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Norwegian Institute of Public Health

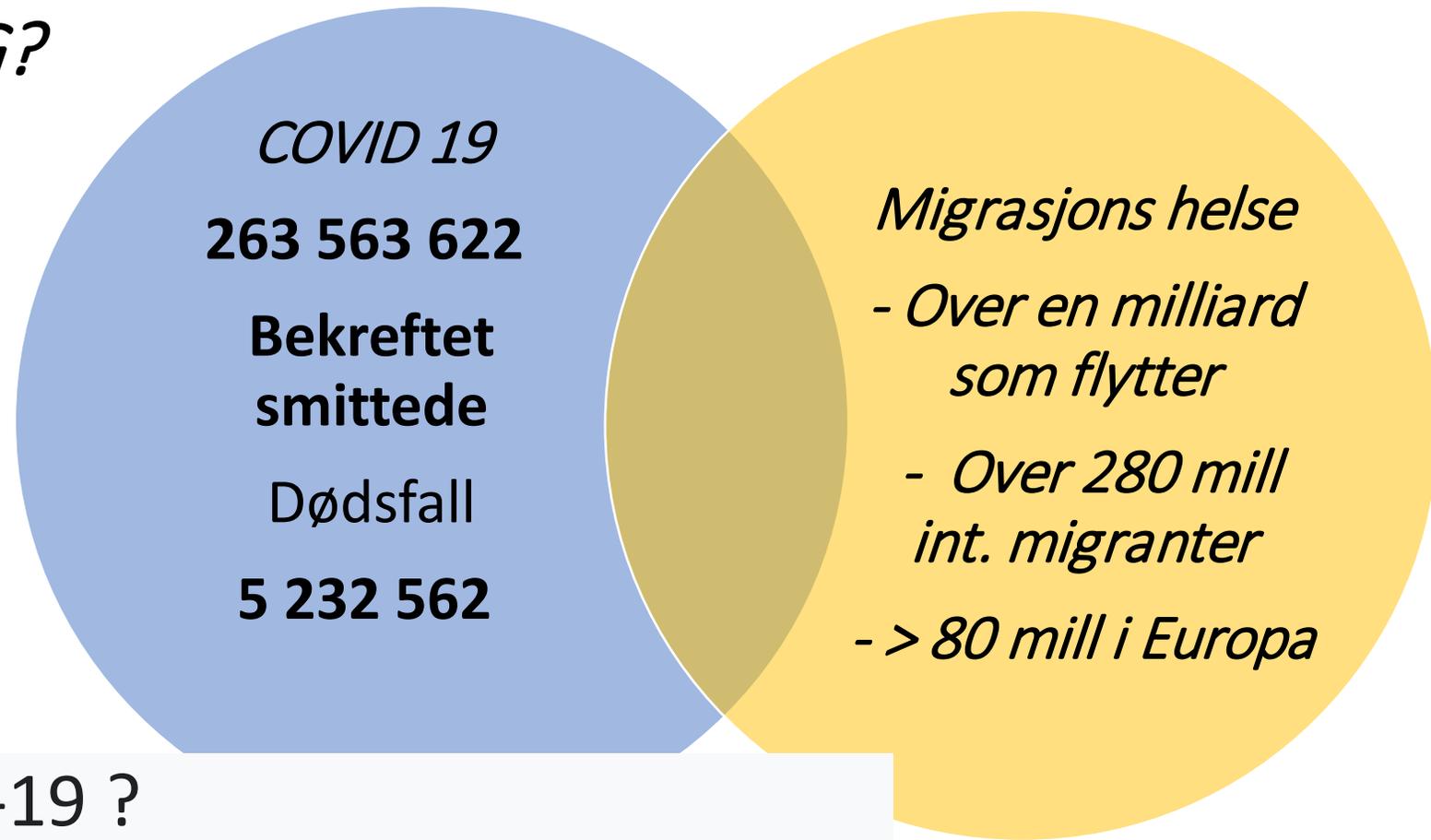
President EUPHA Migrant and Ethnic Minority Health

Chair Global Society on Migration, Ethnicity, Race and Health

Co Chair Lancet Migration

JAHEE WP7 Leader

HVORFOR ER DETTE VIKTIG?

