

UPDATE ON THE SITUATION OF THE REFUGEES,ASYLUM SEEKERS AND OTHER MIGRANTS COMING INTO THE EU WITH SPECIAL EMPHASIS ON HEALTH RELATED MATTERS

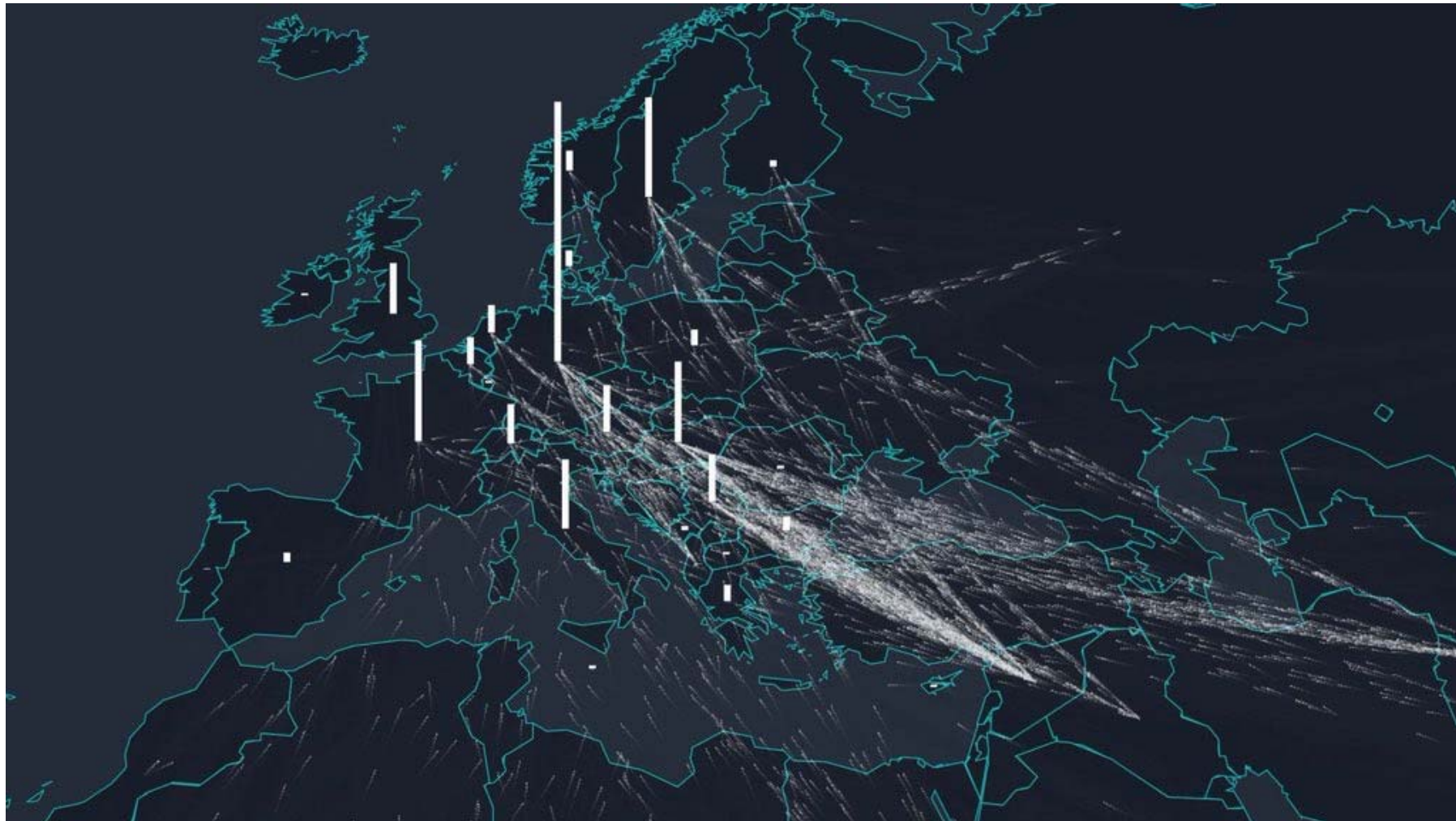
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THE NATURE OF THE CRISIS IN EUROPE

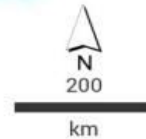
- The most recent assessment conducted by ACAPS on the refugees and other migrants entering the EU by land and sea without authorisation in 2015 reveals a figure of over 800,000 people
- The initial route from North Africa to Italy has shifted to a route where people travel through Greece and then through the Western Balkans to reach destinations in northern and western Europe. This only concerns **unauthorised** entry into Europe
- In addition to people fleeing countries in conflict there are many other migrants not regarded *prima facie* as refugees. In 2012 and 2013 approximately 2,5 million migrants entered Europe legally, the figure for 2015 is unlikely to be very different.
- As of 5 November 2015, Greece had received the highest number of unauthorized entrants in decades. Over 650,000 people have arrived by sea in 2015.

