Migration and health: Organising access to EU health care systems for migrants

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Reception of migrants

Foto: Polfoto
Corner stone: Equity in health

”Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that none should be disadvantaged from achieving this potential, if it can be avoided”

Cornerstone: The right to health care
What is meant by the “the right to health”?

“The right to health does not mean the right to be healthy, nor does it mean that poor governments must put in place expensive health services for which they have no resources. But it does require governments and public authorities to put in place policies and action-plans which will lead to available and accessible health care for all in the shortest possible time. To ensure that this happens is the challenge facing both the human rights community and public health professionals.”

Mary Robinson, UN High Commissioner on Human Rights (1997-2002)
Migrants’ access to healthcare

**Formal factors** (legal rights; financial barriers)

**Informal factors** (patient- and system related)

↓

Delay in diagnosis and treatment – low quality service

↓

Increased morbidity and mortality
Formal rights – general trends

Migrants and refugees:
Rights like other residents


Asylum seekers:
Entitled to necessary, urgent and/or pain relieving care including antenatal care

(children full right to preventive services)

*The council directive 2003/9/EC of 27 January 2003 (minimum standards for the reception of asylum seekers)*

Undocumented migrants:
Entitled to obtain emergency care only
The Common European Asylum System (CEAS): Minimum standards

_EU Member States must provide asylum applicants with:_

- material support,
  - such as accommodation, clothing, food and pocket money.

- They must also ensure that the applicants receive medical and psychological care

- and, in the case of children, that they have access to education.

- Asylum seekers also have the right to
  - family unity,
  - to vocational training
  - and, under certain conditions, to access the labour market.

Restrictions on legal rights for undocumented migrants

From EU-headed NowHereland project, 2010:

Figure: Undocumented migrant access to health care services across Europe

- Full access (CH, ES, FR, NL, PT)
- Partial access (BE, IT, UK)
- No access (AT, BG, CY, CZ, DE, DK, EE, EL, FI, HU, IE, IT, LU, LV, MT, PL, RO, SE, SK, SI)
UDMs experienced barriers and coping strategies

UDM informant from Bangladesh:
*I think, that if they think it is not so serious then maybe they will contact the police, because I have no ID card and then I will get into more trouble.*

UDM informant from Bangladesh:
*I know some illegal immigrants who are badly sick, but you know ... they are just ... they are their own doctors for themselves. They are just taking the medicine and maybe they have just called Bangladesh ... to their doctor or parents. He has explained the problem to that doctor, and maybe he told them that you can get this kind of medicine.*

**Source:** Danish Research Centre for Migration, Ethnicity and Health
Informal barriers affecting access to health care

**Socioeconomic factors:**
- education
- income
- employment

**Psychosocial factors:**
- discrimination
- marginalisation
- language
- culture
- ’newness’
- Health care professionals attitudes
## Discrimination in healthcare in the EU

### Table 7: Discrimination in the past 12 months

<table>
<thead>
<tr>
<th></th>
<th>Any discrimination (nine areas)</th>
<th>Discrimination by healthcare personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>Yes (%)</td>
</tr>
<tr>
<td>ex-Yugoslav</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Turkish</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Roma</td>
<td>64</td>
<td>18</td>
</tr>
<tr>
<td>Albanian</td>
<td>37</td>
<td>9</td>
</tr>
<tr>
<td>North African</td>
<td>52</td>
<td>24</td>
</tr>
<tr>
<td>Romanian</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Iraqi</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Somali</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>Central and European</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

* Nine areas of discrimination including: discrimination when looking for work; discrimination by agency or landlord; discrimination by healthcare personnel; discrimination by social service personnel; discrimination at a café, restaurant, bar or nightclub; discrimination at a shop; di

?: FRA, 2009

Inequalities and multiple discrimination in access to and quality of healthcare
Figure 1 Prevalence of depressive symptoms (A) and MDD (B) across ethnic groups, stratified by portion related to PED and portion not related to perceived ethnic discrimination

Contribution of discrimination to ethnic inequalities in depression  
(source: Ikram et al. 2014)
HIV/AIDS late diagnosis and avoidable mortality

Late presenters (CD4<350 or AIDS) were 76% among Migrants versus 56% in natives (p=0.006) with an increasing trend over time. (Saracine A et al., J Imm Minority Health (2014) 16:751-755).

Late presenters were more likely to be Black-African ethnicity (39% versus 27%) than other individuals. (Sabin CA et al., AIDS 2004 Nov 5;18(16):2145-51).

