Why we should be concerned about access to health care for migrants ?

Romero-Ortuno 2003, Torres-Canterro et al. 2004, Ruiz-Casares et al. 2010

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Access to healthcare in European Union and Mediterranean countries for refugees and migrants

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What are we talking about ?

Acces to health care

"The degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health care system. Factors influencing this ability include geographic, architectural, transportational, and financial considerations, among others."

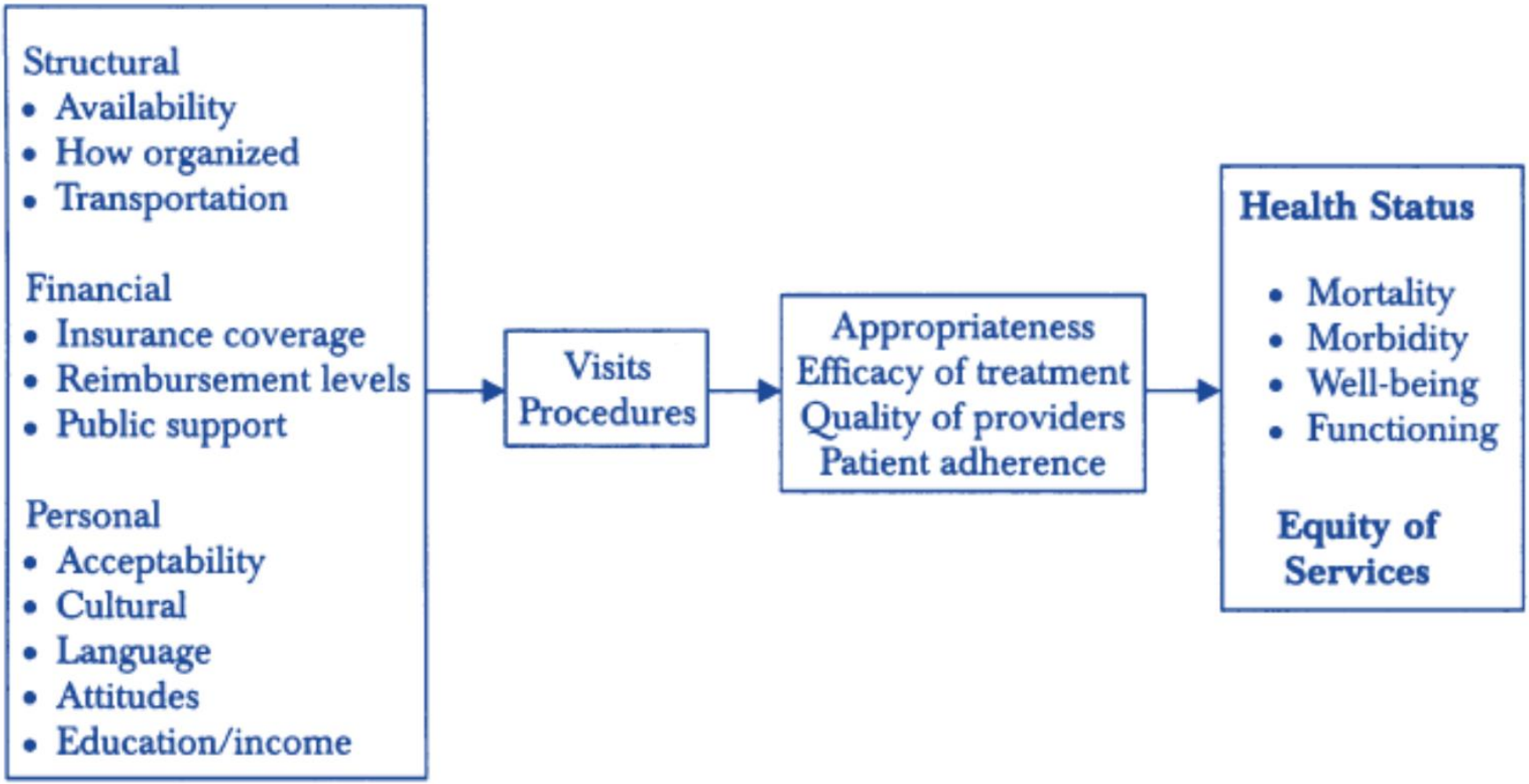
PubMed database – MESH term – 1978

Not only entering the room but also…the 7B challenge!

