EU Health Security: United or Divided?

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When the COVID-19 pandemic hit the world, it was a wake-up call for both the EU and the rest of the world, and it became clear that such outbreaks are a serious threat because of the potential to disrupt societies and economies with devastating consequences. After this lesson about cross-border health threats and the need to stand together against these threats, the EU Commission proposed a new and more robust health security framework in November 2020, and after an almost 4-year process, "The Pact on Migration and Asylum" was decided in May 2024, and there is a 2-year implementation period, but the first steps have been taken. Simultaneously the EU has created the European Health Emergency Preparedness and Response Authority (HERA) but also strengthened the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA). This shows that the EU has heightened its focus on health security and the prevention of a new threat, and one of the areas in preventing a new health threat is to have a focus on the health of the migrants.

Migration to Europe has fluctuated over the years from 389,976 arrivals in 2016 to 99,907 in 2020 and 69,955 in the first six months of 2025, according to the International Organisation for Migration (IOM). It is the Mediterranean and Western African Atlantic routes that are the most used routes to Europe, and the migrants in the first six months of 2025 were primarily from Bangladesh, Afghanistan, Pakistan, North-East Africa, and North Africa and the Sahel/West Africa, and they travelled through Algeria, Lebanon, Libya, and Turkey, mainly coming by sea routes, according to IOM. History has shown that the origin of the migrant also varies to a degree, and this is relevant information from a public health perspective because it can help to ensure that migrants' health is assessed and supported as effectively as possible.

A part of the health security of the EU is the migrants' health status upon arrival, and some migrants are disproportionately affected by infections such as tuberculosis (TB), HIV, and hepatitis B and C. There are many factors at play here, both before, during, and after their migration to Europe, which includes exposure to infections, poor living conditions, and a lack

of adequate access to healthcare. Simultaneously some migrants are more likely to be under-immunised, which also creates challenges.

This knowledge, together with the number of migrants coming to Europe, can indicate that it would be a good step for the EU to do health screening and a vaccination programme at both the external and/or internal borders to prevent a new health crisis in the EU. It is therefore prudent that the EU have begun the implementation of "The Pact on Migration and Asylum", because one of the initiatives is to do health and vulnerability checks of the migrants at the external borders or within the territory.

At the same time, it is interesting what this check will include, but hopefully it will be following the tendencies in infectious diseases observed at the borders and the information about their home countries. It could be argued that the check should include testing for HIV and TB, including drug-resistant TB, since there has been an increase in all three in 2023 in the migrants from non-EU/EEA, but at the same time not to exclude other infectious diseases, like hepatitis, that can threaten health security in the EU, which are also some of the diseases WHO is pointing out.

Additionally, it is required that qualified medical personnel are carrying out this health and vulnerability check, which will ensure a competent assessment, but there is also a time limit for these checks, which is seven days at the external borders, and simultaneously there is a shortage of healthcare staff in most parts of the world, including Europe, which may lead to challenges in executing these checks within the specified timeframe. This can put a strain on an already pressured system at some of the EU's external borders, which could have serious consequences for everyone involved, and it is not clear how the EU countries will handle such a challenge.

Besides the health and vulnerability checks, the migrants are also being documented with fingerprints, so other EU countries can check the migrants in a system, and simultaneously, all diseases will be documented and reported to ECDC and other EU bodies in the effort to secure health security.

It could be said that the EU is working together towards health security with this new "The Pact on Migration and Asylum" from 2024 and strong cooperation inside the EU, giving support to the individual member states so the implementation of the Pact will succeed. However, it might not be with strong cooperation all the way, which can be attributed to some factors, such as the vote not being unanimous since both Hungary and Poland voted against it.

Additionally, Denmark is not obliged to follow this new Pact because of the Justice and Home Affairs opt-out, and there will be part of the Pact that Denmark will not be a part of. Furthermore, Poland and Germany have implemented stricter border controls this summer, with a focus on irregular migration, which also goes against the solidarity in "The Pact on Migration and Asylum". A case can be made that the EU needs to find common ground if it

wants to succeed with the Pact and, at the same time, keep preventing new health crises and therefore have a strong and united health security inside the EU.

The question of how the EU and member states will reconcile international and national interests is an intriguing one, but nevertheless one that needs to be answered, because should national interests take precedence over common EU interests, the repercussions could be severe and destructive for all member states when it comes to health security. In addition, the common work toward health security does not end when the migrants enter the border into the EU.

When the migrants enter the EU and are settling down, it is plausible to suggest that there is still a risk regarding health, stemming from different national healthcare factors since every member state is different in systems but also in economy. These factors and the economy may make the individual countries strengthen their border control at some point, or it might pose a risk that they cannot provide sufficient healthcare to the migrants inside the country. According to WHO, most countries are not on track when it comes to Universal Health Coverage, which is a part of the 2030 Sustainable Development Goals (SDG) from the UN.

For the migrants, the challenges are to be found in availability, adequacy, accessibility, affordability, and appropriateness in the national healthcare system, according to WHO, which are unnecessary complications for people in already fragile life situations. When they are faced with these challenges, it is not only posing a health risk for them, but it can also result in more severe health consequences for the local population. In addition, these challenges are not only faced by migrants in the host country but also by segments of the local population, which could present a heightened health risk, both nationally and internationally. A case can therefore be made that the member states need to work together towards Universal Health Coverage for both migrants and the local population in the EU to secure health security

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