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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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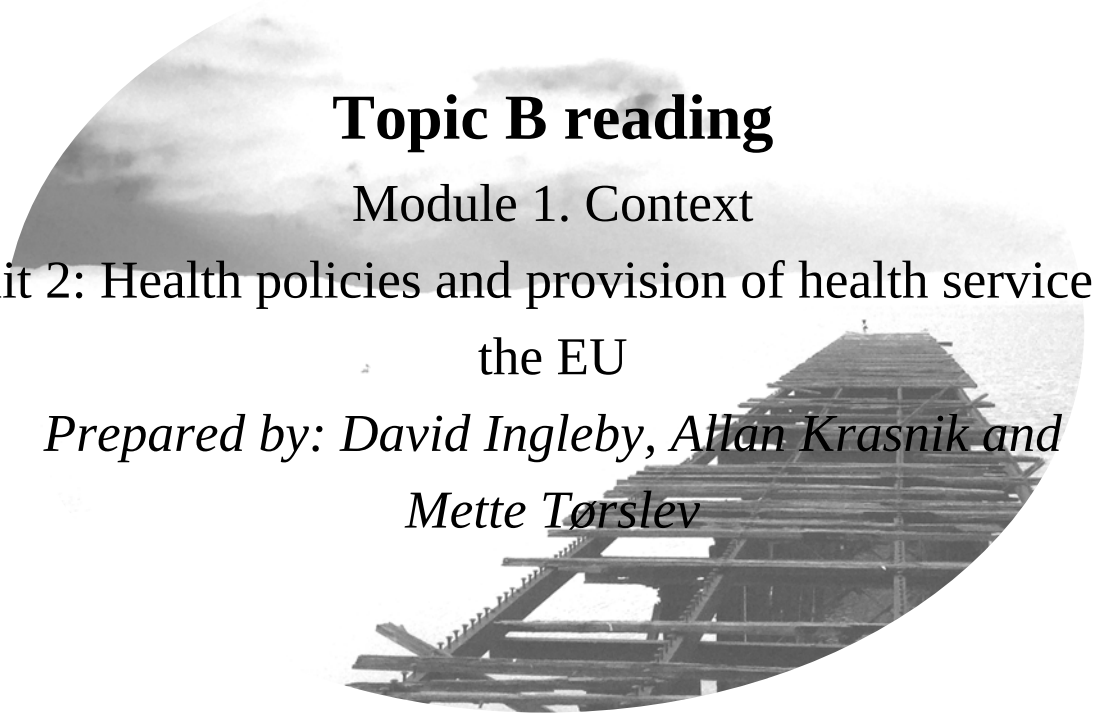

Topic B reading

Module 1. Context

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

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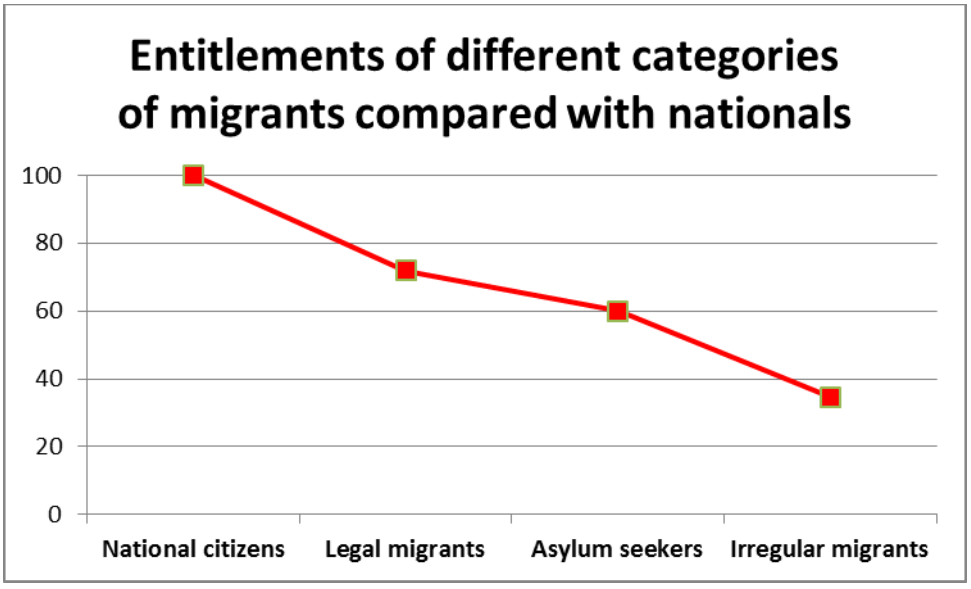
Topic B – Overview of policies in Europe