Dimensions	Definition of the dimension
Reachability	(Lack of) thresholds when care is needed
Usefulness	Extent to which the patient experiences the care as supportive
Availability	Existence of a supply and of (social) services which can be called upon for matters that do not relate directly to the assessed problem
Knowledge	Extent to which the patient is aware of the existence of the services
Affordability	Financial and other costs that patient may encounter
Reliability	Extent to which the patient can trust the services and the professionals
Comprehensibility	Extent to which the patient is aware of the reason for the intervention and the way in which the problem should be approached

Adapted from Roose & De Bie 2003

Levels of access to health care



Source: Gold, 1998

Access to healthcare

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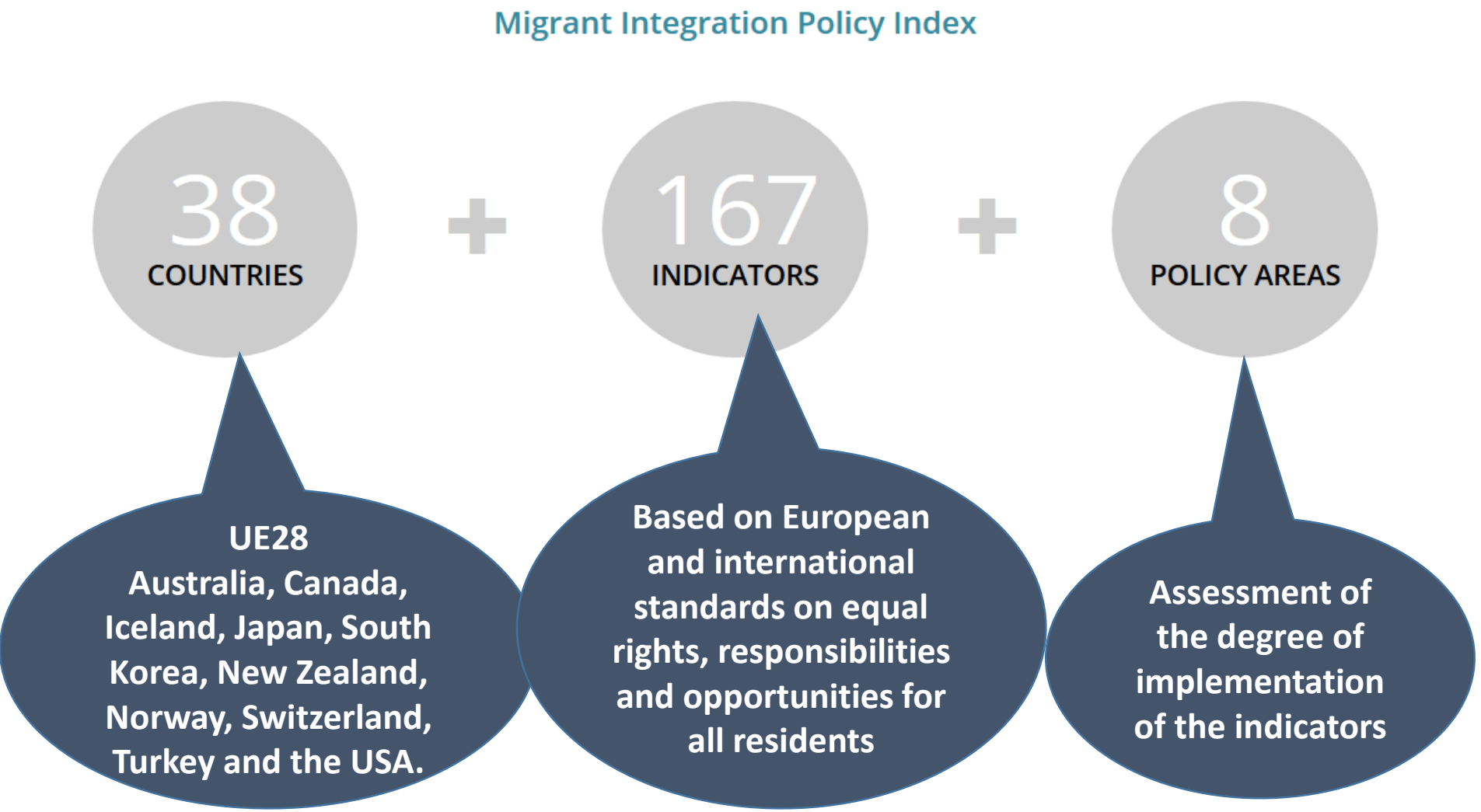
Migrant Integration Policy Index