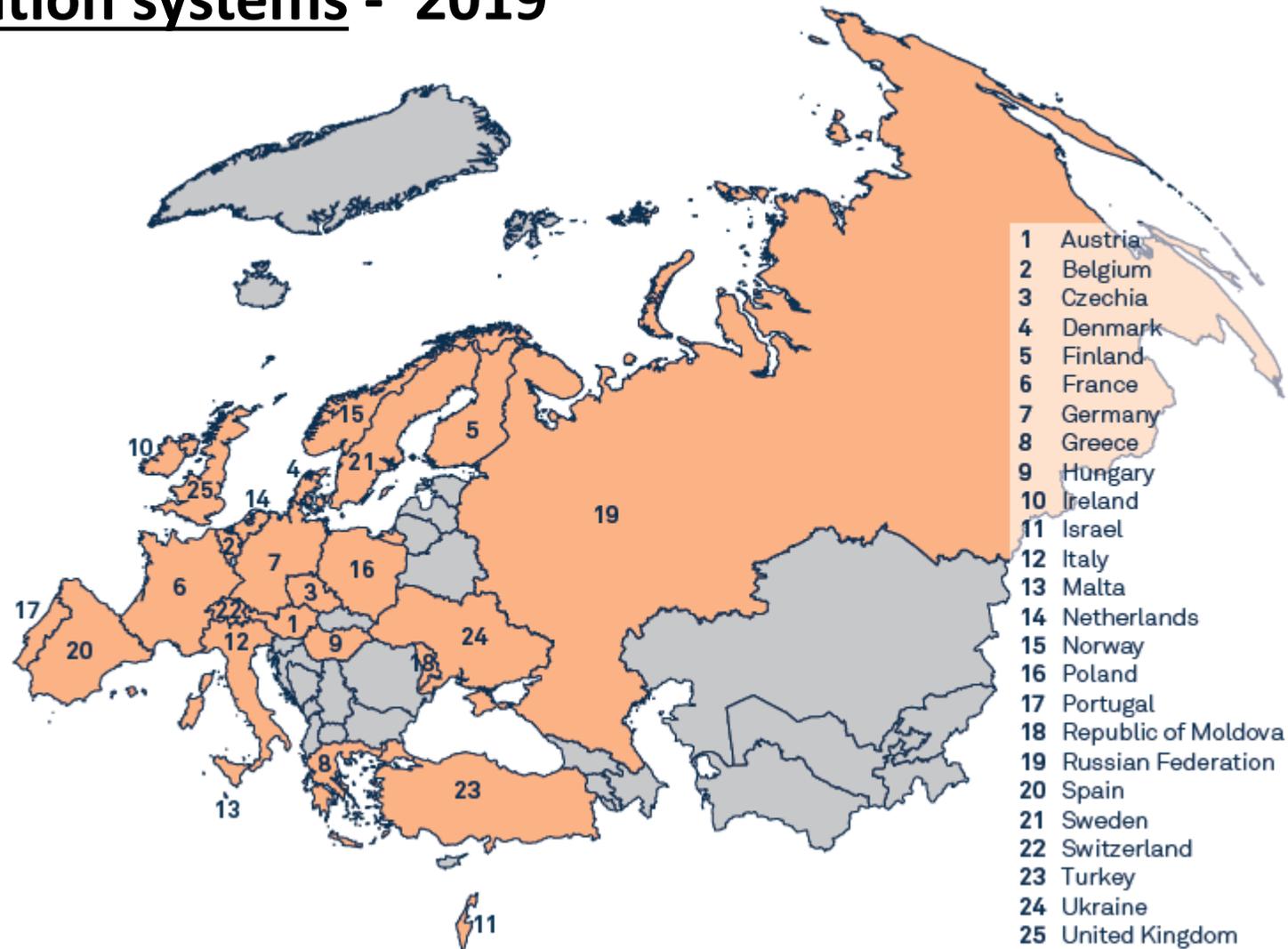


HVORDAN PÅVIRKE COVID-19 ?

- direkte - sykdom
- effekt på andre helse plager
- Samfunnsmessige – arbeid, utdanning
- økonomisk konsekvenser

Member States of the WHO European Region with available refugee and migrant health data as part of national health information systems - 2019

- Ulike definisjoner - ikke sammenlignbare
- Helsedata er tilgjengelig, men ikke migrasjonsstatus/etnicitet
- Migrasjonsstatusdata eksisterer, men er ikke koblet til helsedata
- Datainnsamlingssystemer ikke koblet
- Data som ikke er representative for innvandrerbefolkningen (vanskelig å nå)
- Databeskyttelse og deling



COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE



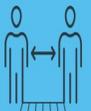
Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/08/2020

