Impact of Immigration on HIV and Tuberculosis Epidemiology on the Mediterranean area

Final Report Summary - IMMIGR HIV TB MED (Impact of immigration on HIV and tuberculosis epidemiology on the Mediterranean area)

The ultimate aim of the IMMIGR HIV TB MED project was to improve the capacity of the countries in the Euro-Mediterranean area for obtaining quality epidemiological information on Human immunodeficiency virus (HIV) and Tuberculosis (TB), while taking into consideration ethical and legal issues related to health in migrant populations. To this end, the project proposed to hold two workshops in order to gather all the
relevant stakeholders: delegates of international and national Non-governmental organisations (NGOs) concerned with the process, experts and health professionals, researchers, representatives of the United Nations Agencies and other decision makers (Ministries of Health, Interior and Justice).

The first workshop was held in Rabat on 5 - 7 November 2007. 30 participants from Morocco, 11 participants from Spain and 17 other international participants attended the workshop that was organised around four main topics:
1. demographical data on immigrant populations;
2. epidemiological data and risk data analysis of HIV and TB in overall populations;
3. epidemiological data and risk data analysis of HIV and tuberculosis in migrant populations;
4. HIV and TB laboratory strategy and capacity.

The conclusions drawn from this first workshop were that demographical data on migrant populations were about to be completed, especially for undocumented migrants, in the southern countries of the Mediterranean region. In some countries, epidemiological data and risk data analysis for HIV and TB in migrants were missing and needed to be documented. Although NGOs were very active, the migrant's access to health care still required the support of health authorities and of the international organisations.

The second workshop was held in Madrid from the 25 - 27 June 2008 in which France, Italy, Mauritania, Morocco, Portugal, Spain and Tunisia were represented. It was intended to provide an overview on the ethical and legal issues related to health in migrant populations, contributing to the Euro-Mediterranean dialogue on the situation of migrants. In addition, it aimed to determine the specific requirements to be taken into consideration when trying to improve the epidemiologic surveillance of HIV and TB in migrant populations. The workshop was organised around four main topics:
a) migrants and health: ethical and legal issues;
b) access of migrants to prevention and care for HIV and TB;
c) stigma and discrimination;
d) the way forward: role of different stakeholders in improving health care and health information in migrants.

The main conclusions of the second workshop were the following:
a) Regardless of the legal status of individuals, the right to health was recognised widely in the different legislative frameworks, both at national and international level. Given the legal framework, policy options that contravene the United Nations’ and European conventions should not be pursued in the Euro-Mediterranean area, and current legislation should be enforced and implemented. Nevertheless, it remained unclear how immigrants, especially undocumented, received treatment in case of need in many countries.
b) The early detection and treatment of HIV and TB in foreign-born individuals in the host country proved to have an enormous potential public health benefit.
c) The screening of migrants for TB and HIV was carried out in many countries; however, the evidence base in support of this policy was weak. Compulsory screening was expensive in terms of both start-up and recurring costs and, once implemented, it was difficult to halt. Resources allocated to compulsory screening might be more effectively directed towards providing better health care and preventive services.
d) Discrimination and stigmatisation is one of the dramatic consequences that people with HIV / AIDS or...
TB have to face, and a major obstacle to seeking diagnosis and receive medical care. These problems are perhaps magnified by the existing gender discrimination.

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