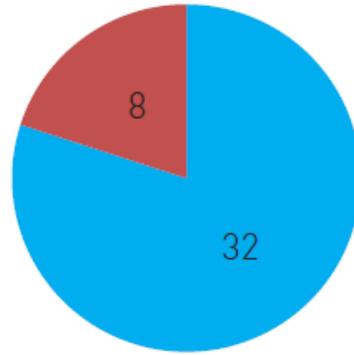
SEVENTY-SECOND WORLD HEALTH ASSEMBLY

- Priority 1. Promote the health of refugees and migrants through a mix of short-term and long-term public health interventions
- Priority 2. Promote continuity and quality of essential health care, while developing, reinforcing and implementing occupational health and safety measures
- Priority 3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of: refugee-sensitive and migrant-sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms
- Priority 4. Enhance capacity to tackle the social determinants of health and to accelerate progress towards achieving the Sustainable Development Goals, including universal health coverage
- Priority 5. Strengthen health monitoring and health information systems
- Priority 6. Support measures to improve evidence-based health communication and to counter misperceptions about migrant and refugee health

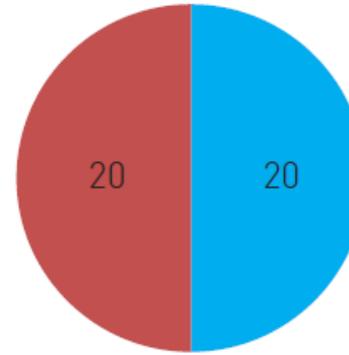
STRATEGY AND ACTION PLAN FOR REFUGEE AND MIGRANT HEALTH

FIRST SURVEY TO ASSESS IMPLEMENTATION OF THE STRATEGY AND ACTION PLAN: RESULTS FROM THE 40 MEMBER STATES THAT RESPONDED TO THE SURVEY

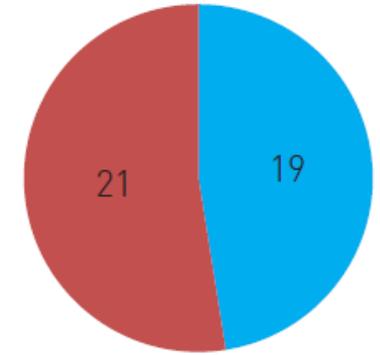
Does the national health policy, strategy and/or plan have at least one explicit component on migration and health?



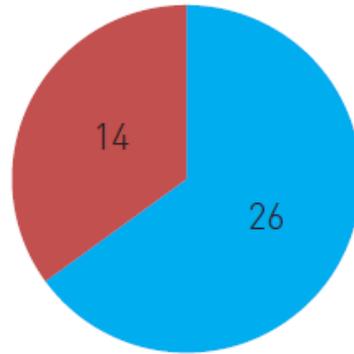
Has at least one assessment been conducted within the national health system on the health needs of refugees and migrants?



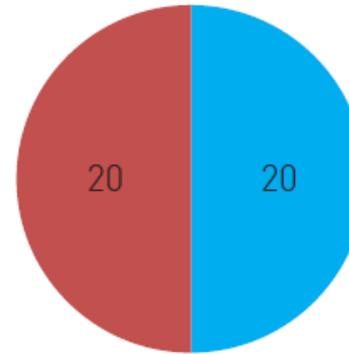
Has at least one assessment been conducted within the national health system on the health service coverage for refugees and migrants?



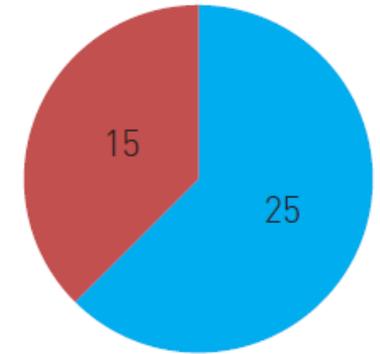
Has the Member State developed a regional or national contingency plan for large arrivals of refugees and migrants?



Does the Member State routinely collect and include data on migration-related variables in the existing local/regional/national datasets?



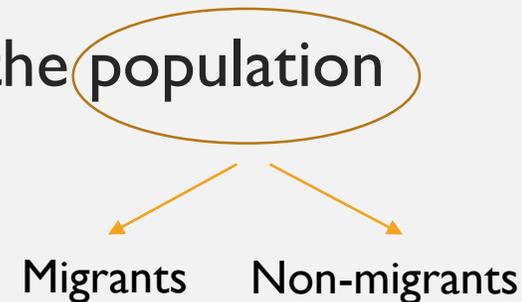
Does the Member State involve non-health sectors and stakeholders in conducting assessments of the health needs (including social determinants of health) of refugees and migrants?



Yes No

NEED FOR IMMIGRANT HEALTH DATA

- Facts vs. myths (politics, public opinion, communication)
- Public health (policies, actions, systems):
 - Policy development
 - Strategic planning
 - Resource allocation
 - Responsibility for the health status of the population



SYSTEMATIC, HARMONIZED DATA COLLECTION
MIGRANT HEALTH DATABASE

THANK YOU FOR THE ATTENTION!