Country of birth

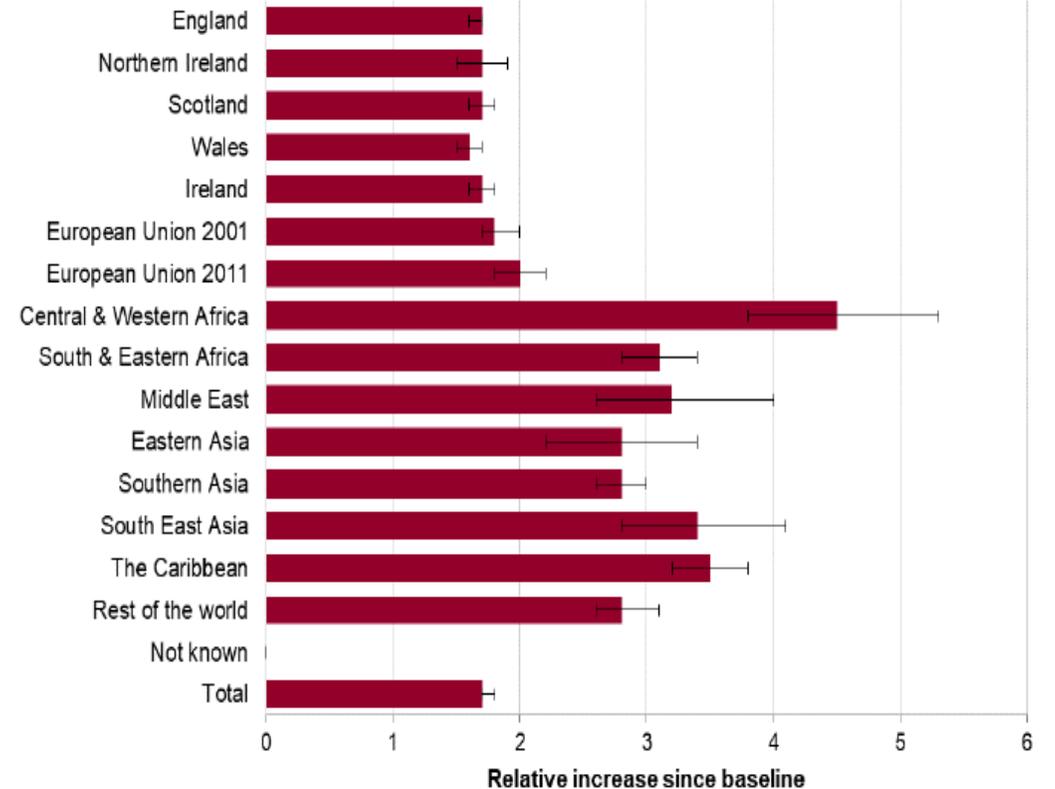
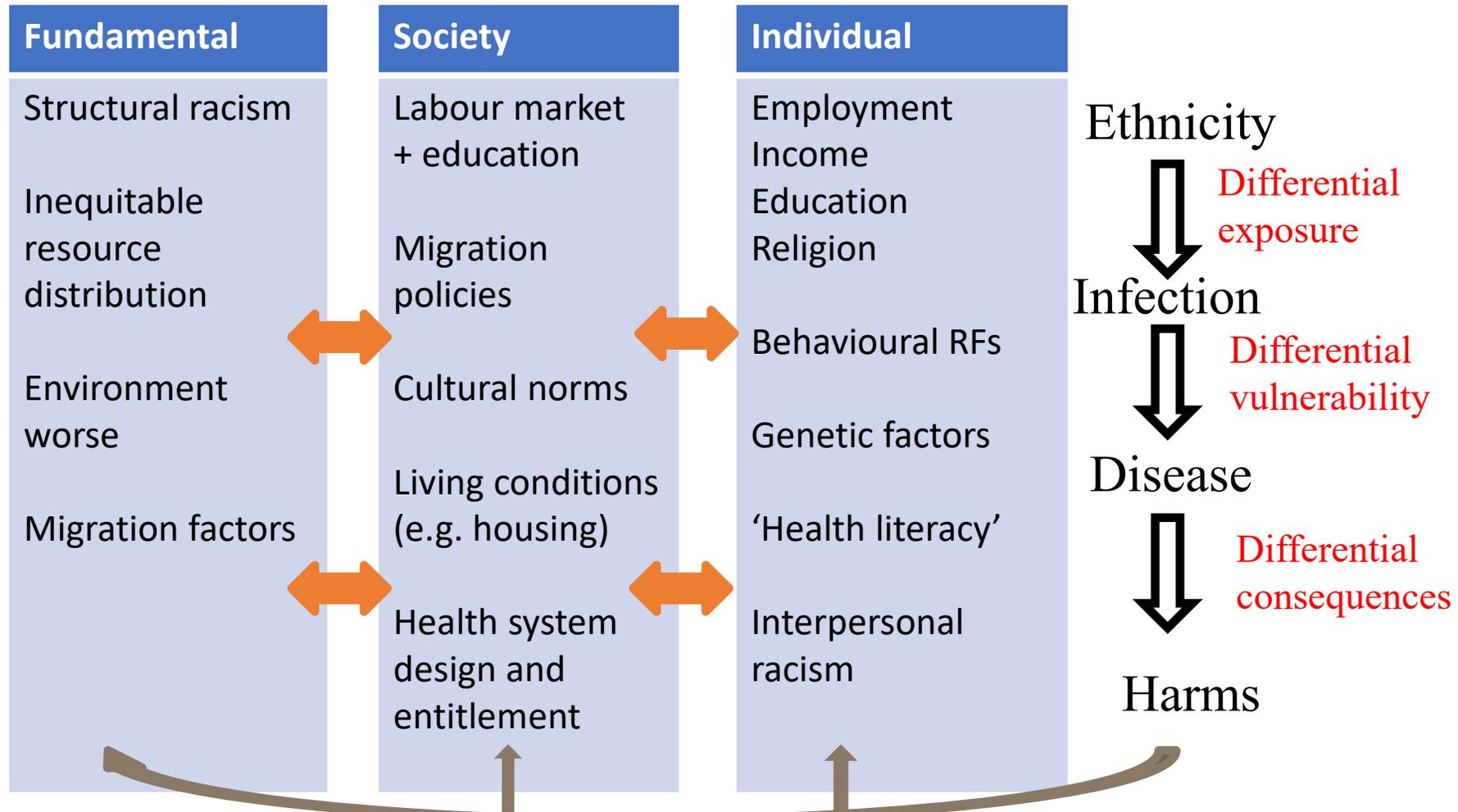


