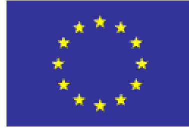
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SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER PARTICULAR MIGRATORY PRESSURE
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Topic A reading

Module 1. Context

Unit 2: Health policies and provision of health services in the EU

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Topic A - Framework for analysing health policies affecting migrants

The possibilities for improving health care for migrants depend to a large extent on the policies that govern service delivery in a given country. To start with, some changes need to take place at an individual level: health professionals must acquire appropriate knowledge, attitudes and skills in order to become ‘culturally competent’ or ‘diversity sensitive’ Chiarenza, 2012) [discussed in M3U1]. However, many changes are also necessary at the level of national or organisational policies. Entitlements to care are usually determined by governments: moreover, if a health worker’s organisation does not consider it important to adapt services to migrants’ needs, his or her efforts will not get the support they need.

What are policies and who makes them? Present-day health professionals work in organisations governed by many rules (i.e. policies), which are made at a number of levels (national or regional government, management, insurers, professional bodies etc.) These rules have been introduced to guarantee standards of care and to keep down costs. The problem is that they have usually been made with the majority population in mind, so that they need to be adapted in order to be equitable (i.e. fair) for migrants. **Topic B** studies the “migrant-friendliness” of national policies in different countries.

Over and above these policies there exists a system of standards and priorities based on the principles of equity and universal human rights. This consists of UN and European-level conventions and laws. In **Topic C** we describe this system and its effectiveness for influencing policies.

Above we have discussed what policies are and which bodies make them. We want to get away from the idea that each country has a single set of policies affecting health care for migrants: policies sometimes conflict with each other. It is often assumed that economy and equity are conflicting goals, but inequitable policies can often turn out to be the most expensive ones.

a. **Entitlement** to coverage for health care expenses. Entitlement is not simply a matter of being able to get treatment, but also of being ‘covered’ for it. Having to pay medical costs ‘out of pocket’ can have catastrophic consequences for the patient and their family. Health care coverage protects national citizens from these consequences by insuring them, through either Statutory Health Insurance (SHI) or a National Health Service (NHS) financed by taxes. A migrant needs to be covered in an equivalent way. Administrative barriers which can prevent a migrant from obtaining coverage should also be seen as very important components of policies governing entitlement..

What are the important dimensions of policy?

c. Policies to improve the **accessibility** of services, by tackling the barriers which can prevent migrants finding the way to help when they need it. A major barrier is ignorance about entitlements and how to use the health system. Lack of appropriate health promotion and education is another. 'Cultural mediators' can bridge the gap between services and migrant users. In certain countries, the threat of being reported to the police is a serious barrier for undocumented migrants.

e. Policies are needed to improve the **responsiveness of services** to migrants' needs. This includes provision of interpreters, promotion of 'cultural competence' or 'diversity sensitivity', staff training, participation in service development by migrants themselves and the adaptation of treatment methods.

g. **Measures to achieve change** are policies that underlie and support efforts to tackle the above issues. This includes collecting data, carrying out research, a joined-up 'whole organisation approach', attention to 'health in all policies', as well as leadership by government and coordination of efforts.

To simplify matters, dimensions a and b can be considered together ('access') and distinguished from c and d ('quality'). In the next topic we will examine how European countries perform when their scores for 'access' and 'quality' are measured.

References

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