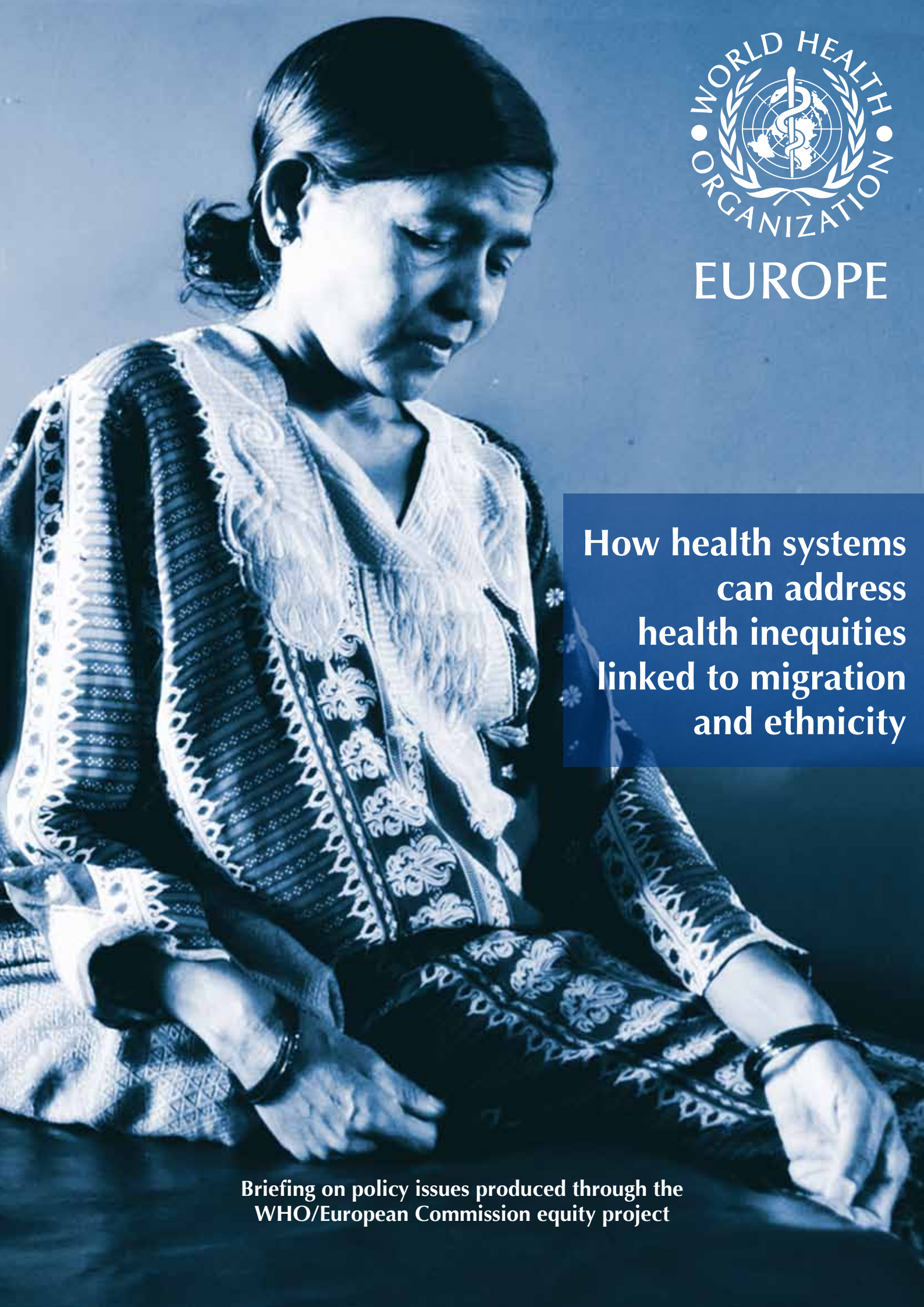

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How health systems can address health inequities linked to migration and ethnicity

Briefing on policy issues produced through the WHO/European Commission equity project

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Contents

Acronyms

AMAC	Assisting Migrants and Communities
CE	Council of Europe
CESCR	United Nations Committee on Economic, Social and Cultural Rights
CLAS	culturally and linguistically appropriate services
CSDH	WHO Commission on Social Determinants of Health
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
ECOSOC	United Nations Economic and Social Council
EEA	European Economic Area
EIU	Economist Intelligence Unit
EU	European Union
EU-MIDIS	European Union Minorities and Discrimination Survey
FRA	Fundamental Rights Agency
FSG	Fundación Secretariado Gitano [Roma Secretariat Foundation (Spain)]
IOM	International Organization for Migration
MEHO	Migration and Ethnic Health Observatory
MIGHEALTHNET	Information network on good practice in health care for migrants and minorities in Europe
MIPEX	Migrant Integration Policy Index
NGO	nongovernmental organization
OMH	Office of Minority Health
ONS	Office for National Statistics
OSHA	European Agency for Safety and Health at Work
PAHO	Pan American Health Organization
PTSD	post-traumatic stress disorder
SCMH	Sainsbury Centre for Mental Health
SEKN	Social Exclusion Knowledge Network
SES	socioeconomic status
TB	tuberculosis
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme

Executive summary

Migrants and ethnic minorities are often dealt with separately by researchers and policy-makers. This briefing considers them both separately and together, given that in some countries there is partial overlap between these groups and they can face similar problems of social exclusion. At the same time, however, it must be borne in mind that the composition of both groups is very diverse.