This topic examines **policies in European countries**, using data from the MIPEX study (IOM, 2016).[1] Concerning **entitlements (a)**, this study found that policies differ between three groups of migrants:

- 'legal migrants' (in this case, migrant workers)
- asylum seekers
- irregular migrants (lacking a valid residence permit).

(Refugees granted international protection usually have the same entitlements as national citizens.) If nationals are given the score 100, then the average scores in Europe for the above three groups look like this:



Legal entitlements are often undermined by administrative barriers of two kinds: demands for documents which may be difficult for migrants to produce, and discretionary judgements regarding criteria such as 'urgency' or 'inability to pay'. Such judgements make entitlements unpredictable and can form a barrier to migrants, who cannot be sure whether they are risking crippling medical bills if they seek treatment.

*At different stages in their journey, refugees may have very different levels of entitlement to health services***.** Those who travelled across Europe in large numbers during 2015 were in fact 'irregular migrants', though NGOs provided a lot of the necessary care and legal restrictions to accessing mainstream services were often suspended. Due to the closing of borders, such journeys are now more likely to be made clandestinely with the help of smugglers. Once a migrant claims asylum, health care of a reasonable standard is usually provided; if they do not

[1] A condensed version of Sections 1C and 1D of this report is included as compulsory reading matter for this Unit.

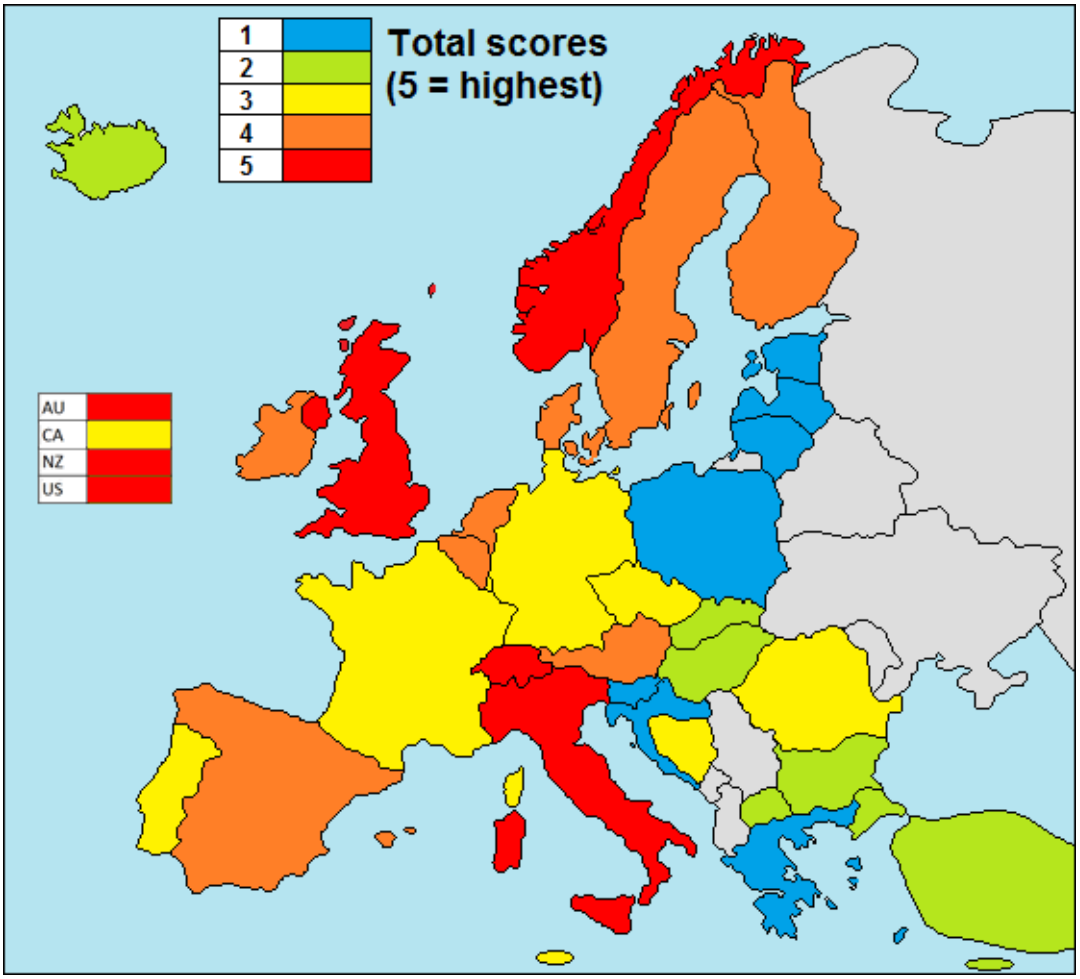
claim asylum, or if their claim is rejected and they remain in Europe, they will become 'irregular'.