MIPEX: Policy areas

LABOUR MARKET MOBILITY

FAMILY REUNION

EDUCATION

HEALTH

POLITICAL PARTICIPATION

PERMANENT RESIDENCE

ACCESS TO NATIONALITY

ANTI-DISCRIMINATION

Source: MIPEX 2015

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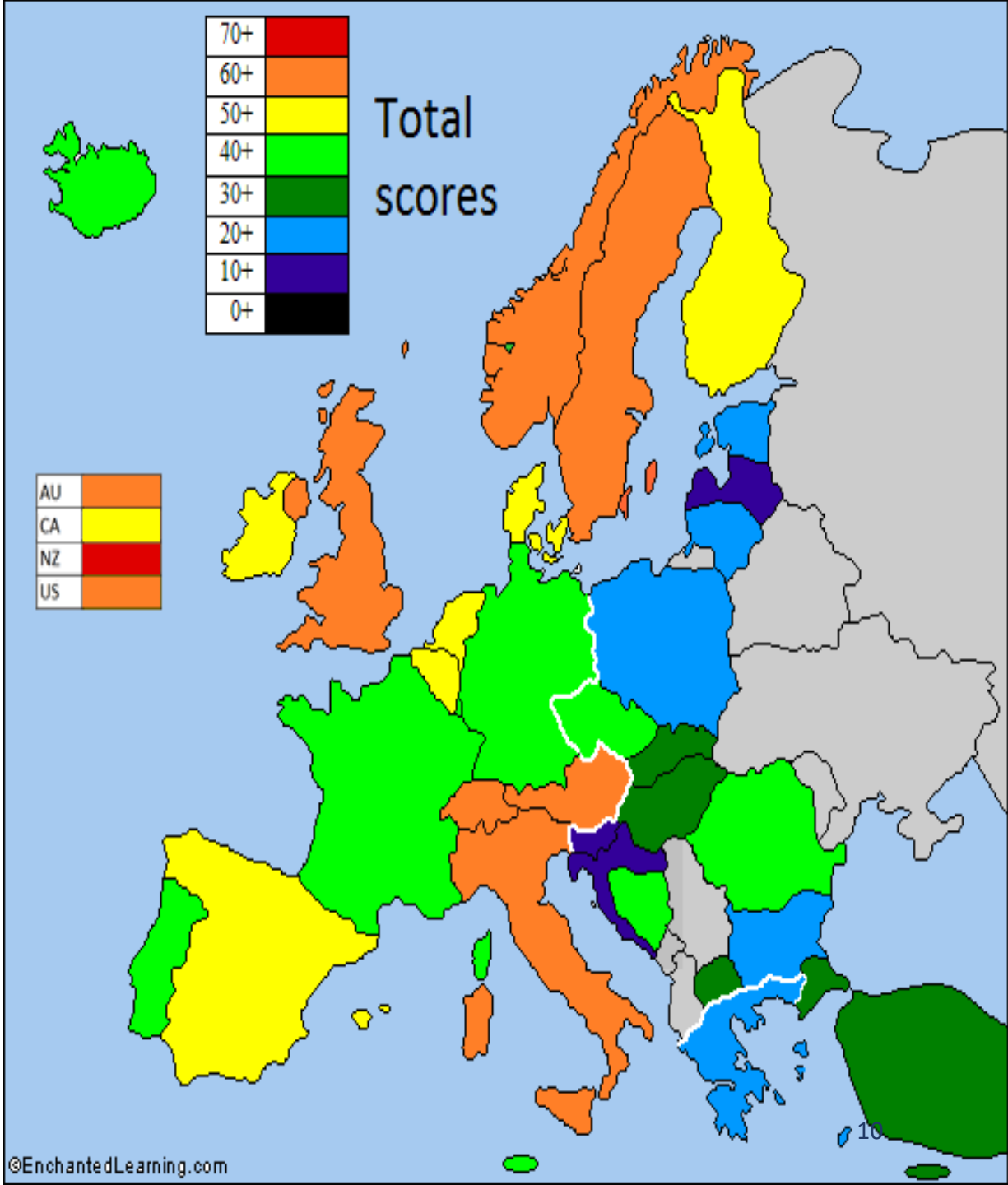
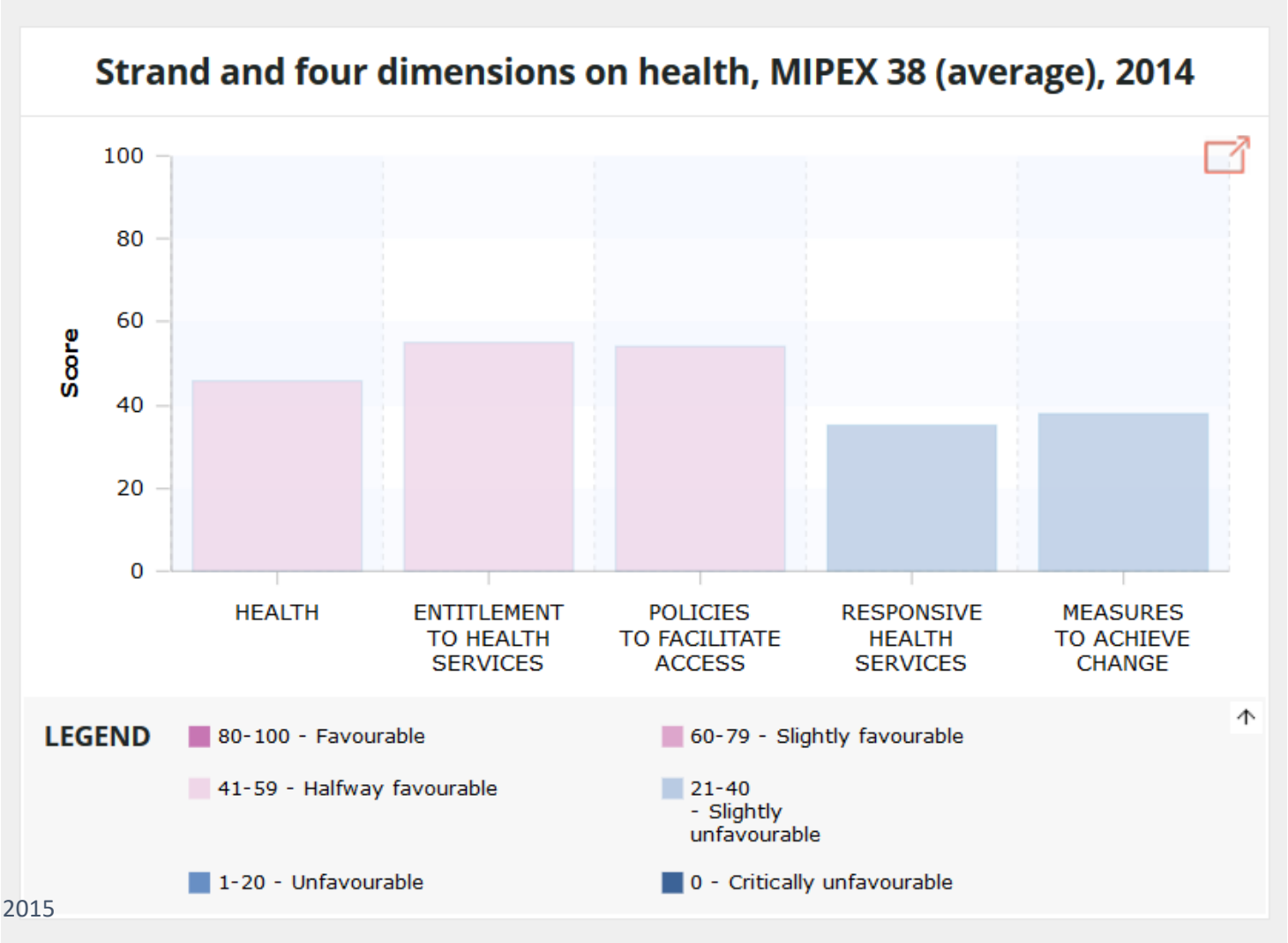
MIPEX