European Migrant Crisis: Transit Centres

(as of 5 Nov 2015)



Country	Transit Centre	Average # of daily arrivals
Greece	Moria	Not fully functional
Macedonia	Gevgelija	6,000
	Tabanovce	n/a
Serbia	Preševo	6,000-10,000
Croatia	Opatovac	4,000
Slovenia	Brežice	4,000
	Dobova	
	Rigonce	
	Gruškovje	
	Šentilj	

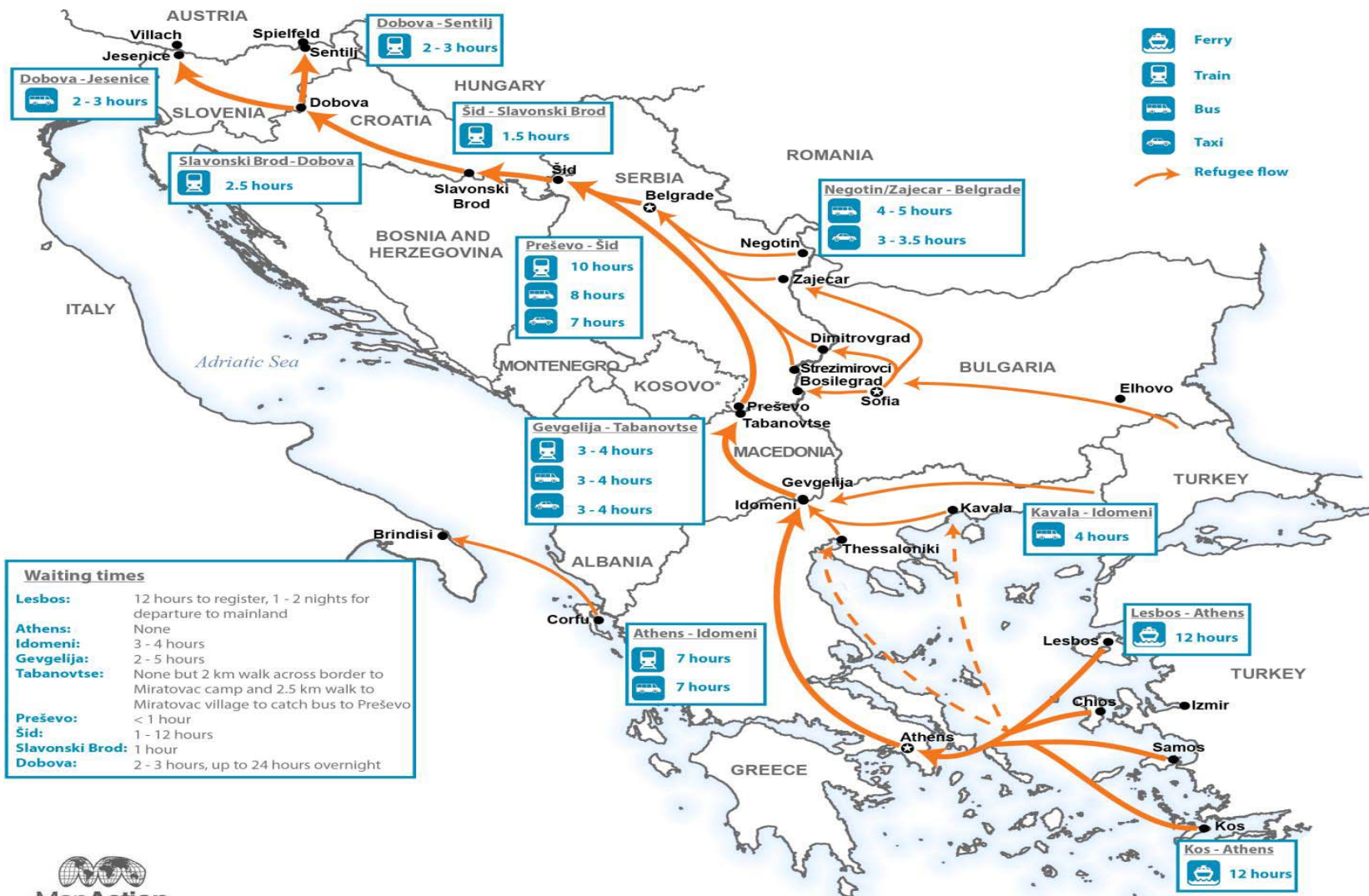


THE NATURE OF THE CRISIS IN EUROPE(2)

- More than 93% come from the world's top 10 refugee producing countries and over 60% are from Syria.
- In the same period, there were over 141,000 arrivals to Italy, nearly 4,000 to Spain and 102 to Malta
- At least 3,455 migrants are known to have died making the crossing.
- In addition there are over 2.2 million refugees in Turkey.
- Close to 250,000 people crossed the Mediterranean only in October
- As far as the health related needs are concerned we are observing a **compounded effect** of acute critical health needs that warrant humanitarian interventions as well as a burden of health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.

