

Inégalités de santé des exilés

Migrant health inequalities

« Santé des exilés : le syndrome d'une vie de merde »

Migrant health shit life syndrome

Alfred Spira

National Academy of Medicine

France

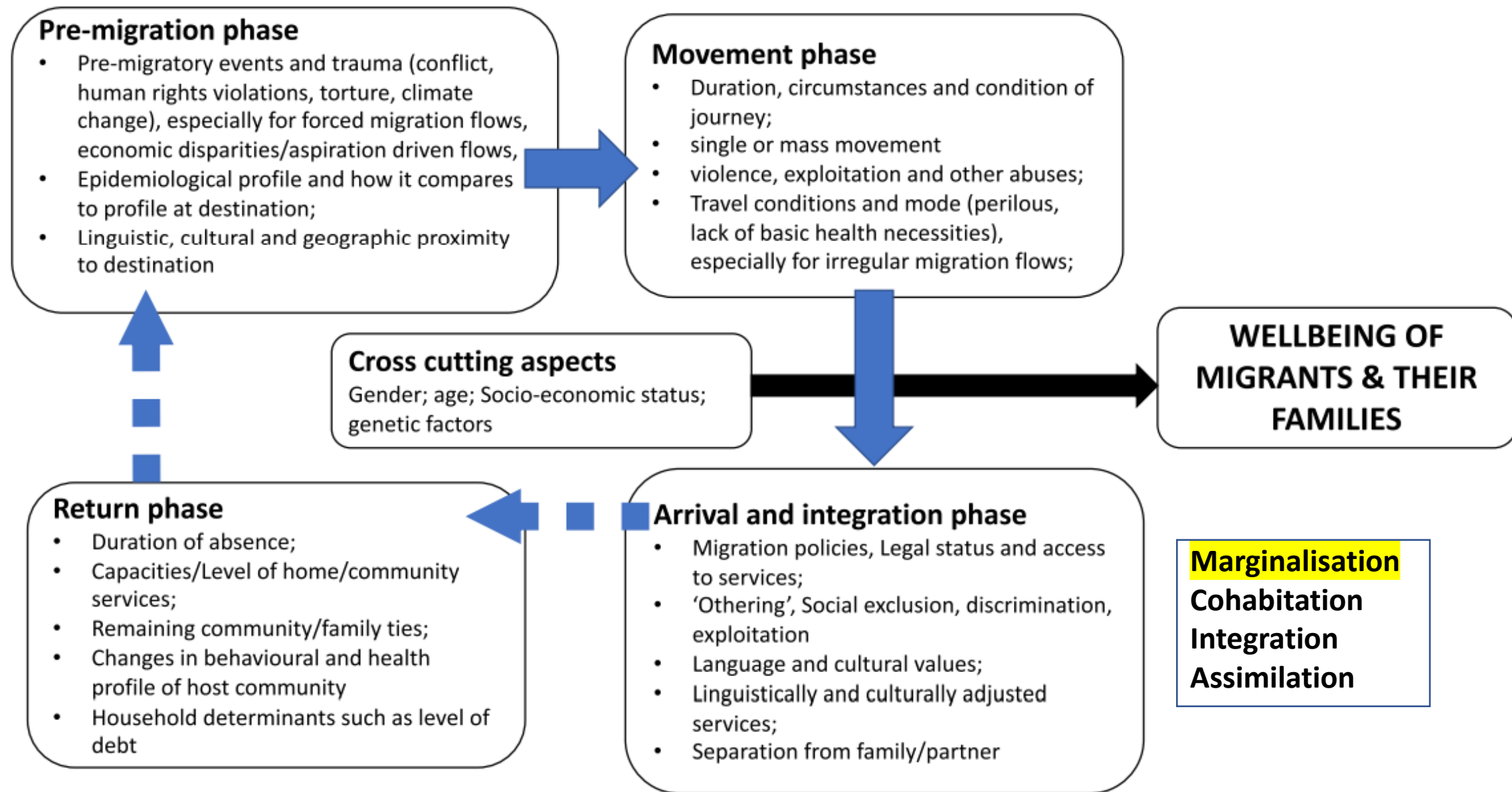
Migrant Health

Health = basic human right (UN 1951 convention). Whatever the reason: social, political, economic, environmental, etc. migration is a cascade of trauma, generating anxiety, stress, disturbed mental health. More social th

Migration = going “outside”, loosing familiarity with social life = stress (even when travelling for work or tourism). It becomes a mystery to children. Second generation suffers the more.

