



**COUNCIL OF
THE EUROPEAN UNION**

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NOTE

from: Permanent Representatives Committee
to: Council
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Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
COUNCIL MEETING ON 5 AND 6 DECEMBER 2007

Health and Migration in the EU

- *Policy debate / Adoption of Council Conclusions*
[Public debate, pursuant to Article 8(3) CRP (proposed by the Presidency)]
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1. At its meeting on 28 November 2007, the Permanent Representatives Committee examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions, as set out in the Annex, to the Council.
2. The Council is invited to adopt the proposed draft conclusions.

Draft Council Conclusions on Health and Migration in the EU

THE COUNCIL OF THE EUROPEAN UNION,

1. RECOGNISES that the Charter of Fundamental Rights of the European Union (EU), proclaimed in Nice on 7 December 2000, states that "everyone has the right of access to preventive health care and the right to benefit from medical treatment under conditions established by national laws and practices"¹.
2. RECALLS that:

- article 152 of the Treaty establishing the European Community states that a high level of human health protection shall be ensured by the Community, with the proviso that Community action in the field of public health fully respects the responsibilities of the Member States for the organisation and delivery of health services and medical care and can therefore only complement national policies;
- the Council Conclusions on Common Values and Principles Underpinning EU Health Systems, of June 2006², which consider that health systems, underpinned by the overarching values of universality, access to good quality care, equity and solidarity, are a central part of Europe's high levels of social protection and make a major contribution to social cohesion and social justice;

¹ Article 35 on Healthcare, OJ C364, 18/12/2000.

² OJ C 146 of 22.06.2006, p.01.

- the Council Conclusions on Health in All Policies (30 November 2006)³ underline the fact that the impacts of health determinants are unequally distributed among population groups resulting in health inequalities and recognise that policies can have positive or negative impacts on health determinants and that such impacts are reflected in health outcomes and the health status of the population;
 - several key EU documents address in particular the issue of migration, namely the "Tampere Programme", the "Hague Programme" and the "Common Basic Principles for immigrant integration policy in the EU", in addition to the Programme of the German, Portuguese and Slovenian Presidencies⁴.
3. NOTES that health is a core aspect of migrants' integration, favouring intercultural dialogue, social cohesion and sustainable development; further NOTES that migrants are Third country nationals, living in the EU, who may have special health needs, and STRESSES that addressing the health of migrants is fundamental to attaining the best level of health and well-being for everybody living in the EU.
4. UNDERLINES the importance of cross-sector action at international, European, national, regional and local levels, but also acknowledges the important role played by civil society in health promotion, health education, disease prevention and the actions aimed at the promotion of access to health services for migrants.
5. Fully ACKNOWLEDGES, in accordance with the principle of subsidiarity, the responsibilities of Member States in the development of national policies regarding health of migrants, and RECOGNISES that Member States will ensure that migrants are able to access health care in accordance with applicable Community, international and national instruments, but that the extent to which specific groups may access health care beyond those requirements will be subject to conditions established by national laws and practices.

³ Doc. 15487/06 (Presse 330).

⁴ Doc. 17079/06.

6. REFERS to the result of the Summit “Tackling Health Inequalities: Governing for Health” held in London in October 2005.
7. WELCOMES the attention given to the health of migrant workers by the World Health Organisation⁵ (WHO) and LOOKS FORWARD to the discussion on the Resolution on the Health of Migrants at the 122nd Session of the Executive Board (January 2008).
8. WELCOMES the Exploratory Opinion issued by the European Economic and Social Committee⁶.
9. WELCOMES the activities of the European Centre for Disease Prevention and Control (ECDC) in the field of migrant health and looks forward to the report on migration and infectious diseases to be delivered in 2008.
10. NOTES the Presidency's summary of the conclusions of the European Conference on “Health and Migration: Better health for all in an inclusive society” held on 27-28 September 2007, in Lisbon, Portugal, that are reflected in the Annex.
11. INVITES the Commission and the Member States:
 - to develop cross-sector policies to pay full attention to the social, cultural economic and gender determinants of the health of the whole population, including migrants' health, as well as the avoidable risks to their health, taking into consideration migrants' diverse backgrounds;
 - to facilitate the sharing of knowledge of and analysis of information on migrant health so as to provide a sound basis for future coordinated work;

⁵ 60th World Health Assembly, 14-23 May 2007.