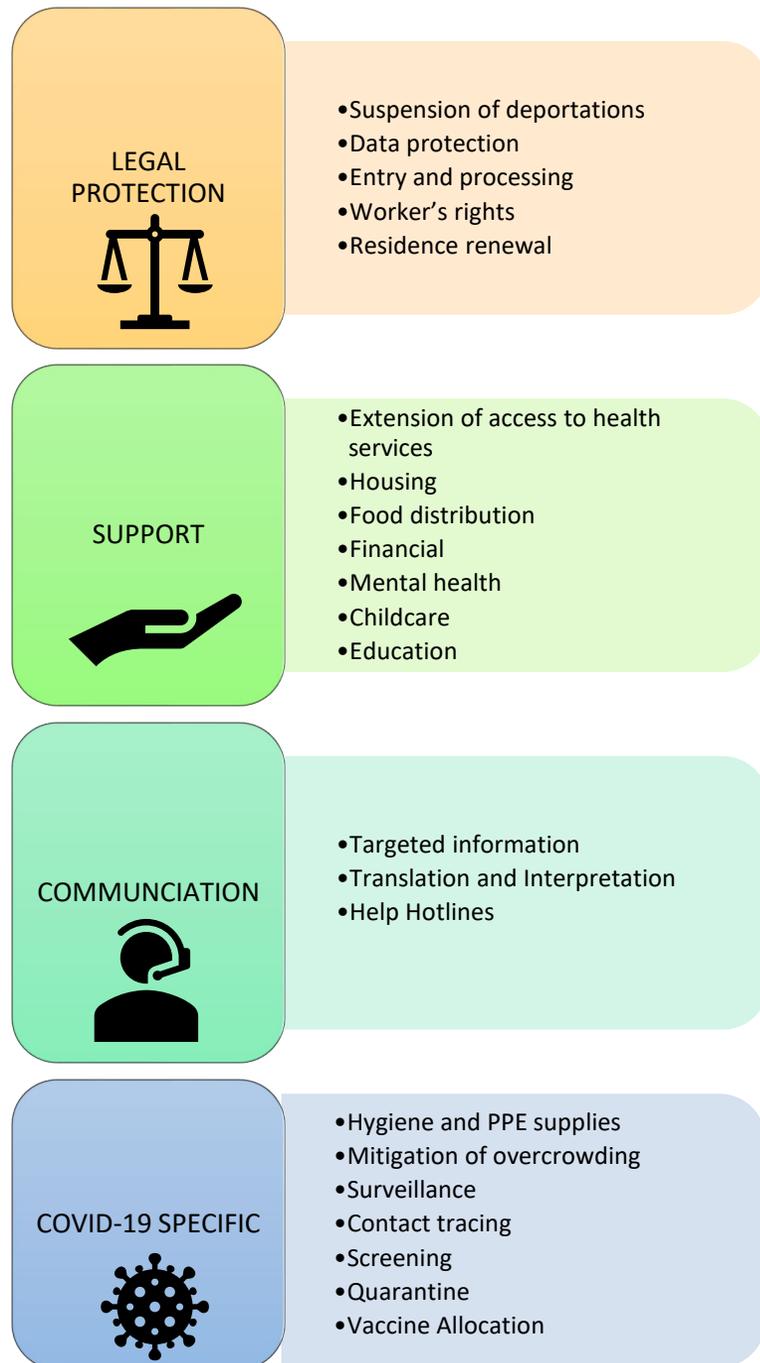
Figure 6.1. Relative increase in total deaths registered in England in 2020 compared to the average for 2014 to 2018, 21 March to 8 May, by country of birth.* Source: Public Health England analysis of ONS death registration data.