Even if migrant health is better than that of host country population (selection producing “Healthy migrant effect”), at least well-being (= health) will be disturbed. Emotional niche disrupted by traumatic change. On top of “imported” diseases, mental health will be first affected, then physical health.

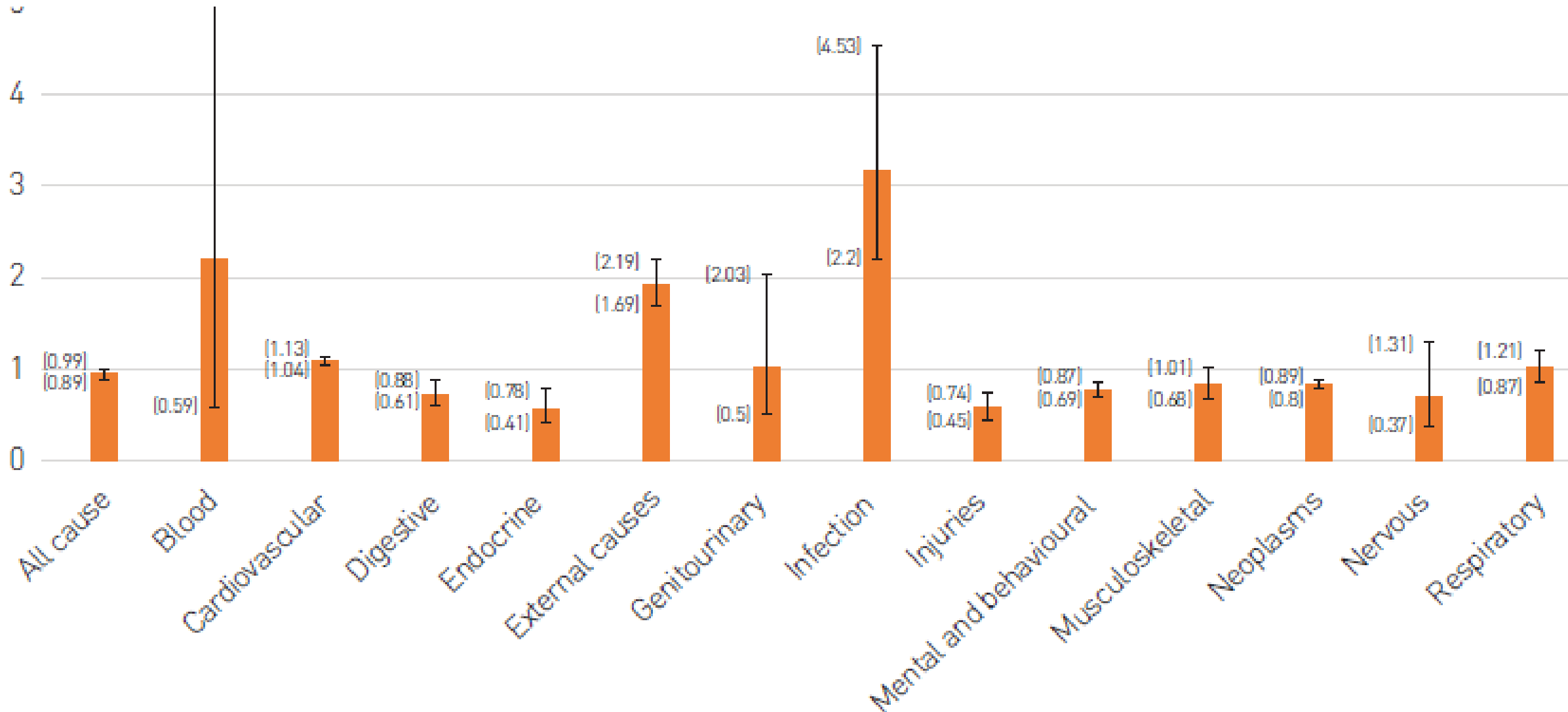
Importance to favor access to health for all + Proportional universalism, prevention and care.