⁶ CESE 1001/2007.

- to encourage stakeholders to build partnerships and engage in cross-sectoral work, to achieve knowledge improvements, innovation, and more effective interventions to address the issue of migrants' health;
- to promote the strengthening of health systems in the countries of origin, as appropriate within cooperation and development programmes, *inter alia* to prevent disease and ill health and contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems.

12. INVITES the Commission:

- to include in the implementation of the new Health Strategy aspects of migrant health, considering gender specificity, aimed at improving knowledge of migrant health and developing health promotion, prevention and migrants' access to care, under conditions established by national laws and practices;
- to consider establishing a network of national experts on Health and Migration as a basis for future EU work in the field, including the sharing of information on policies, strategies and best practices to promote migrants' health;
- to ensure, where possible, that the Second Programme of Community action in the field of Health (2008-2013)⁷ can support actions aimed at the promotion of migrants' health, such as EU projects on health and migration, designed to evaluate relevant experiences on migrants' health;
- to facilitate that the Seventh Framework Programme of the European Community for Research and Technological Development⁸ can support research action to improve evidence-based policy-making regarding migrants' health;

⁷ OJ....

⁸ Decision No 1982/2006/EC of the European Parliament and of the Council of 18 December 2006

- to enable support for health- and migration-led projects and initiatives from Structural Funds in the framework of the Cohesion policy as well as from funds forming part of the General Programme "Solidarity and Management of Migration Flows";
 - to cooperate with relevant international organisations, in particular with the WHO.
13. INVITES the European Parliament to consider the migrants' health dimension in the ongoing analysis of and debate on EU policies, within the approach of "Health in All Policies".
14. INVITES the Member States:
- to integrate migrant health, where appropriate, into national policies;
 - to give consideration to migrant health in the light of the "Health in All Policies" approach, with special emphasis on cooperation and development policy and employment and social policies;
 - to facilitate access to health care for migrants in accordance with applicable Community, international and national instruments;
 - to share good practices and develop actions that promote and protect migrant's health including consideration of mental health, women's and children's health, and occupational health;
 - to develop efforts to promote the sharing of data on migrants' health as well as knowledge of the effectiveness of migrant health interventions.

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**Presidency's summary of the conclusions of the European Conference on
“Health and Migration: Better health for all in an inclusive society”
held on 27-28 September 2007, in Lisbon, Portugal**

Introduction

The Conference “**Health and Migration in the EU: better health for all in an inclusive society**” set out to provide the scientific basis and political vision needed to introduce this important and long-overdue theme into the EU health agenda. This was felt by the Portuguese Presidency to be an urgent need.

Health promotion, disease prevention, and access to health services were considered the main broad strands on which to structure the discussions. Some specific areas of major concern such as woman and child health, occupational health, access and quality of care, and mental health, were also subject of an in-depth analysis.

The following conclusions and recommendations that emerged from the Conference constitute a challenge for all those concerned with health issues in the EU. They concern to people working at the Community, national, regional, local and global levels. It is now the politicians' task to decide on when and how to address them, desirably in a swift and innovative manner. There are already in place a number of EU instruments that could provide the basis for the implementation of these recommendations.