In MIPEX, separate scores were not calculated for these three groups for the other three dimensions, although some differences were observed. **Accessibility (dimension b)** is very often impaired by inadequate information for migrants about their rights and how to exercise them. This is not surprising, because in many countries policies do not even exist to ensure that health workers themselves know about migrants' entitlements! Less than half of European countries employ 'cultural mediators' to bridge the gap between migrants and health services. A number of countries allow (or even require) irregular migrants who use health services to be reported to the immigration authorities.

Responsiveness to migrants' needs **(dimension c)** varied greatly between countries: some countries did nothing at all to adapt services, while others achieved high scores. In 40% of countries no policies were in place for providing professional interpretation. **Measures to achieve change (d)** were mainly associated with higher responsiveness rather than better entitlements.

Using data from the MIPEX study, it is possible to investigate the determinants of migrant health policies. Higher scores are generally found in more wealthy countries, those with more migrants, and those with good policies concerning other aspects of migrant integration. However, since all these variables are positively correlated with each other, more work needs to be done to unravel their influence. The average score of the 13 countries which acceded to the EU after 2000 was much lower than for EU15 countries, though since they also score lower on the three variables just mentioned it is not clear what the reason is.

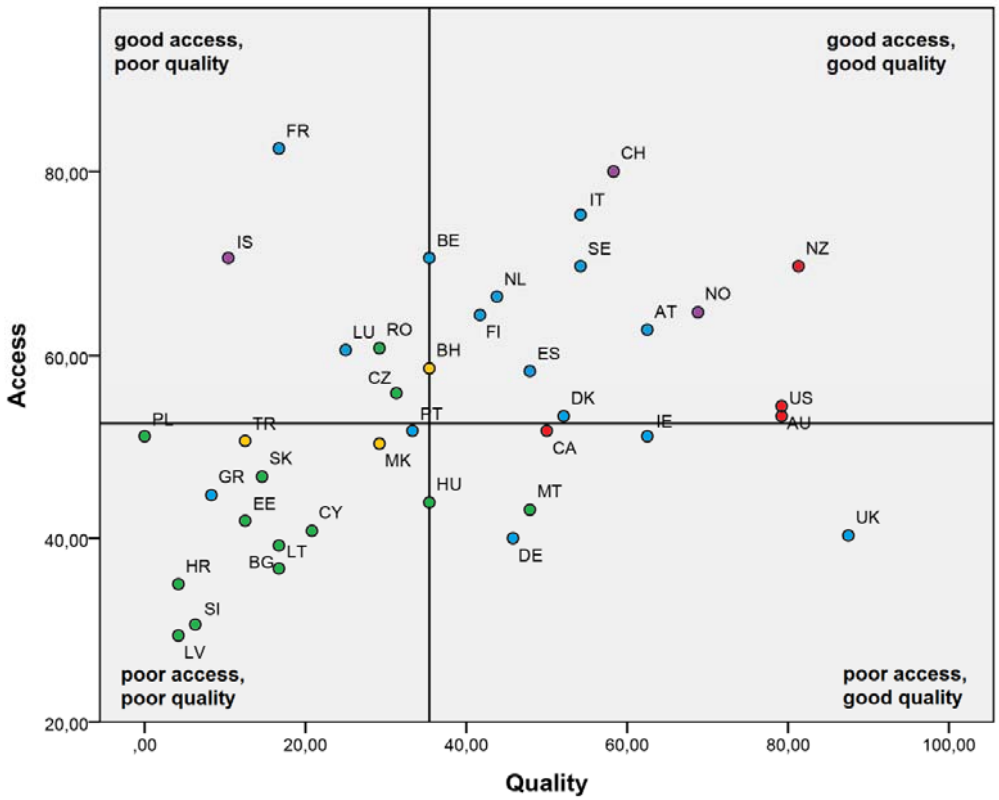
Map showing total scores on the MIPEX health strand (divided according to rank order into 5 groups of roughly equal size)



Note. Following MIPEX methodology, data in Italy, Spain, Switzerland and Austria were collected from regions with a higher concentration of migrants, which may have led to higher scores.

