

## ECDC DIRECTOR'S PRESENTATION

Opening Address at the 5<sup>th</sup> European Conference on Migrant  
and Ethnic Minority Health,  
Granada 10 April 2014

Ladies and gentlemen, dear colleagues,

I would like to start by thanking the Andalusian School of Public Health, and the European Public Health Association, EUPHA, for inviting me to this important conference on migrant and ethnic minority health, in Granada.

As you all know, the issue of health among migrant populations entering the EU has been receiving increased attention during the last couple of years.

And the Portuguese EU Presidency in 2007 and the Spanish EU Presidency in 2010 were instrumental in highlighting the importance of health among migrants.

However, when talking about migrant health we must not forget that migrants are comparatively healthy on a population level. Nevertheless, some migrant sub-populations seem to be more vulnerable to some infectious diseases.

Of course migrant health is a lot more than just infectious diseases, but the mandate of ECDC is within the area of infectious diseases and this is where we would like to make a difference and add value at the EU level.

The draft Council Conclusions of the Portuguese EU Presidency, welcomed ECDC to produce a comprehensive report on migration and infectious diseases in the EU.

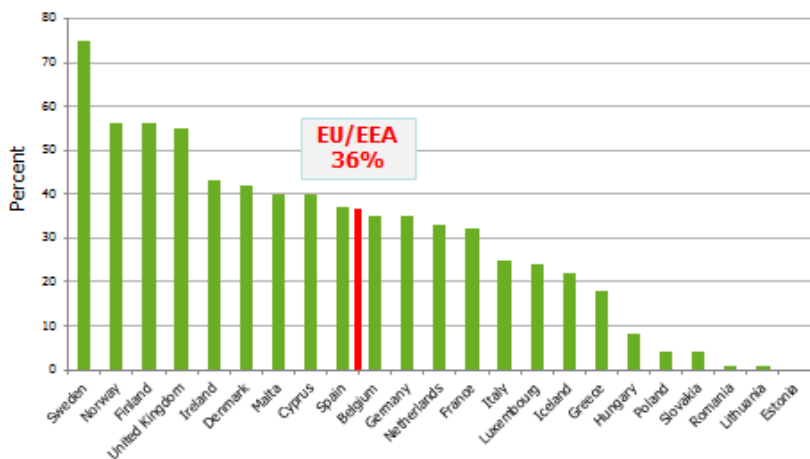
And in 2008, ECDC hosted an expert meeting to set down the priorities within this area. Several of you here today participated in the meeting.

At this meeting, HIV and TB were identified as priority disease areas related to the health of migrants.

According to the most recent available data, migrants account for a significant proportion of diagnosed HIV cases in the EU. On average one in three HIV diagnoses in 2011 were among migrants.

So migrants are disproportionately affected by HIV in Europe.

### Proportion of migrants in all diagnosed HIV infections in EU/EEA Member States (2011)



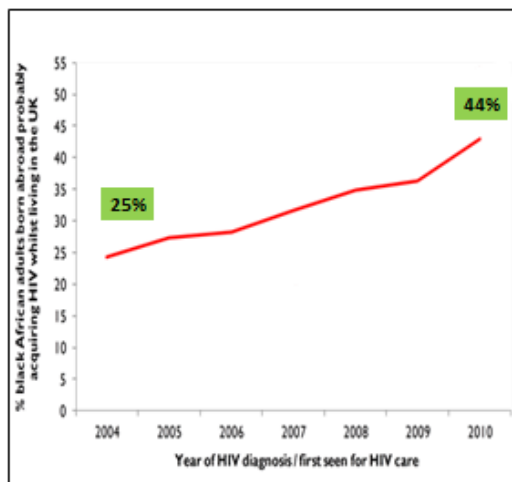
"Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions" ECDC (2013)

Looking at the situation of HIV among migrants, what are the messages we need to convey to policy makers?

The first, very important, message I would like to convey is that we have evidence that migrants are being infected after arrival to the EU.

Results from studies in the UK indicate that more than half of all migrants diagnosed with HIV were probably infected in the UK.

### Proportion of migrants probably infected in the UK



Source: Rice BD, Eiford J, Yin Z et al (2012). A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV in the UK. AIDS 26 (15): 1961-6

Obviously this has huge implications for developing and implementing primary prevention programmes targeted toward migrants.

Many countries in the EU do not implement prevention programmes at scale, in the assumption that migrants are already infected with HIV when entering their country.