There are about 75 million migrants in the WHO European Region, amounting to 8.4% of the total population and 39% of all migrants worldwide. Figures for ethnic minorities are not available, because there is little consensus about definitions and available data are scarce. The largest of these groups are probably Roma, with an estimated population of 12–15 million.

There is substantial evidence of inequities in both the **state of health** of these groups and the **accessibility and quality of health services** available to them. However, differences from the majority population vary according to the specific group being studied, the health problems or services involved, and the country concerned. Some groups may in certain respects enjoy health advantages, but it is mainly disadvantages that have been documented.

With rare exceptions, migrants and ethnic minorities tend to occupy a less-favourable social position and research indicates that this is strongly linked to their health problems. Statistically speaking, many health discrepancies are reduced or disappear when socioeconomic status is controlled for. Some, however, do not; even when they do, it may be more plausible to regard socioeconomic status as an intervening variable rather than as the root cause of ill health. Social disadvantage is reinforced by the manifold processes of **social exclusion** to which migrants and ethnic minorities may be exposed. Discrimination at individual and institutional levels, as well as the limited social rights accorded to many migrants, must be regarded as the fundamental cause of many health problems.

The policy framework adopted in this briefing is founded on principles that have been developed by the United Nations system (including WHO), the European Union and the Council of Europe in conjunction with the International Organization for Migration. It is a rights-based framework which seeks to relate health problems to their social determinants and to develop strategies for tackling inequities through the entire health system:

> … a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health (WHO Regional Office for Europe, 2008).

To tackle health inequities, it is necessary for health systems not only to improve the services available to migrants and ethnic minorities, but also to address the social determinants of health across many sectors. A wide range of policies and practices needs to be critically examined in the light of their consequences for the health and well-being of migrants and ethnic minorities.

Inadequate entitlement to use health services can make access difficult for many migrants and ethnic minority members. In addition, the entitlements they have may not be respected, particularly in the case of Roma. Emerging evidence demonstrates that entitlements of irregular migrants and asylum seekers show great variations between countries.

Existing health services have been developed with the needs of the majority population in mind and they may need to be adapted to provide high-quality, accessible and appropriate health services to migrants and ethnic minorities. These changes must extend to all services (health promotion and education, preventive care and screening, curative and palliative care).

A considerable amount of experience has been accumulated on the changes that are needed. This has been synthesized in a number of major recent reports, which this briefing will draw on in summarizing the "state of the art" in this area (see: Fernandes & Periera Miguel, 2008, 2009; Ministry of Health and Consumer Affairs & FSG, 2005; FSG, 2009; Peiro & Benedict, 2009; WHO, 2010a; Ministry of Health and Social Policy of Spain, 2010). However, implementation of this knowledge is at best patchy. Inequities in service delivery should be systematically investigated, "good practices" should be developed to tackle them, and the success of reforms should be critically evaluated.

Efforts to improve health systems should be undertaken in collaboration with migrants and ethnic minorities. Such efforts must involve all levels of government and have relevant agencies and actors acting in concert. Special attention should be paid to capacity building in the field of professional training and education, as well as the need to build adequate data-gathering and research capacity.

Key messages

General recommendations

- Migrants and ethnic minorities are groups that in some countries overlap to a certain extent and should therefore not be considered in isolation from each other by researchers and policy-makers.

- Policies should address both inequities in the **state of health** of these groups and in the **accessibility and quality of health services** available to them.

State of health

- Few straightforward generalizations can be made about the state of health of migrants and ethnic minorities. The effects found vary widely between different groups, countries and health conditions and as a function of gender, age and several other variables. Interventions therefore need to be appropriately targeted.

- In many countries, there is an acute shortage of information on the social situation of migrants and ethnic minority groups and their state of health. It is impossible to tackle inequities without such information. However, all due attention must be paid to the risk of misuse of data and the political sensitivity of monitoring these groups.

- Inequities in a group's state of health can only be remedied to a limited extent by improving health care: the underlying determinants must be addressed through (in the words of the Tallinn Charter) "disease prevention, health promotion and efforts to influence other sectors to address health concerns in their policies".

- In keeping with the principle of "equity and health in all policies", policies concerning discrimination, education, employment, social protection, housing, immigration, citizenship and the criminal justice system should be reviewed in light of their effect on the health and well-being of migrants and ethnic minorities. The health system can provide know-how and tools for equity-oriented health impact assessment.

