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chapter sixteen

The future of migrant health in Europe

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Health systems in Europe need to provide appropriate and high-quality services for increasingly diverse populations. The urgency of this need can be illustrated by projections for future migration. The European Union (EU) will continue to need migrants in the years to come, with immigration benefitting not only host societies, but also many migrants themselves. The need for continued immigration is partly due to falling birth rates and ageing populations in many European societies, resulting in a demand for foreign-born workers. This trend affects employment patterns in many sectors, including the health sector, where immigrants are needed to fill both low-skilled jobs, such as those providing basic care for elderly people, as well as high-skilled positions, with an estimated shortage of approximately 1 million health workers in the EU by 2020 (Sermeus and Bruyneel 2010).

Addressing migrant health

Migrant health needs to move higher up the political agenda in Europe. The first reason for this is that migrants, like everyone else, have a right to the highest attainable standards of physical and mental health. This right has been enshrined in numerous international and European legal instruments, such as the International Covenant on Economic, Social and Cultural Rights and the World Health Organization (WHO) constitution (WHO 1946; United Nations 1966), both of which are binding for all EU member countries. However, no EU member state has so far acceded to the International Convention on the

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Protection of the Rights of All Migrant Workers and Members of Their Families (United Nations 1990). Yet, even those rights enshrined in international conventions to which EU member states have signed up all too often remain only on paper, as the commitment to implement international conventions is often weak. Although the Charter of Fundamental Rights of the European Union sets out the right of everyone to access preventive health care and to benefit from medical treatment (EU 2000), vulnerable migrants, such as asylum-seekers and undocumented migrants, still face legal obstacles in most EU countries when accessing health care. There is therefore a clear need to strengthen the legislative basis for protecting migrants' rights at both the national and European level and also to ensure implementation.

There is, furthermore, increasing recognition of the contribution of health to social well-being and economic development (Suhrcle  al. 2005; WHO 2008). Rather than being a drain on welfare systems, migrants make substantial contributions, including economic ones, to both their host societies and, by sending money to relatives at home, to their countries of origin. Remittances typically far exceed official development assistance (Fajnzylber and López 2008; World Bank 2011). Improving the health of migrants will thus bring wider benefits to the socioeconomic development of both countries of origin and destination.

A major current concern of all European health systems is equity in health service provision and health outcomes (Commission on Social Determinants of Health 2008). By addressing the health inequities faced by many migrants, health systems can become more inclusive; this is likely to benefit other vulnerable or excluded population groups, as well as society as a whole.

Recognizing the diversity of migrants today

There are a number of challenges in making health systems more responsive to the needs of migrants. One is the great diversity that exists across and within different groups of migrants, making generalizations very difficult. Migrants do not form a homogenous population, but exhibit major variations according to religion, culture, language, ethnicity and country of origin. Furthermore, there is a correlation between migration background and lower socioeconomic status, which can make it difficult to identify which of the two factors is dominant in explaining their disadvantage, although migration is also an important independent determinant of health (Davies et al. 2009). A major conclusion that can be drawn from the contributions to this book is that interventions addressing migrant health need to be tailored according to the needs of individual migrant groups, taking account of country of origin, legal and residence status, and specific economic and sociodemographic risk factors.

Migrant health and access to health services

While generalizations need to be made cautiously, the contributions to this book suggest that migrants sometimes face health issues that differ slightly

from those of non-migrant populations. In terms of non-communicable disease, migrants seem to tend to have a lower risk for cancer, but a higher risk of diabetes. Migrants also have specific vulnerabilities in terms of communicable disease: they may come from high-prevalence countries where health systems are weaker and rates of communicable disease such as tuberculosis, hepatitis and HIV/AIDS generally higher. There are also persisting differences in perinatal outcomes between migrants and non-migrants in Europe, partly related to lower utilization and quality of antenatal care for migrant women: rates of stillbirth and infant mortality tend to be higher among migrants, with refugees, asylum-seekers and undocumented migrants being particularly vulnerable. Attention to migrants' mental health, in particular for refugees and asylum-seekers who have experienced traumatic events, is also warranted. Migrants are generally also at higher risk of occupational injuries and are more likely to attend work when ill.

There is also strong evidence that migrants face problems when accessing health services, exacerbated for asylum-seekers and undocumented migrants (Norredam et al. 2006; Watson 2009; Karl-Trummer et al. 2010; Samuilova et al. 2010). The resulting health issues and challenges reflect the formal and informal barriers migrants face in accessing health care, such as legal restrictions, language barriers, cultural barriers, and lack of familiarity with how the health system of the host country operates.