UK: All-cause mortality in 2020 in migrants
 > 3 times higher for migrants from the Caribbean (3.5), South East Asia, which includes Malaysia, the Philippines and Vietnam (3.4), the Middle East (3.2) and South and Eastern Africa, which includes South Africa, Zimbabwe, Kenya and Somalia (3.1)

Hva har vi lært ?



Inspired by Diderichsen et al 2001. Work in progress: In collaboration with Ben Barr



1) BLITT BEDRE

- Inclusive/specific policies
- Portugal - most favorable
- Bergen Municipality – Inclusion of irregular migrants

2) INGEN ENDRING (NO GAIN- NO LOSS)

3) BLITT VERRE (SIKKERHET?)

- suspension of asylum processes and resettlement, border closures, increased deportations and lockdown of camps and excessively restrictive public health measures, violation of human rights

EU COUNTRIES ACCORDING TO THEIR ADVANCEMENT IN TACKLING HEALTH INEQUALITIES (DG SANTE Expert Group, country assessment survey 2015-16)

Why?

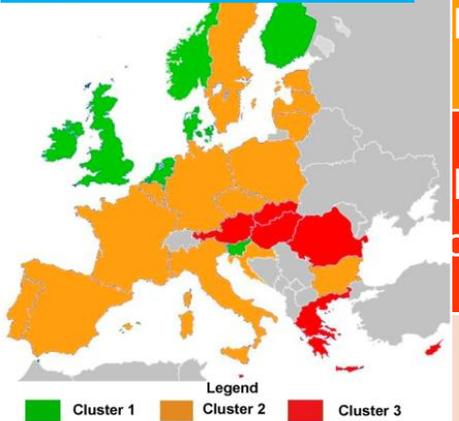
	Agenda	Type	Evaluation	Target	Deaths attributable to lower education	Countries
A	High	Comprehensive cross-government strategies				Finland • Ireland • Norway • Sweden • Austria • Germany • UK
B	Medium/High	Public health and Isolated Cross-government	Medium		25-30% M	Belgium • Denmark • Spain • Netherlands • Italy • France • Estonia
	Health sector		Low/medium	Vulnerable Regional	45-55% M 35-45% F but CY 20-30	Croatia • Cyprus • Czech • Hungary
	Health sector Direct/indirect			Society as		Poland • Romania • Slovakia
					20-50% M 15-45% F	Latvia • Greece • Portugal