General conclusions

- The EU needs migrants and migrants need Europe. Together they can contribute towards creating a better future, in a win-win situation, where health does have a major role to play. Migrants have the potential to contribute to both demographic and economic growth. Health is key to their integration in culturally diverse societies, and to enhance their potential contribution to the economic growth and development of both host and home countries.
- Migrants experience increased health risks, frequently similar to those of the more vulnerable and disadvantaged groups in both origin and host societies. Some of these risks may derive from poor public health conditions back home. Others may have originated during transit or may be the result of adjustment to a different environment in the host society. Both national and EU policies need to take that into consideration, developing actions and practices that promote and protect health.
- Many of the health problems faced by migrants are the product of social and environmental factors including housing and working conditions, personal security, family situation, poor integration, cultural and linguistic barriers, discrimination and stigmatisation, and cannot be addressed by the health sector alone.
- Migrants do not constitute a uniform group of people; on the contrary, they are very diverse in terms of level of education, income, social status, access to public services, cultural practices and beliefs, languages, etc. This diversity should be considered and taken into account when designing policies targeting them and their health needs.

- There is a clear need for more data and knowledge on migrant health in the EU. Evidence gathered so far also suggests that there is a need for better practical interventions in health promotion, disease prevention and access to health services. Some feasible interventions have been identified and were presented in the Conference as Good Practices; however more structural changes are needed. Specificities of gender ought to be taken in consideration.
- Special consideration needs to be given to migrant health across all relevant policy processes - “Health in All Policies”, with special emphasis, on employment and social policies and on cooperation and development policies. The European Health Strategy should address migrant health issues.
- In view of the increasing trend towards circular migration, migrants returning to their home countries may experience again new health risks in adjusting to environments different from those they lived in.
- Partnerships developed under the auspices of EUROMED, EU-Africa cooperation and EU neighbouring policy should be thoroughly explored. The potential of these instruments is to be taken advantage of in the forthcoming EUROMED and EU-Africa Summit.
- The WHO agenda and the Conference of the Council of Europe in Bratislava on 22 and 23 November 2007 illustrate the relevance of the theme, posing a global call for action, for additional and concerted efforts to improve the health of migrant population.

Specific conclusions

- There are shortfalls on available information and gaps in knowledge. Thus, surveillance and research on health issues, focusing on specific mobile populations, needs to be conducted. The EU research agenda and information systems could reinforce migrant health related topics and indicators.
- The “Health in All Policies” approach has been identified as a philosophy to guide intervention and action on migrant health. There is a need to incorporate migrant health protection and equitable access to care into mainstream health policies, accounting for different barriers: geographical, social and cultural.
- New tools as health impact assessment should be used to anticipate and adjust for potential negative effects of other sectors policies on migrant health.
- Migrants are particularly vulnerable to some infectious diseases such as Tuberculosis (TB), HIV/Aids and Sexually Transmitted Infections (STI). In view of the global nature of such conditions, the EU countries should look for consensus and convergence in their approaches to policies and strategies for prevention and treatment.
- Non-communicable diseases, as cardiovascular diseases and diabetes, also largely affect migrants. They require specific approaches, as those aiming at the whole populations, but also at the high risk individuals.
- Health is a main element of human rights. Health protection and access to care by migrants and their descendants can be critical to promote their integration and the well-being of the whole population.
- Due to the particular circumstances of migration and settlement, migrants may be particularly vulnerable to mental health problems. Special emphasis should be set on entitlement and accessibility to culturally-sensitive mental health services.

- The workplace and the residence can be used as entry points for delivery of health services and health information to migrant workers and their families and to promote health and combat major health threats. Intersectoral collaboration and coherence between health, employment and migration strategies need to be further enhanced.
- Migrant women and children, which are among the most vulnerable of the migrant populations, should be considered a priority. Specific actions need to encompass access to family planning services and education, guarantee vaccination and immunisation programmes, prevention of domestic violence and combating human trafficking.
- Although the Conference did not focus specifically on the migration of health professionals, it fully endorse ethical responsible recruitment, to avoid the brain-drain, and explore ways of using circular migration of health professionals as a contribution to the strengthening of health systems in the countries of origin.

Final message

Global problems call for global answers; health and migration are two global phenomena that call for urgent global responses. As both surpass national and regional borders, it is time for the EU to assume a leading role in this global challenge.