



Mesa Redonda: Saúde na Determinação da Emigração e das Respostas (Health in Determining Migration and Responses)

Por Ana Requena-Mendez

Evaluation of health needs of migrants

Whilst the health status of most migrants is on average at least as good as health of the native born population, there are specific diseases, particularly infectious diseases (ID) which are common amongst migrants. Other chronic conditions such as mental health (MH) or female genital mutilation (FGM) should be also considered. In the health assessment of migrants, it could be included the screening of certain conditions.

WHY? The health status of migrants may be improved in the long term if the presence of certain ID and other conditions can be early identified. The real situation regarding the impact of specific screening programmes in the migrant population needs to be understood and compared across European countries and regions.

WHAT? Any disease that should be screened may have some characteristics that make them suitable for a screening program: to be chronic, to have a latency period where most people are asymptomatic and to be a severe condition under certain circumstances. HIV, HBC, HCV, Chagas disease, strongyloidiasis, schistosomiasis or tuberculosis have these 3 characteristics. FGM and MH should be also considered as they are associated with migration.

WHERE? There are screening programmes to control the transmission of the previously mentioned conditions at blood banks, organ transplant or antenatal care programmes. Some screening interventions at primary care (e.g. Chagas disease) have been demonstrated to be cost-effective strategies and the evaluation of the cost-effectiveness of multiple interventions (testing several conditions with one intervention) needs to be further evaluated.

WHO? A screening intervention may benefit from moving from general population screening to a targeted screening of smaller subpopulations where the intervention could be more cost-effective. Screening for strongyloidiasis in immunosuppressed migrants, may be have a higher health impact compared to the general migrant population.

WHEN? Some countries are requiring screening for tuberculosis as a requirement for the VISA application, whereas other programs do it on arrival and others after entry.

HOW? Compulsory screening of immigrants for tuberculosis and HIV is not based on adequate evidence, and has practical and ethical problems.