

HEADQUARTERS

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A Reality Check on Migration and Climate Change: Can Europe Meet the Health Challenges Ahead?

**by Dr. Androulla Eleftheriou*

2020 was one of the most disruptive years in human history, due to the devastating COVID-19 pandemic and the health, economic and social hardships it brought about. Such issues were further inflamed in 2021 with the spread of the Delta and Omicron coronavirus variants around the globe, intensifying feelings of uncertainty and piling more pressure on governments and health systems to react promptly and decisively towards this health emergency. The pandemic has been a powerful reminder of the weaknesses of our warning systems and our lack of preparedness for handling future crises. It has also laid bare the substantial challenges we face as a global society. 2022 and the years onwards will unquestionably be a crucial test on how the world – and, more particularly, Europe – will respond to the multifaceted crisis scenarios posed by the interplay of climate change, conflict, and migration.

Indeed, there have been two major developments in 2021, beyond the pandemic, that could be seen as harbingers of the changes that await us in the next decades. The return of the Taliban regime in Afghanistan which could steer the country into yet another civil war, forcing thousands of people into neighboring countries like Pakistan or Iran and ultimately, as we have witnessed again with Syria in recent years, to Europe's doorstep.

The Afghanistan turmoil has so far been greeted with a mix of both compassion for the fate of people trapped under the Taliban rule and concerns over the likelihood of yet another crisis in the region. EU governments are eager to prevent the recurrence of uncontrolled migration movements faced in the past, by preparing a more coordinated, orderly but at the same time fair response. Nevertheless, it seems that Europe will indeed come across much larger migration crises in the future.

The other most pressing challenge of our time that threatens the lives and livelihoods of billions of people around the world is climate change, yet policymakers are just now beginning to grasp the myriad impacts of this issue on human mobility. An increasingly growing body of research suggests that climate hazards often collide with the hazards of conflict, population growth and scarce resources of food and water supplies.

The [UN Intergovernmental Panel's on Climate Change \(IPCC\) sixth report](#), released in past August, presents data of a widespread and intensifying climate change within the coming decades – not the next century– the effects of which may be such as to help destroy several poor and heavily populated states, through natural disasters like droughts, floods, rising sea levels and rising sea temperatures. The severity of this looming risk appears even more prominent, if we further consider that of the world's 25 nations most vulnerable to climate change; more than a dozen are already affected by conflict or civil unrest, according to the [Notre Dame Global Adaptation Index \(ND-GAIN\)](#).

[The World Bank](#) has also recently warned that climate change could push more than 200M people to leave their homes by 2050, and referred to climate change as a 'potent driver of migration', placing under considerable strain people living in vulnerable areas, such as Sub-Saharan and North Africa, South and East Asia, and the Middle East. And whilst the latter did not look directly at climate migration across borders, in a paper published earlier this year, [researchers at the Vienna Institute for International Economic Studies](#) predicted that between now and 2030, climate change, conflict and political dysfunction in the EU's neighbouring regions, alongside massive population growth in Africa, will inevitably lead to a considerable increase in the numbers of people trying to migrate to the EU. Most notably, the report stresses that greater restrictions could halt migration flows to a certain extent, but would by no means stop it.

It quickly becomes clear that future migration trends are far more intricate than first appearances might suggest. They go beyond the millions of refugees fleeing from Syria, Libya or Afghanistan and depend on different, but closely interrelated factors. Economic insecurity, health and social disparities, further compounded by the global pandemic, new and unresolved conflicts and accelerated climate change are highly likely to perpetuate the migration crisis for years to come.

Migrating health conditions: The example of haemoglobinopathies

As far as the EU healthcare sector is concerned, European migration flows of different causality, voluntary or forced, over recent years have already started to change the existing landscape in the region and will most certainly continue to do so in decades to come. [Studies suggest](#) that chronic, complex diseases, such as haemoglobinopathies, originally restricted to specific geographical locations, travel to Europe along with population movements, leading to a remarkable increase of carriers and patients of thalassaemia in almost every country within the EU. These include formerly very low to rare disease prevalence countries, such as Austria, Sweden or Denmark, with confined expertise in their appropriate management, and countries such as Germany and France with a historical tradition in hosting migrants from medium- and high-disease prevalence areas, challenging even more their health and social care systems.

Thalassaemias are inherited blood disorders characterized by decreased haemoglobin production. They can lead to a variety of health problems associated with significant burden, multisystemic involvement, and the need for intensive, life-long therapy and follow-up. As such, haemoglobin disorders as a family, and thalassaemias in particular, create considerable challenges in providing effective health care for affected patients.

The steady rise in the number of patients and carriers with thalassaemia in Europe, as well as the implications this entails both for the EU health systems and the optimal care of patients with the disorder, were recently brought to prominence by the results of the EU-funded ‘THALassaemia In Action (THALIA)’ project, led and implemented by the Thalassaemia International Federation (TIF)¹ from 2018 to 2021.

¹ The Thalassaemia International Federation (TIF) is a global umbrella organisation representing 232 thalassaemia and sickle cell disease patients’ associations from 62 countries, across the world. TIF works in official relations with the World Health Organization (WHO) since 1996, and the European Commission since 2018 and is dedicated to promoting equal access to appropriate care for all patients with thalassaemia.

The Federation also enjoys active consultation status within the United Nations Economic & Social Council (ECOSOC) since 2017 and has been awarded the “Dr. Lee Jong-Wook Memorial Prize” in 2015 by the WHO for its outstanding contribution to public health.

More information about the Federation is available at www.thalassaemia.org.cy

Developing a culture to focus on rare and chronic disorders, and organizing healthcare services for unfamiliar conditions to the relevant authorities, requires resilience in health service management. Additional issues arise because of the fact that conditions like haemoglobinopathies are mainly imported in Europe through migration, which is associated with political and social considerations that often give rise to further constraints on the adoption and implementation of health policies at the national level for immigrant populations. As a result, the access of these populations to appropriate health services is notably hindered.

Aiming at the support of key regional and national actors in addressing this public health issue, TIF has put forward a set of actionable policy recommendations for the prevention and management of haemoglobinopathies in the EU. Such instruments however, albeit important, will not suffice to bring change for the benefit of patients and each country's national health system.

More action and sustained collaboration between all interested stakeholders are required to effectively develop and implement policies and services that guarantee better health outcomes and more robust healthcare systems.

A shift in perspective

The trend of increasing international attention to migrant health is promising, yet emergencies often drive this interest, and economic downturns and changes in political leadership have repeatedly extinguished it. The unprecedented challenges faced by European healthcare systems and the economic fallout of the COVID-19 pandemic threaten to push migrant health once more off the policy agenda, at a time when effective policymaking is especially crucial.

More coordination, harmonisation, and knowledge-sharing would also benefit effective policymaking. Frameworks that connect health, migration and climate change can shape research agendas and policy responses. The European Union could use its convening power to promote a global and unified approach to this threefold nexus, further exploring

the intersections amongst and beyond them, recognising existing policy gaps and acting in a holistic, interdisciplinary manner in order to address them.

2022 and the years onward provide an opportunity that may or may not be seized. One thing is sure. Perplexity is no longer an option and the intensity of processes of change oblige us to choose a direction.

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