Access to health care for legal migrants, asylum seekers and undocumented migrants in the European Union

MIPEX,2015



MIPEX SCORE BY DIMENSION



Source: MIPEX 2015

From no access to the same rights as nationals

VARIATIONS IN COVERAGE & CONDITIONS

Entitlements for asylum seekers

- TU and FR: virtually the same entitlements as for nationals
- GR, RO, AT and CZ: almost the same entitlements
- KR, LV, DE, MT and LT: limited rights / impose administrative barriers
- CA: abolishment of entitlements for certain categories of asylum seekers
- Major barriers
  - Administrative procedures
  - Obligation of stay in reception centers / designated areas

  => Gap between theory and practice

Source: MIPEX 2015

Access policies (1)

- Multiple methods and languages to inform about entitlements & use of health services
  - Yes: FR, IS, IE, JP, PT, ES, CH, BE, NZ and SI
  - No: HU and BG
- Cultural mediators/ trained patient navigators
  - 18 countries
- Health education and promotion
  - Yes: IS, IE, JP, PT, CH, NZ, AT, SE, FI and US
  - No: CZ, LV, GR, HR and HU

=> Usually benefit to all migrants – whatever their status

Source: MIPEX 2015

Access policies (2)

- Obligation of reporting UM
  - SE, BH, SI, UK, HR and DE
- Legal sanctions against those caring for UM
  - HR, DE, GR and TU
- Organizational “sanctions”
  - AU, BE, CA, LT, LU, NL, NZ, SI, UK, US
- Interdiction of reporting UM
  - CZ, DK, FR, IS, IT, NO, PT, ES, CH, NL and US

  (either by law or by professional codes of conduct)