Refugee women had a 4 x higher mortality from HIV/AIDS in DK and refugee men and immigrant men x 2 higher mortality compared to Danish born with HIV/AIDS (Norredam et al.).
Health reception

Very different policies and practice:
Protecting host population vs promoting migrant health

- Across countries

- Across groups of migrants depending on:
  - Formal status
  - Location
  - Numbers
### Needs upon arrival asylum seekers


<table>
<thead>
<tr>
<th>Indicator and Measure</th>
<th>Asylee Prevalence, %</th>
<th>US Prevalence¹, %</th>
<th>P Value⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latent tuberculosis</td>
<td>39.3</td>
<td>4.2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Positive serology</td>
<td>13.1</td>
<td>0.45</td>
<td>&lt;.001</td>
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<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Positive HBsAg</td>
<td>2.1</td>
<td>0.27</td>
<td>&lt;.001</td>
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<tr>
<td>Intestinal parasites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathogenic parasites</td>
<td>4.0</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Immunizations, children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need for hepatitis B⁶</td>
<td>32.9</td>
<td>12.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Need for polio⁴</td>
<td>43.8</td>
<td>7.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Need for MMR⁦</td>
<td>65.8</td>
<td>11.1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Need for DTaP, Tdap, or Td⁨</td>
<td>78.1</td>
<td>27.7</td>
<td>&lt;.001</td>
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<tr>
<td>Immunizations, adults</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Need for MMR</td>
<td>66.6</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Need for Tdap or Td</td>
<td>79.9</td>
<td>48.4</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Abbreviations: DTaP, diphtheria-tetanus-acellular pertussis; HBsAg, hepatitis B surface antigen; HIV, human immunodeficiency virus; MMR, measles-mumps-rubella; NA, not available; Td, tetanus-diphtheria; Tdap, tetanus-diphtheria-acellular pertussis.

¹ Source: [17–21].

² z test for one proportion.

³ US vaccination need among adolescents 13–17 years of age.

⁴ US vaccination need among children 19–35 months of age.
First contact needs for asylum seekers

Asylum seekers have been recognized as having unique and complex health needs upon arrival in the host country.

Based on interviews (n = 89) with Dutch care providers.

Four issues they aimed to address in first contacts with asylum seekers:
(1) Assessing the current health condition;
(2) Health risk assessment;
(3) Providing information about the healthcare system;
(4) Health education.

Stronks et al. 2015
Improving formal access

• Ensuring entitlement and access to services for all groups of migrants in the different phases of the migration trajectory

• Making necessary structural changes and developing a multi-stakeholder

• Ensuring that provisions for migrants are incorporated into general health system planning and future strategy documents

• Acting intersectorally – working with other sectors
Special initiatives

Refugees:
Integration focused health examination with guidance for navigating

Specialized services:
- Centers for traumatized refugees and migrants
- Migrant health clinics/wards: sub-specialized or specialized

Non-documentated migrants:
- Special NGO clinics often staffed by volunter health workers
- Public clinics for particularly vulnerable groups (TB/HIV, victims of torture or trafficking, reproductive health)
Norwegian National Strategy
- Immigrant Health 2013

Healthcare services must be equipped with **updated knowledge** about migrants’ health and their use of the healthcare service, and **use the knowledge in the development of services**.

Health care providers shall facilitate **good communication** with non Norwegian speaking patients.

- OBS: This includes always **securing a qualified interpreter** when the need arises.
Improving informal access

1. Ensuring interpretation and translation

2. Providing (continuous) staff training to enhance cultural diversity competence

3. Providing information and educating migrants on health system navigation;

4. Promoting health literacy and health promotion for migrants in need

5. Adopting a systems-wide approach, in which cultural diversity competence is viewed as a task as much for organizations as for individuals
Research challenges/gaps

Development of health needs over time and over generations

Health needs upon arrival and the effect of different Interventions

Effect of (health) integration policies and societal Discourses on utilisation patterns

Effect of different kinds of service delivery interventions on health outcomes and satisfaction: i.e. specific versus mainstream services
Research challenges: data collection

1. Strengthen health information systems to ensure standardised data collection (for coordination and information sharing)

2. Improve data collation, including disaggregating data specific to different types of (new) migrants

3. Collect data from first contact through to later integration, and undertaking proper analysis to assess utilization and needs
Research is needed more than ever
Moving the research field forward

- Involving user groups
- Including new migrant groups
- The effect of integration policies on health
- Creating evidence for policy decisions
- Collecting standardised data within and across countries