Factors influencing health and wellbeing of migrants and their families along the phases of migration

HEALTHY MIGRANT EFFECT + SALMON EFFECT

Standardized mortality ratio [95% CI]



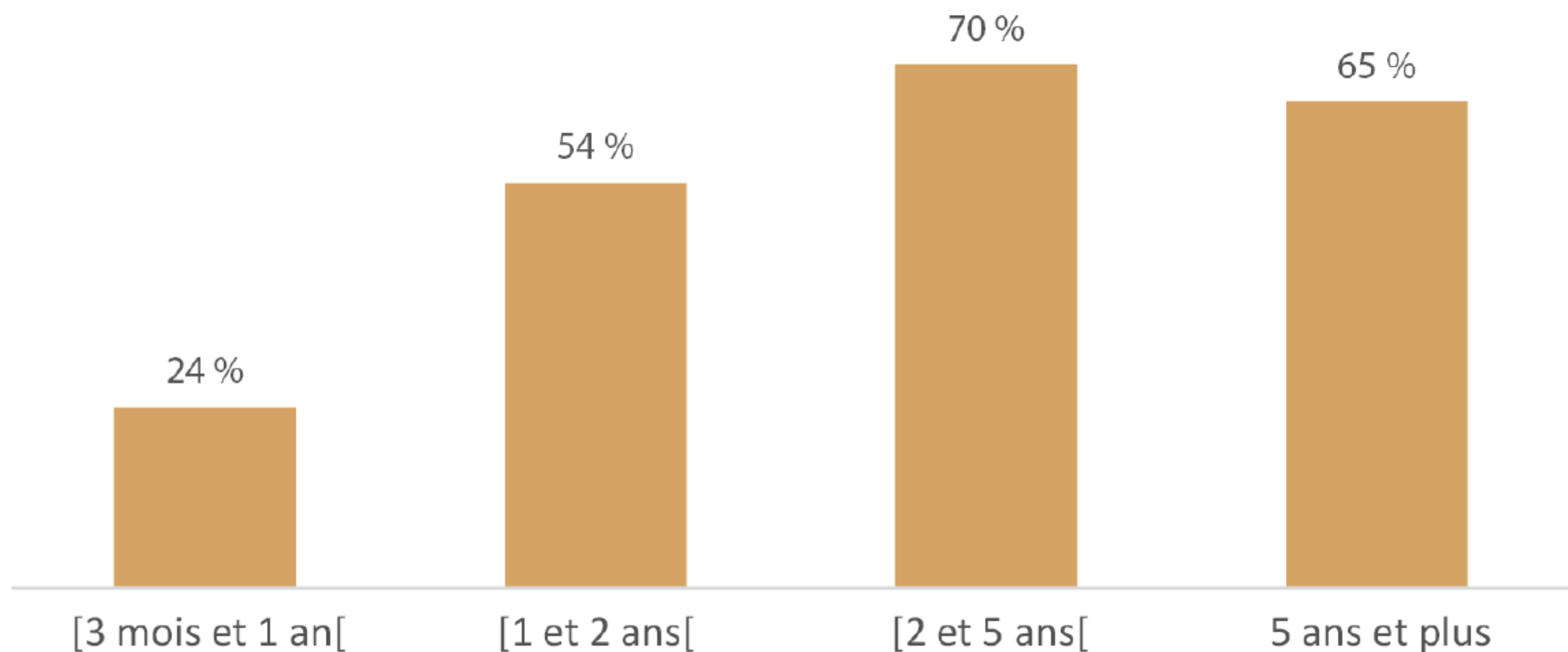
Summary standardized mortality ratios for refugees and migrants compared with the host population in the WHO European Region for various mortality

