



Burmese family undergoing health assessments prior to resettlement. Photo credit: IOM



EU countries with resettlement programmes (incl. ad-hoc projects), 2010

## Background

Refugee resettlement in the European Union (EU) has been growing in both numbers and importance over the past several years. There are currently 10 EU Member States with active annual resettlement programmes: Czech Republic, Denmark, Finland, France, Ireland, Netherlands, Portugal, Romania, Sweden and the United Kingdom. In 2010, three additional EU countries, Spain, Bulgaria and Hungary, established formal resettlement programmes as well. Several EU countries engage in *ad-hoc* refugee resettlement, such as Germany, Italy, Belgium and Luxemburg.

Health is an important factor in the resettlement of refugees. Traditional immigration countries have long recognized a need for the cross-border control of diseases and for the protection of the public health of both host communities and refugees. The legislation and protocols of major immigration countries have evolved over the past decades, from the concept of quarantine upon arrival to the current system of overseas health assessments.

With EU countries increasingly participating in refugee resettlement, it is important to consider related health issues, in order to minimize adverse consequences for refugees and hosting communities. Currently, there are efforts underway to discuss the development of a coordinated mechanism among EU countries to address the health of refugees and communities in the context of resettlement.

## HEALTH ASSESSMENTS IN THE FRAMEWORK OF EU RESETTLEMENT

### Summary

IOM partners with resettlement country governments to provide a broad package of health assessment services. These services are tailored to meet the needs and requirements of the resettlement country, and can include some or all of the following:

- Migration health examinations
- Admissibility determinations
- Laboratory services
- Health pre- and post-test counselling and education, e.g. for HIV
- Immunizations
- Treatment or referrals for treatment
- Pre-departure medical screenings (PDMS)
- Fitness-for-travel (pre-embarkation) checks
- Medical escorts
- DNA testing
- Emergency Transit Centre (ETC) Post-Arrival Health Assessments (PAHA)
- Global health informatics services
- Global evaluation and quality control/quality assurance

Health assessment protocols are based on the legislation and best practices of resettlement country governments, and are generally performed prior to a refugee's departure for resettlement. EU countries may want to consider the protocol that best fits their resettlement programmes and priorities.

### Why do Health Assessments?

Health assessments provide an opportunity to initiate curative and/or preventive interventions for medical conditions that, left untreated, could have a negative impact on the refugees' overall health status, as well as on the public health of the host and receiving communities.

Pre-departure Health Assessments can provide resettlement countries with valuable information on the health profiles of migrants, enabling better preparation and migration management in the country of resettlement. This approach allows for the bridging of health management systems between source, transit and destination communities.

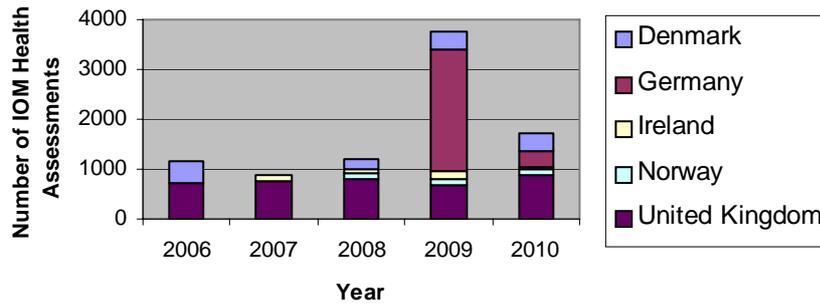
### IOM's Position

IOM advocates for pre-departure health assessments or fitness-to-travel checks (pre-embarkation checks) for all refugees, a strategy that is most effective when coupled with a post-arrival phase in the country of resettlement. This post-arrival phase may entail a health screening, referral to community health centre or specialist, transfer of pre-departure health data to receiving country resettlement agencies, and more.

Pre-travel health screenings help to avoid medical surprises by detecting **significant medical conditions** prior to departure, and to prevent emergencies during travel, protecting the health of refugees, other travelers, and host communities.



**IOM Refugee Health Assessments  
Top 5 EU Destination Countries (incl. Norway), 2006-2010**



Countries of IOM health assessments for refugees resettling to the EU, 2009-2010

**Benefits of IOM Health Assessment activities:**

- **Safe travel**, secured through pre-embarkation checks and assignment of medical escorts when needed
- **Early detection** of conditions, and early treatment
- **Protection** of the public health of hosting communities
- Provision of relevant **health information** to refugees, empowering them to advocate for their health needs
- **Bridging the gap** in medical information between country of origin and country of destination, allowing resettlement countries to better prepare and address the needs of resettling refugees

**Emergency Transit Centres (ETC)**

IOM is involved in two ETCs operating in the region of Europe. The ETC in Timisoara, Romania was established in 2008, as a result of a tripartite agreement between the Government of Romania, UNHCR and IOM. The second ETC is located in Kosice, Slovakia. The facilities are meant to provide a safe space for refugees in need, on a short-term basis during the resettlement process. IOM provides refugees with health assessments, pre-embarkation (fitness-to-travel) checks, and medical escorting, as needed.

**IOM/UNHCR/ICMC  
Practical Cooperation on Resettlement  
Project**

In support of the establishment of a joint EU Resettlement Scheme, IOM is collaborating with UNHCR and the International Catholic Migration Commission (ICMC) in the implementation of a project, which is funded under the European Refugee Fund.

The overall objective of the project is to promote greater engagement by EU Member States in resettlement activities and to strengthen cooperation between Member States by drawing on the benefits of a multi-stakeholder and coordinated practical approach. Participating countries include Belgium, France, Hungary, Netherlands, Poland, Portugal, Romania, United Kingdom, Slovakia and Sweden.

*IOM's Migration Health Division (MHD) aims to meet the needs of Member States in managing health related aspects of migration, and to promote evidence-based policies and comprehensive preventive and curative health programmes which are beneficial, accessible, and equitable for vulnerable migrants and mobile populations.*

*The Migration Health Division works in five interconnected strategic functions to address the migration health challenges throughout the migration process: Advocacy; Health Policy Development; Health Service Delivery; Capacity-Building and Research and Dissemination*

*IOM IS COMMITTED TO  
THE PRINCIPLE THAT  
HUMANE AND ORDERLY  
MIGRATION BENEFITS  
MIGRANTS AND SOCIETY*

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