The need for better evidence

The evidence base for migrant health policies, especially in relation to access to care, is still very limited (WHO 2010). Several of the chapters noted that the availability of migrant health data in Europe leaves much to be desired. Most EU countries do not collect routine data on migrant health and those that do use different definitions as a proxy for migration status (e.g. country of birth, self-reported ethnicity, nationality), so that, in addition, data are often not comparable across countries (Ingleby 2009; Rafnsson and Bhopal 2009). Furthermore, available data often refer to health status only and do not cover broader determinants of health (Gushulak 2010).

Several measures that would improve the availability and quality of data can be identified. There is a clear need for standardizing data categories and definitions across Europe, and for including questions on migration in existing data collection processes, such as censuses, national statistics and health surveys, as well as in the collection of routine health information (Juhasz et al. 2010; WHO 2010). Apart from stepping up European-wide surveys, the development and implementation of appropriate EU guidance or legislation on the collection of data on migrant health offers an option for improving the standardization of data collection and the comparability of data. Obstacles would need to be overcome since it is quite clear that this could be politically very sensitive in some countries. It will, moreover, be important to move beyond disease-based monitoring of migrant health to also collect data on age, sex and social determinants of health, as well as on health-seeking behaviours of migrants, entitlements, provider attitudes, and how health

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systems perform with regard to health services for migrants (Ingleby 2009; WHO 2010).

The EC has funded several projects for improving data collection on migrant health, but there is substantial scope for developing migrant health research further, in particular by means of increased collaboration at the European level. An overall European vision of the collection of migrant health data, agreed with other major stakeholders such as the International Organization for Migration (IOM) and WHO, would help to ensure a more coherent approach to improving the monitoring of migrant health in Europe.

Building on examples of “good practice”

The contributors to this book have identified a number of obstacles to improving migrant health in Europe today. These include the politically charged nature of migration in general, the right-wing backlash against immigration, and practical resource constraints in collecting data on migrants or catering for their specific needs. They have, however, also identified areas where progress is being made, outlining a number of approaches to making health services accessible and more responsive to migrants. Measures to overcome language barriers include the use of easily accessible and free professional interpreting services and the training of health workers in using them. Another approach is to address cultural differences, such as through the development of cultural competence among health workers. Ideally, this should start in undergraduate education and be part of the in-service training of practitioners. The provision of information materials on health, treatments and the overall health system to migrants and also in migrants' own language is another promising measure to ensure that they are not unduly disadvantaged compared to the rest of the population. Health managers and service providers need to invest time and organizational resources in the provision of health care to migrants.

While many of these approaches make intuitive sense and have been found useful in practice by health workers and patients, more rigorous research on the effectiveness of interventions in the area of migrant health is urgently needed, including the costs and benefits of different policies. There is also the need to implement many of the initiatives on a more sustainable and coordinated basis; without public and government involvement, structural improvements are impossible to achieve (Ingleby 2006).

A call for national and European action on migrant health

In terms of national policies on migrant health, only ten EU member states seem to have adopted specific policies on migrant health at the national level. Furthermore, there is considerable variation in these policies as to which population groups are targeted, which health issues addressed, whether providers or patients are the focus of interventions, and whether policies are actually being implemented. In England, Ireland and the Netherlands, for example, migrant policies are integrated into broader policies on ethnic

minorities, while in Austria, Germany, Italy, Portugal, Spain, Sweden and Switzerland, the focus is on first-generation migrants. There seems to be huge potential for cross-country exchanges and learning in Europe about how to develop migrant health policies (Mladovsky 2007; World Health Assembly 2008; Mladovsky 2009). It is, moreover, important, to realize that the adoption of national or sub-national migrant health policies is not simply one-way traffic. Policy aberrations and reversals are not unusual and the example of the Netherlands illustrates that progressive migrant health policies – as well as broader policies of multiculturalism – can be undermined or even reversed by political parties reliant on anti-immigration sentiments. This also serves as a reminder of the need to address the broader context of migrants living in Europe, including the social determinants of their health. European countries differ widely in their asylum, residency and citizenship policies and models of migrant incorporation. Those countries with more repressive policy regimes not only make lives harder for migrants, but are also more likely to restrict their access to health care. However, there are also positive developments, as some countries, such as Portugal and Spain, have opted for providing universal access to health care, including for undocumented migrants.

Going beyond the national level, it is clear that European policies on migrants' health and access to health care are needed. While there have been several attempts to put migrant health on the European political agenda, particularly in the context of the Portuguese and Spanish presidencies (Peiro and Benedict 2010), most of these attempts have been declarative in nature and were not followed by changes in national policies or regulations. Worryingly, in the current context of economic crisis and budgetary constraints, there is the risk that the momentum resulting from these presidencies will be lost. The EU can play a significant role in advancing migrant health in Europe, but it needs to muster the necessary political commitment and engagement for doing so sooner rather than later.

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