WHO Weekly Bulletin 2020, 95, 12

HEALTH BARRIERS FOR MIGRANTS

- The most important barrier to healthcare is restrictive national laws.
- These restrictions are often linked to patients' administrative status: asylum seekers, citizens of non-EU countries without permission to reside, EU migrants with no permission to reside, and unaccompanied minors.
- Access to health for all is a prerequisite. NYC did it!

Part des personnes bénéficiant de l'Aide médicale de l'État (AME) selon leur durée de séjour en France

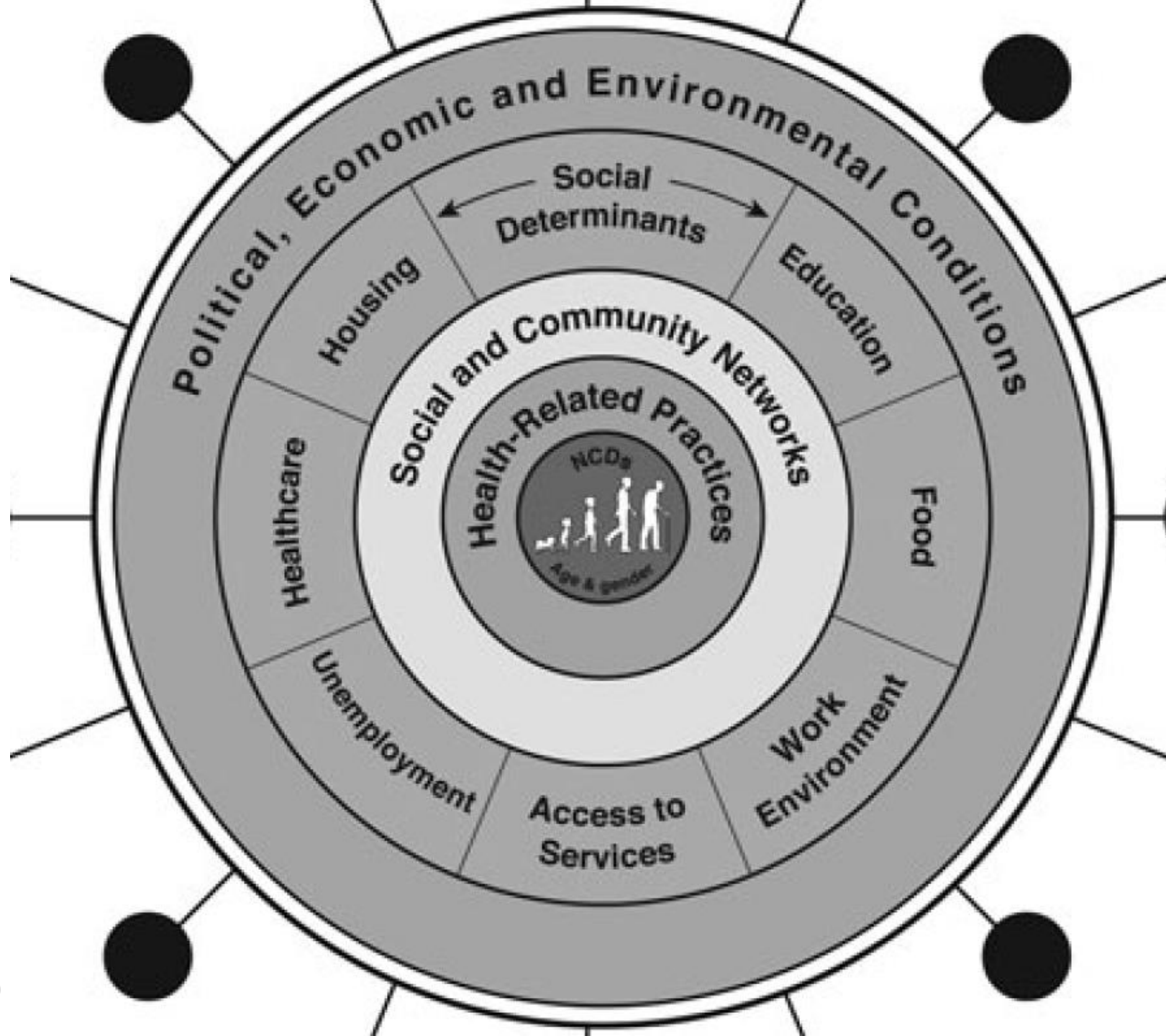


Source : Enquête Premiers pas

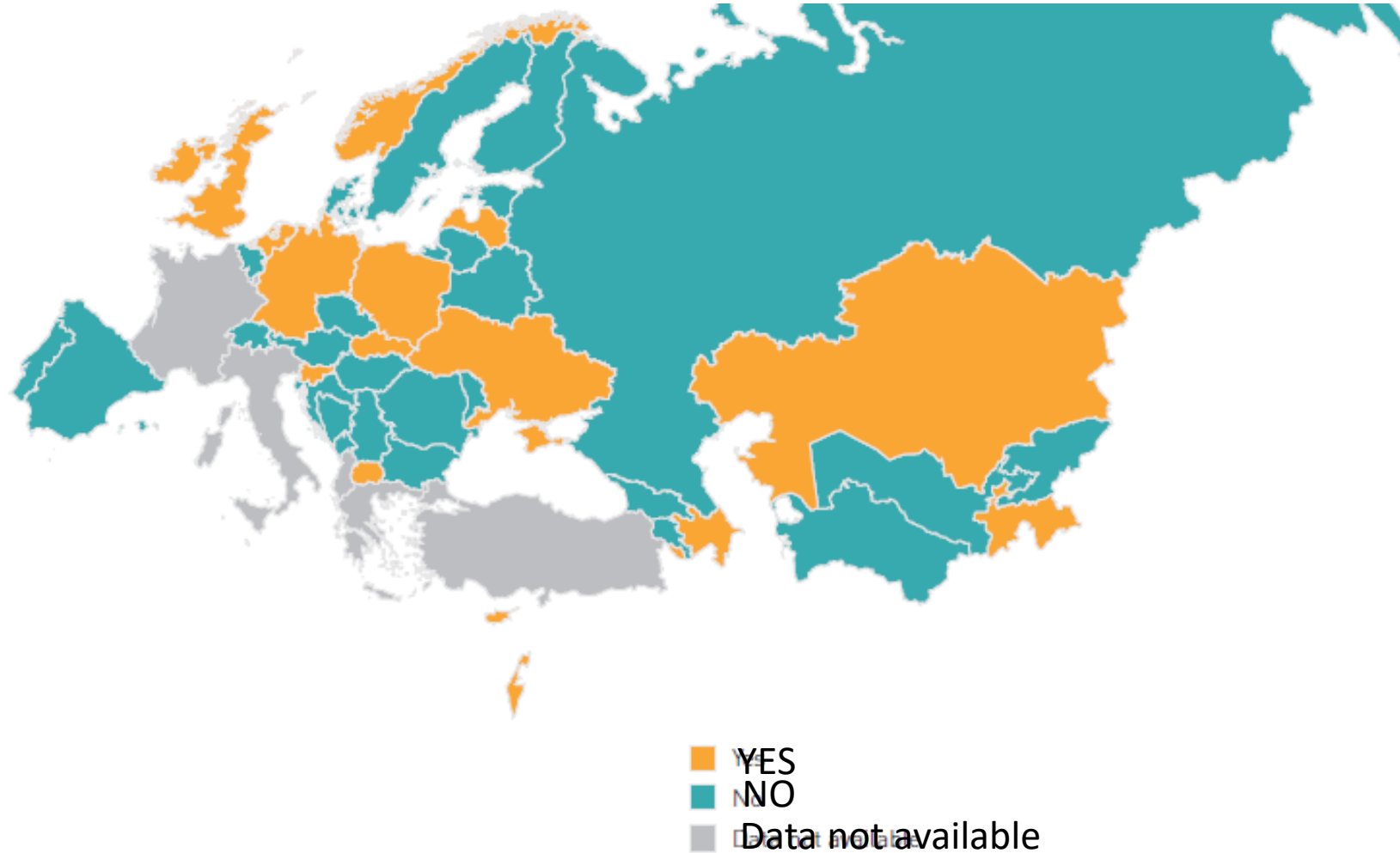
LA SYNDÉMIE COVID-19 x MALADIES CHRONIQUES x DETERMINANTS SOCIAUX ISS