Source: MIPEX 2015

Responsive services

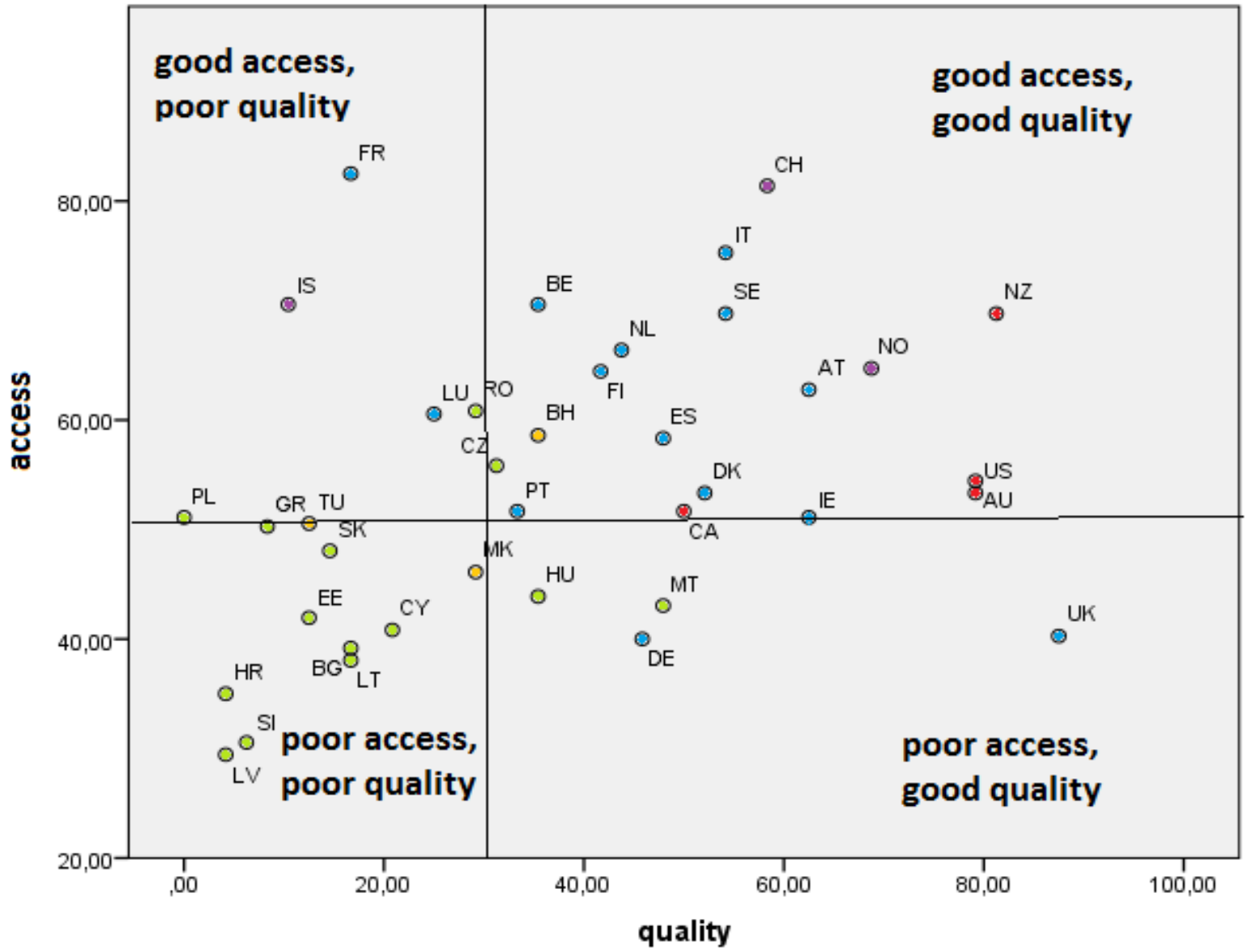
- Efforts to adapt services to the needs of migrants
  - Yes: UK, NZ, US, AU, AT
  - No: LT, TU, SI, SK, PL, EE, BG, LV, GR, HR
- Language support provided where necessary
  - Yes: UK, NZ, US, AU, AT, CH, DE, SE, IE, NO, IT, FI, BE, LU
  - No: RO, BH, CY, LT, SK, PL, EE, BG, LV, GR, HR
- Involvement of migrants to some extent in information provision, service design and delivery
  - 21 countries – most actively in AT, AU, IE, NZ, UK
- Preparation of staff for migrants' specific needs at national level
  - Yes: UK, NZ, CH, NO
  - No : in 17 countries no training modules are regular available

