

Speech by Vytenis Andriukaitis, EU Commissioner of Health and Food Safety – Evening reception, March 20

Your Excellency Madam President,

Ministers,

Distinguished guests,

Thank you for giving me the honour of speaking to you this evening about the important issue of maternal health and in particular the health of refugee women.

First I would like to warmly thank our host, Madam President, and the Women in Parliament Global Forum, for bringing us together on this important issue.

Maternal health is about timely access to quality care, for every woman and every infant who needs it. I endorse the five pillars you have identified for maternal care: safety and quality, accessibility; efficiency; equity – particularly important for refugee women – and a person-centred approach to care.

I am pleased that the conference you held today followed up on discussions on maternal health linked to the Sustainable Development targets, which were held at the last Gastein Forum.

Indeed, the international community has agreed on worldwide maternal health targets to reduce maternal, neonatal and infant mortality. In the European Union overall we already achieve – and go beyond – such targets.

However, many challenges remain. Take, for example, the need to ensure that all children are vaccinated.

I want to see an end to the preventable deaths of babies and children from diseases for which vaccines are available. Yet we currently have an outbreak of measles in the EU – and sadly, a number of related deaths.

This is unacceptable, needless and tragic when there is an easy and reliable method of prevention at hand.

We also have the challenge of ensuring universal access to healthcare, reaching out to the most vulnerable, the excluded, the migrants and refugees, in particular mothers and small children.

In the last three years, millions of people left their home countries to seek a safe place to live. Some of these are now living in EU countries. And like all of us, they have health needs.

Entire families – men, women, children, elders – are fleeing war-zones, seeking safety, looking for a new life – free from fear and persecution.

I saw it myself when I went to the island of Lesbos in Greece; I was there when a small boat full of people – babies, small children, women – reached the shore.

I witnessed the suffering of women and infants: women being treated in mud tents with no electricity or medical equipment; babies with hypothermia caused by a dangerous sea crossing.

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Helping refugees, finding solutions to the migration crisis, is a key European Union priority. The European Commission has taken a series of measures to address the situation, with a particular regard to health.

Last summer, the Commission proposed to revise EU law to enable refugees to access healthcare under the same conditions as national citizens of the State where they live; with particular attention to persons with special needs, such as pregnant women.

In addition, we proposed that all migrants who apply for refugee status are entitled to healthcare. These proposals are currently being discussed in the Council and the Parliament.

As regards maternal care, this is already covered by an international convention – the United Nations convention of the Rights of the Child.

All the EU Member States ratified the convention, which requires countries to ensure appropriate pre-natal and post-natal healthcare to mothers.

The law is one thing; the reality may be quite different.

Despite this International obligation, pregnant women within vulnerable groups encounter difficulties in accessing pre-natal and post natal healthcare; or they are just given emergency care and nothing else.

Gaining access to health services is not, of course, only a matter of legal rights. Migrants can face practical problems in accessing health services – such as dealing with unfamiliar systems or difficulties in communicating with healthcare staff.

Studies show that migrant mothers often experience worse pregnancy outcomes than resident women, and can suffer from discrimination and stress.

Social integration plays a major role on the wellbeing of refugee and migrant pregnant women, as well as on their postnatal health.

Risks such as low birth weight, pre-term delivery – even death at birth - are significantly reduced in countries with a strong integration policy.

For this reason, the Commission has developed an Action Plan on integration of third-country nationals and works with the Member States to channel all possible EU funds for health, and also for education and housing.

The EU has been working very hard to respond to the health needs of migrants.

We have been helping the national authorities in the Member States provide healthcare to migrants using the Asylum, Migration and Integration Fund – which can finance shelter, accommodation and healthcare.

Some Member States are using the Asylum Fund to finance projects on maternal care. For example, Poland is using such funds to inform migrant and refugee women about pregnancy and childcare; and Spain developed a series of projects to promote maternal and child health in migrant women.

In addition, the Commission provided substantial emergency funds to Greece, Italy and Bulgaria specifically to help these countries provide healthcare and medicines to migrants.

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In Greece, for example, the Commission provided over 27 million to the Ministry of Health and over 88 million to the Ministry of Defence to help finance healthcare and medicines at refugee centres.

Through the small EU Health Programme, I have also been supporting NGOs and international organisations on the ground to help migrants' access healthcare.

- I am supporting the training of health mediators, most of them refugees themselves, who can support pregnant women in their contacts with health services. I had the opportunity to meet some mediators in Gastein last year.
- I am providing a grant to WHO to support clinical guidance to health professionals involved in work with migrants.
- I am financing the training of health professionals and social workers who provide healthcare and support to migrants.
- I am also giving grants to the International Organisation for Migration to use Patient Health Records to identify the health needs of migrants in Greece, Italy, Slovenia, and Croatia.
- Finally, I have recently launched a project on maternal health - Operational Refugee and Migrant Maternal Approach
- This project aims to promote safe motherhood, improve access and delivery of maternal healthcare for refugee and migrant women and improve health equality.

President, Ministers, Honourable Members,

I believe all people living in the EU should have access to the healthcare they need – regardless of their nationality, origins, or income.

Priority must be given to maternal health - to pregnant women, young mothers, babies and infants.

I will continue to appeal to national governments to do their utmost to meet the health needs of migrants and to pay particular attention to maternal health.

The Commission will continue to use all its legal and financial tools to help Member States in this regard.

Let us work together to ensure that each migrant mother and each infant receive the best possible healthcare in Europe.

Thank you.