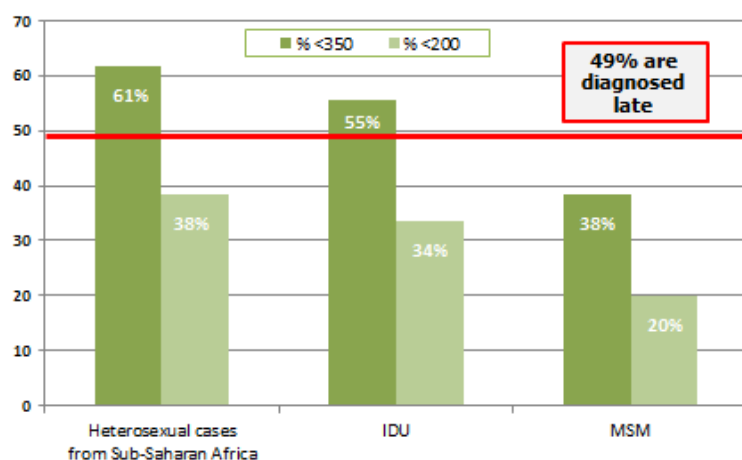
It is now time to rethink HIV prevention and tailor programmes targeted toward migrants.

My second message concerns late diagnosis of HIV in Europe.

Overall half of those diagnosed with HIV in 2012 were diagnosed late.

But what is striking from the available data is that migrants are diagnosed later than other key populations, such as people who inject drugs or men having sex with men.

### Late HIV diagnosis by transmission mode EU/EEA, 2012



This is again an indication that migrants are not accessing health services to the same degree as host populations.

And the third message that I would like to convey today concerns access to HIV treatment of undocumented migrants.

In 2012, only half of the EU countries provided HIV treatment to undocumented migrants.

This is unacceptable!

There is a strong argument, from a public health perspective, to ensure early access to HIV treatment as we know that this reduces morbidity and mortality significantly. Also, the transmission of HIV is significantly reduced if detected early and treated appropriately.

## Availability of ART for undocumented migrants 2012



And so far I have only focussed on HIV, but if we look at the situation of tuberculosis in Europe, we know that 25% of all the reported TB cases in the EU/EEA were diagnosed in foreign-born populations in 2011. And in 11 of these countries, more than 50% of the diagnosed TB cases were among foreign-born populations.

So what can we do to address these issues and signs of inequalities in health?

We need to ensure that migrants, all migrants, have better access to healthcare services.

Last month in Athens, ECDC organised a technical meeting on migrant health and infectious diseases, together with the Greek Presidency to the EU Council and the Greek public health institute, KEELPNO.

## Technical meeting on migrant health, Athens 19-20 March 2014



GR 2014 EU

HCCDP

HEALTH CENTER FOR DISEASE CONTROL & PREVENTION

MINISTRY OF HEALTH

ecdc

AGENDA

PUBLIC HEALTH BENEFITS OF SCREENING FOR INFECTIOUS DISEASES AMONG NEWLY ARRIVED MIGRANTS TO THE EU/EEA

The specific topic of the meeting was about the public health benefits of screening for infectious diseases among newly arrived migrants to the EU. EU countries expressed the need to develop guidance on screening for infectious diseases among migrants.

So together with the European Commission, ECDC will explore the possibilities of developing such guidance. ECDC will provide the Commission with the necessary evidence regarding the screening of infectious disease among migrants.

I would also like to mention our on-going collaboration with the WHO and the International Organisation for Migration (IOM).

Together, we are currently developing an evidence-based framework on migrant health and infectious diseases. The aim of this framework is to provide countries with tools and indicators that would allow for better public health decision making.

I would like to stress that we, as public health professionals, must never forget why we do, what we do.

My three take home messages today are:

Given the evidence of HIV transmission after arrival to the EU, it is time to rethink prevention and tailor programmes targeted toward migrants. And this goes beyond HIV.

We need to ensure that ALL MIGRANTS, also the undocumented, have better access to healthcare services.

And finally, we must not forget that on a population level, and especially when taking into account non communicable diseases, migrants are comparatively healthy.

I know that you are all here today, as public health professionals, committed to improve the health of migrants.

I want to ensure you that ECDC is also committed to this very important task.

I hope we will have two fruitful days here in Granada.

Thank you for your attention.

### **My 3 take home messages today:**



1. Time to rethink prevention and tailor programmes targeted toward migrants
2. ALL MIGRANTS need to have better access to healthcare services
3. On a population level, migrants are comparatively healthy.