Source: MIPEX 2015

Measures to achieve changes

- Measures promoting change
  - Yes: AU, NZ, NO, UK, US
  - Promising efforts: IE
  - Little policy support: HR, FR, LV, LU, SI, IS, PL
- Most countries have the research and data they need to address migrants' specific health needs
- Action plans on migrant health have been developed in 22 countries though rarely involving measures to implement them (AU, NO, IE, KR) or migrant health stakeholders

Source: MIPEX 2015



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Blue: EU15 countries

Green: post-2000 accession countries **Purple**: EFTA countries

Yellow: EU candidate countries **Red**: Non-European countries

MIPEX : final ranking

Ranking 2014		Score
1	New Zealand	75
2	Switzerland	70
3	USA	69
4	Australia	67
4	Norway	67
6	Italy	65
7	United Kingdom	64
8	Austria	63
9	Sweden	62
10	Ireland	58
11	Netherlands	55
12	Spain	53
12	Finland	53

Ranking 2014		Score
12	Belgium	53
12	Denmark	53
16	Japan	51
17	France	50
18	Canada	49
19	Malta	45
19	Romania	45
21	Czech Republic	44
22	Germany	43
22	Luxembourg	43
22	Portugal	43
25	Iceland	40
25	Hungary	40

Ranking 2014		Score
27	South Korea	36
28	Turkey	32
29	Cyprus	31
29	Slovakia	31
31	Bulgaria	28
32	Estonia	27
32	Greece	27
34	Lithuania	26
34	Poland	26
36	Croatia	20
37	Slovenia	18
38	Latvia	17

Source: MIPEX 2015

Recommendations

...se scenario

Legal m... ...lum-seekers ... ...ocumented migrants ... ...he healthcare s... ...thout any exceptio... ...ep... ...emergency ... ...en then, their a... ...nay ... ...providers' ...ion and burden... ...ocumen... ...migrants do ...ow how to acce... ...ealth syste... ...ress majo... ...n issues. Service ...lers are fo... ...eport ...umented migrant... ...anctioned fo... ...the ...iders do not have ...ining or staff t... ...ients and their hea... ... Policy is hind... ...anges, as migrants a... ...in health po... ...d research, while health ... ...on policy.