A Busy Week On The Balkan Migrant Route





Waiting times

Lesbos:	12 hours to register, 1 - 2 nights for departure to mainland
Athens:	None
Idomeni:	3 - 4 hours
Gevgelija:	2 - 5 hours
Tabanovtse:	None but 2 km walk across border to Miratovac camp and 2.5 km walk to Miratovac village to catch bus to Preševo
Preševo:	< 1 hour
Sid:	1 - 12 hours
Slavonski Brod:	1 hour
Dobova:	2 - 3 hours, up to 24 hours overnight



Data Sources: GADM, Natural Earth, OSM, UNHCR

* Serbia and Kosovo (S/RES/1244/1999)

0 100 Kilometres

OUTCOME OF THE HIGH LEVEL MEETING ON REFUGEE AND MIGRANT HEALTH CONVENED BY WHO EURO AND ITALY'S MINISTRY OF HEALTH

Stepping up action on refugee and migrant health

Towards a WHO European framework for joint action

Rome, 23-24 November 2015

RATIONALE FOR ACTION

- Member States are taking many positive steps to respond to the health needs of refugees and migrants arriving in Europe.
- The current surge may require rapid humanitarian responses and increased technical assistance to countries.
- Responding quickly and efficiently can be complex, resource intensive and socially disruptive if countries are not fully prepared.
- It is time to work together to for public health solutions.

OVERARCHING CONSIDERATIONS

- The current massive refugee, asylum seeker and other migrant influx in Europe is an **urgent public health concern** for all Member States in the Region
- **Solidarity and humanity** are the principles that ought to inspire the pan-European collaborative response to the current crisis
- If not for any other reason, **let us act** because of human security and public health reasons
- Communication efforts should receive priority attention to dissipate fears and false perceptions among refugees and other migrants as well as among host populations
- Priority attention ought to be given to unaccompanied minors

AGENDA FOR ACTION: short- and medium-term measures

- Refugees and migrants should be assisted in overcoming the difficulties of arriving in a new environment.
- Health systems need to be prepared to respond to the immediate health needs of refugees and migrants.
- Epidemiological surveillance capacities should be strengthened, to include migrant-sensitive data.
- Comprehensive immunization programmes should be put in place..
- Special efforts should be made, aimed to protect the most vulnerable.

AGENDA FOR ACTION: long-term measures

- Strengthening health system capacity to provide health care over the longer term.
- Continuity and quality of care should be guaranteed for migrants in all settings, including for care received from NGO health services and alternative providers
- Developing migrant-sensitive health policies.
- Pursuing intersectoral collaboration to address the socioeconomic determinants of migrant health.

Key Issues in connection with Communicable Diseases

- Migrants and refugees do not pose a health security threat to the host communities
- Health assessments, massive screenings and mandatory examinations are not the solution and ought to be put in perspective and demystified.
- In that respect refugees and migrants are not different from international travellers
- It will be important to address the improvement of living conditions influencing health: i.e. prevent overcrowding ,ensure immunization,access to clean water and basic sanitation

Key Issues in connection with Non-Communicable Diseases

- There are important gaps in the treatment continuity of those refugees and asylum seekers affected by non-communicable conditions
- Mental health problems should receive priority attention and mental health promotion and psychosocial support should be put in place
- Intersectoral action and health in all policies are fundamental for improving the health situation of the refugees and other migrants
- Sexual and reproductive health and prevention and treatment of sexual violence and other forms of violence ought to be contemplated as part of the health response

Key issues in connection with coordination and collaboration

- In some countries it will be fundamental to engage civil society and NGOs in the response for addressing the health needs of refugees, asylum seekers and other migrants, in some others it will be crucial to reinforce the country capacities of the public local health systems
- It is important to further the collaboration between countries and international organizations like WHO, IOM, UNICEF, UNHCR, UNFPA and UNDP
- It is very important to **build bridges of collaboration** with the African and Eastern Mediterranean WHO Regions to foster platforms of common action in origin, transit and destination countries

Towards a WHO European framework for collaborative action

- Finding consensus on several immediate measures.
- Exchange and sharing of information should be intensified
- We should move fast in developing transborder approaches, transnational data bases respecting privacy of information, and portability of health records/health cards
- Putting public health aspects of migration on the agenda of the WHO Regional Committee for Europe in 2016.