Do better

Do more

Do some

EU review 2013



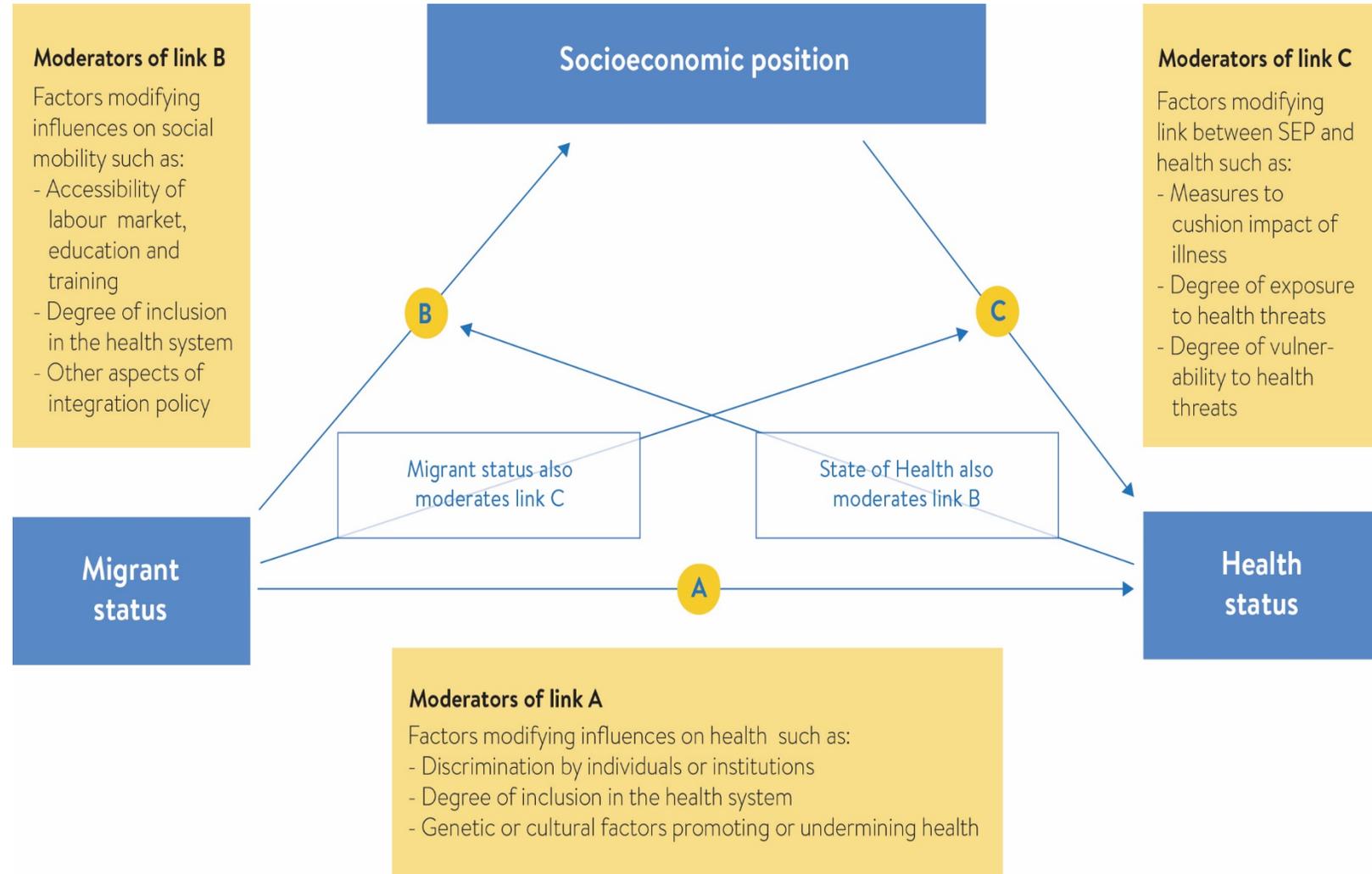
HVA ER UTFORDRINGER FOR KUNNSKAPS INNHEMTING OG FORSKNING ?

➤ **Vanskelig å hente data/ innsamle**

➤ **Data kvalitet og tilgjengelighet**

➤ **Begreper, sammenligning og tolkning**

➤ **Kompleksitet**



VEIEN VIDERE

➤ KUNNSKAPSGRUNNLAG

- HVA? HVORFOR? HVORDAN?*
- TVERFAGLIG*
- BRUKERMEDVIRKNING*
- TVERSEKTORELT - UTEN FOR HELSE SEKTOR*

➤ STRATEGI

- Inkludering vs ekskludering ?*
- 'Proportionate universalism' Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need.

➤ PRAKSIS

- EVALUERING – HVORDAN GIKK DET?*
- KOMMUNIKASJON – HVA VIRKET?*
- TILGJENGLIGHET – NÅDD VI ALLE?*

**THE RIGHT TO HEALTH
MEANS LEAVING
NO ONE BEHIND**



Refugees' and migrants' health should **never be considered separate** from the overall health of the population

#StandUp4HumanRights



The WHO has declared that 'no-one is safe unless everyone is safe!!' Inclusion is the **BEST CHOICE!!**

TAKK FOR
OPPMERKSOMHET!

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