Displaying scores on 'Access' (a + b) and 'Quality' (c + d) on the following graph shows that while they are slightly related to each other (r = .36, p < .05 two-tailed), countries often score extreme values on one variable but not on the other. The horizontal and vertical grid lines are placed at the median value on each axis.

The contrast between France and the UK is particularly striking. France scores highest on Access, but very low on Quality: for ideological reasons, attention to diversity is discouraged in the French health system. The UK presents a mirror image: nowhere else is so much attention paid to quality, in the sense of adapting services to the needs of migrants (viewed as 'minority ethnic groups'). However, the UK's 2014 Immigration Act made it more difficult for many migrants to use these services. (Interestingly, before 2010 the UK would have gained a higher score for Access and the US a lower one: whereas the UK legislation *reduced* health care coverage for migrants, the 2010 Affordable Care Act in the US *increased* it). Most other countries lie closer to the diagonal, i.e. there are not such striking discrepancies between the two scores. Nevertheless, the US, Ireland and Australia are (like the UK) stronger on quality than on access, while Iceland resembles France in having the opposite priorities.



Key to colours

Blue: EU15 countries, Green: post-2000 accession countries. Purple: EFTA countries
Yellow: EU candidate countries. Red: Non-European countries

Key to countries

AT	Austria	IS	Iceland
AU	Australia	IT	Italy
BE	Belgium	LT	Lithuania
BG	Bulgaria	LU	Luxembourg
BH	Bosnia-Herzegovina	LV	Latvia
CA	Canada	MK	former Yugoslav Republic of Macedonia
CH	Switzerland	MT	Malta
CY	Cyprus	NL	Netherlands
CZ	Czech Republic	NO	Norway
DE	Germany	NZ	New Zealand
DK	Denmark	PL	Poland
EE	Estonia	PT	Portugal
ES	Spain	RO	Romania
FI	Finland	SE	Sweden
FR	France	SI	Slovenia
GR	Greece	SK	Slovakia
HR	Croatia	TR	Turkey
HU	Hungary	UK	United Kingdom
IE	Ireland	US	United States of America

References

IOM (2016) *Summary Report on the MIPEX Health Strand & Country Reports.* Geneva: International Organization for Migration. Migration Research Series. http://members.costadapt.eu/images/8/89/MIPEX.pdf