- Even when socioeconomic differences appear to statistically explain health problems among migrants and ethnic minorities, policies which ignore issues of migration and ethnicity will not be able to address these inequities effectively, as the socioeconomic position of these groups is affected by complex, extensive processes of social exclusion. These processes should be regarded as the fundamental cause of many health disadvantages.

- Many health interventions focus on the problems and needs facing migrant and ethnic populations rather than on the assets they possess for creating, sustaining and safeguarding health. There are opportunities to move away from a strict deficit approach to health and incorporate programmatic elements to strengthen health-promoting assets in communities, such as social networks, intergenerational cohesion and health-supporting traditions.

Health services

- Inequities in health service delivery should be systematically investigated, "good practices" should be developed to tackle them, and the effectiveness of these interventions should be critically evaluated.

- Special efforts should be made to improve health services for groups with a particularly serious burden of ill health and for vulnerable groups such as children, older people, victims of trafficking or torture, asylum seekers and migrants in detention. Services should also take account of gender differences. However, the right of a group to equitable health services does not depend on the severity of their problems.

- When discussing access, different components of this concept must be distinguished. "Entitlement" refers to the payment of health costs through the statutory system of coverage (whether tax-based or insurance-based), while "accessibility" refers to the ease with which people who need services are able to reach them.

- Entitlements for all migrants and ethnic minorities should be as complete as possible, having regard to the political obstacles to unlimited access that exist in some countries. However, entitlements on paper are not enough: it is also essential that both users and service providers should know what the entitlements are. Information campaigns to inform migrants and ethnic minorities about the services they can claim may be necessary to ensure this.

- The rules governing entitlement to care and the procedures for securing it should not be unnecessarily complex. They should not present barriers to those with limited language skills and understanding of the health system.

- Out-of-pocket payments (including those of an informal nature) to cover part of the cost of consultations, tests or medicines should be reduced to a minimum as they exacerbate health inequities.

- Nongovernmental organizations often carry out valuable work with migrants and ethnic minorities. However, quality control and sustainability may be difficult to guarantee outside the mainstream health system, and if care outside the system becomes structural, the social exclusion of the groups being cared for may be further institutionalized.

- The accessibility of health services for migrants and ethnic minorities should be monitored by:

  - analysing levels of utilization
  - noting tendencies to seek treatment at later and more acute stages
  - consulting the groups about the barriers they experience.

- Preventive care, health promotion and health education programmes for migrants and ethnic minorities must employ an outreaching approach and must be appropriately targeted. Health promotion and education should provide information about when and how to use health services as well as how to avoid illness and promote health. This information should show awareness of divergent health beliefs, "explanatory models" and attitudes to help-seeking that some groups may adhere to, and the daily living and working conditions that may influence health and health system usage.

- Equity in health service provision does not necessarily mean being able to use the same services as everybody else. Existing services may have to be adapted to give migrants and ethnic minorities access to high-quality, appropriate health services.

- Many of the changes required involve reducing linguistic, cultural and social obstacles to access and effective service delivery:

  - language barriers can be reduced by providing interpreter services and translated materials;
  - the employment of "cultural mediators" can increase mutual understanding and improve communication between service providers and their clients; and
  - improvement of the "cultural competence" of service providers helps to reduce cultural and social barriers.

- In addition to improving the skills of individual health workers, "cultural competence" should be furthered at organizational level by regularly reviewing all procedures and processes within the organization and by paying attention to, for instance, external communications, reception procedures, opening hours and recruitment strategies. Improvements must be structurally embedded in policy to guarantee their sustainability.

- A multisectoral approach to service provision (involving, for example, coordination between health and social services) is particularly important for migrants and ethnic minorities as the problems of these groups often have several interrelated dimensions.

- Participation of migrant and ethnic minority groups in the design and delivery of services is essential to reduce the social and cultural distance between services and their users.

Implementation

- Implementation of the measures discussed in this briefing requires a substantial programme of capacity building focused on three areas – **research, education, and training** – and on the **consolidation of expertise**. Fragmentation of effort should be combated by encouraging cooperation between disciplines, professions and Member States. The European Union has a vital role to play in furthering such cooperation through its programmes on research, health services, social protection and migration.

- Implementing these policy measures also calls for a multisectoral and multistakeholder strategy involving national, regional, provincial and municipal authorities, as well as civil society and local communities, businesses, professional, educational and scientific bodies, media, global fora and international agencies. Although national governments should play a leading role, the participation of all these actors is essential to achieving change.

- Ill-informed public opinion can undermine the acceptability of measures to promote health equity for migrants and ethnic minorities. Measures should therefore be explained and justified in public discussions and the media.

- Migration- and ethnicity-related factors should be acknowledged as powerful social determinants of health. Attention to these factors should be treated as an intrinsic component of national and international strategies to reduce health inequities. Health impact assessments should include an evaluation of the impact of measures on migration- and ethnicity-linked health inequities.