FRANCE : À PARIS, LES EXILÉS ENTRE COVID-19 ET
CAMPS DE FORTUNE



Member States in the WHO European Region that collect systematic information on the health of refugee and migrant children



Source: WHO Regional Office for Europe, 2018 (271).

Migrant Health Challenges

Growing burden of disease, with data suggesting that infectious diseases, accidents, injuries, musculoskeletal disorders and violence disproportionately affect migrant groups compared to long-settled populations in the European Union.

Amongst these **health challenges**, mental health disorders (psychotrauma) and TB remain a major problem. Disease prevalence varies between migrant groups, and therefore

Research challenges (1)

- **Address the health needs of migrants, high quality data collection,** Add migration related questions to regularly administered administrative and health surveys, including health outcomes in relation with the drivers of migration and the geographical region of origin
- **Consider migration as a social determinant of health inequalities,** undertake research that responds to the population needs, including through increased focus on the health effects across the lifecycle and genders
- **Analyse the best treatment regimens required by mobile populations** (diabetes, hypertension, addictions, mental health etc.)
- **Implement evidence-based health interventions**



The UCL–Lancet Commission on Migration and Health: the health of a world on the move

Lancet 2018; 392: 2606–54

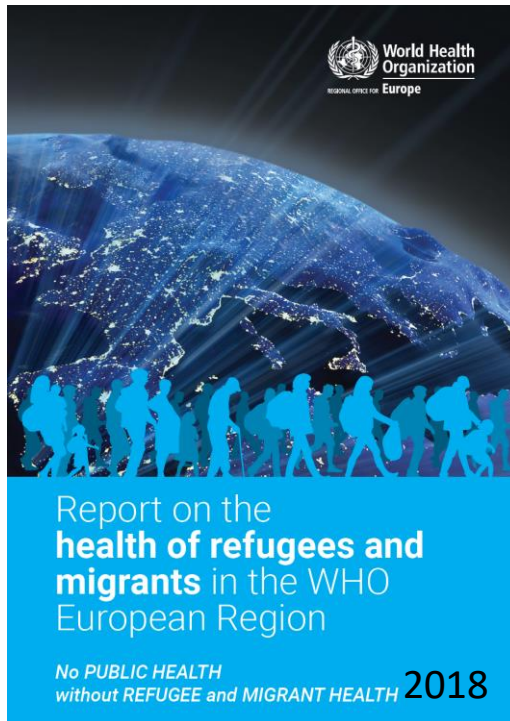
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LEGAL REPORT ON ACCESS TO HEALTHCARE IN 12 COUNTRIES



BELGIUM - CANADA - FRANCE - GERMANY - GREECE - LUXEMBOURG - NETHERLANDS - SPAIN - SWEDEN - SWITZERLAND - TURKEY - UNITED-KINGDOM
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Health Care Access for Migrants in Europe FREE

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Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis

Sol Pía Juárez, Helena Honkaniemi, Andrea C Dunlavy, Robert W Aldridge, Mauricio L Barreto, Srinivasa Vittal Katikireddi, Mikael Rostila**

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