MIPEX 2015

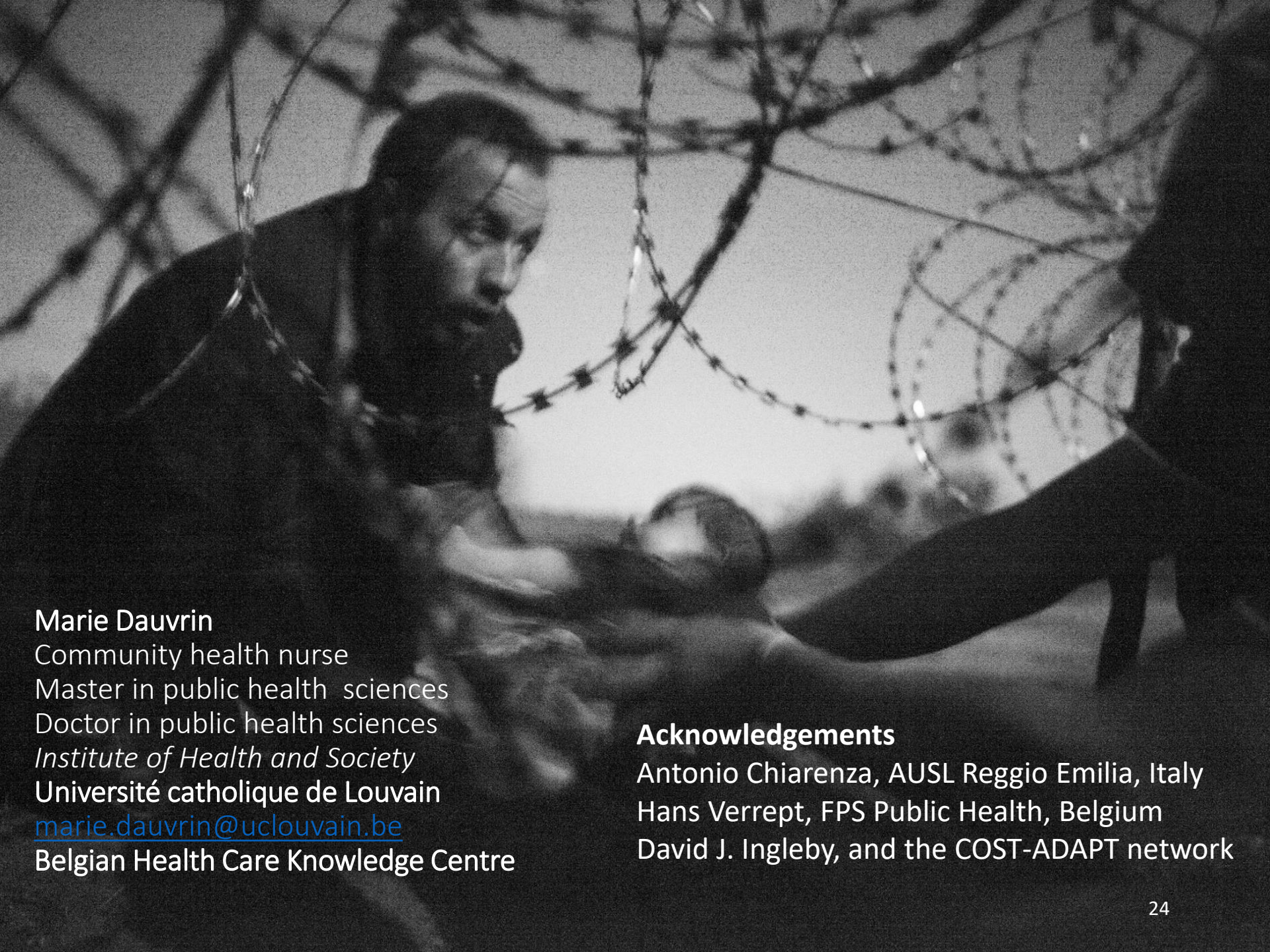
Best case scenario

All residents have the same healthcare coverage as nationals in law and in practice. To access their entitlements, all residents can get information in various languages and through various methods, including cultural mediators. Healthcare providers are informed of these entitlements, allowed to serve all residents and equipped to meet their needs, through training, various interpretation methods, adapted diagnostic methods and a diverse staff. Health policies are supporting these changes and also equipped to respond to the needs of an increasingly diverse society.

MIPEX 2015

Take home resources

- MIPEX http://www.mipex.eu
- SH-CAPAC http://www.easp.es/sh-capac
- EUGATE http://www.eugate.org.uk
- An example of an in-depth analysis of health care access
  - Roberfroid D, Dauvrin M, et al. (2015). What health care for undocumented migrants in Belgium? Brussels: Belgian Health Care Knowledge Centre (KCE). 2015. KCE Report 257. D/2015/10.273/111.
- An analysis of the theory-practice gap
  - Dauvrin M, et al.(2012). Health care for irregular migrants: pragmatism across Europe: a qualitative study. *BMC Research Notes, 5*, 99. doi: 10.1186/1756-0500-5-99
- An attempt at developing recommendations for intercultural care
  - Dauvrin M. et al. (2012). Towards fair health policies for migrants and ethnic minorities: the case-study of ETHEALTH in Belgium. BMC Public Health, 12, 726. doi:10.1186/1471-2458-12-726



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