Better health for all in Europe:
Developing a migrant sensitive health workforce

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Summary: Migration movements in Europe have increased in both size and diversity and have created the need to enhance the effectiveness of health systems by adapting them to today’s multicultural and multietnic societies. Such a transformation cannot take place without a public health workforce that supports and delivers accessible, culturally appropriate, equitable and competent care. Governments and health care and training providers in the European Union have a critical role to play in reorienting the competencies of a public health workforce to improve the health of all people in a diverse Europe.

Key words: migration, health care, public health, health workforce training, cultural competence

Migration movements in Europe have increased in size and diversity in recent times. Migrants are essential for the European Union (EU), both because of its ageing population and to respond to labour market needs. Close to 47 million international migrants are estimated to reside in the EU in 2010, with migrants representing 8.5% of the EU population in 2005 with a further 5.6 million estimated new arrivals between 2005 and 2010. Most migrants coming to Europe are young and the proportion of women has grown considerably. 30% of all migrants in the EU originate from other EU countries.

These migratory movements cause social, cultural and demographic changes that demand political and administrative solutions from EU Member States. Such solutions are crucially important for all migrant and host communities and benefit public health, social cohesion and economic development. Moreover, they are central to the provision of appropriate and effective health and social care for migrant populations. Such solutions cannot take place without a public health workforce that supports and delivers accessible, culturally appropriate, equitable and competent care for all.

Public health and migration
The health and welfare of a country’s population is, to a large extent, the result of the actions of the government, social agents, the health system, and the training and professional competence of its public health workforce. The size and diversity of contemporary migration flows have positioned migration as an important public health issue. Addressing the needs of individual migrants, as well as the public health needs of host countries, requires policies and practices that correspond to the emerging challenges facing mobile populations and diverse societies today. The approach needs to be comprehensive and cover the full spectrum of the health sector, encompassing public health policies, legislation, regulation and development of service provision, as well as the education and training of the public health workforce.

As people move, temporarily, seasonally or permanently, they act as links to individual and environmental health factors between societies. Migrants travel with their health profiles, risks and beliefs. These reflect both their socioeconomic and cultural background and the disease prevalence in their community of origin. Often such profiles and beliefs are different from those in their host countries. The disparities may influence the health of migrants and also impact on the health status of the host communities.

Migrants’ health status is determined by many factors which can differ greatly among different migrant groups. Cultural and linguistic factors can impede the effectiveness of appropriate health care delivery. Health conditions and the environment in the home community decide many baseline parameters for the health of migrants. Biological determinants include the predisposition of certain population groups to specific diseases. Certain infectious diseases can have a higher prevalence and incidence in countries of migrant origin. Other conditions may be more prevalent in host communities with some migrants acquiring the health profile of the
The migration process itself can affect health, with people migrating in clandestine ways or forced by conflict or disaster, being at the greatest disadvantage. Socioeconomic conditions and lifestyle in countries of origin and destination are further determinants.

Access to health services, which includes services that promote health, prevent illness and provide diagnostic and therapeutic care, is fundamental to maintaining and improving the health of migrants. The level of access to appropriate services and how migrants’ particular health needs are taken into account are greatly dependent on health policies, health service organisation and the extent to which migration associated factors are incorporated in training of the public health workforce. Access barriers can be legal, administrative, organisational or socioeconomic. Those at greatest disadvantage continue to be migrants in an irregular situation and trafficked persons. Furthermore, migrants’ own health beliefs, health seeking behaviour, awareness about available services, and cultural and linguistic factors may challenge access.

Towards a migrant-sensitive health workforce

The increased population-diversity and the consequent diversity in patients’ health perspectives, beliefs, culture and linguistic background are changing the day-to-day work of health professionals. Epidemiological challenges associated with migration place new demands on health professionals. Increasingly, health workers find themselves treating patients with unfamiliar symptoms. Delayed or deferred care and lack of appropriate preventive services are associated with the progression of disease and illness and the subsequent need for more extensive and costly treatment. This can be particularly important in situations that involve mother-and-child health and the management and control of some communicable diseases.

The prevalent health care model has failed in many countries to guarantee fair, equitable and culturally appropriate health care for everyone. The provision of effective, efficient and quality care to the entire population, including migrants, requires a redirection of the current health care model so that it best responds to the experiences, expectations and health needs of a diverse society. Transforming the old health care model will not succeed, however, without developing a migrant-sensitive public health workforce.

A migrant-sensitive workforce requires new competencies. It needs to:

- Have appropriate intercultural competence, language and communication skills;
- Know how to manage change, cultural diversity and values;
- Be sufficiently knowledgeable of other cultures and customs to be able to develop professional practice with respect to the autonomy, beliefs and culture of the patient;
- Understand migrant health determinants and be able to contribute to reduce social and health care inequalities;
- Recognise the disease profile of migrants and its epidemiology;
- Manage competently the clinical manifestation of disease in different ethnic and population groups;
- Know the rights of migrants to health services;
- Be able to advise migrants on how to access and what to expect of health services.

Health training traditionally centres on diagnosis and treatment of prevalent disease, rather than maintenance of health or management of newly emerging conditions. More importance is given to the scientific basis of medical practice than to recognition of population health determinants or socioeconomic and cultural dimensions. Training does not sufficiently address understanding the social and cultural context of patients, their possible migration background and different health environment in their home community.

A web-based survey was undertaken by the authors of this article, covering key aspects of training a migrant-sensitive public health workforce in six selected countries: Malta, Poland, Portugal, Spain, Sweden and the UK. The key respondents worked for government institutions, universities and continuing education centres. The findings indicate that existing training programmes in migrant health are too scarce, scattered and poorly evaluated, and those developing them lack avenues of information exchange.

Key documents guiding health professional training in Europe

Three major documents are particularly important for guiding health professional training in the European context:

The Bologna Declaration (1999) set up a framework for graduate and post-graduate training in Europe through the European Higher Education Area (EHEA). The EHEA aims to establish the competencies required for performance of professional duties. As regards training for health professions, it gives insufficient attention to skills required for inclusion of socio-economic, ethical and cultural dimensions in health care and for improving the health of the population.

The European Parliament and Council Directive 2005/36/EC established an automatic recognition of qualifications in medicine, general care nursing, dentistry, veterinary surgery, midwifery and pharmacy. For each of these professions, basic training must assure “the acquisition of knowledge and competencies regarding the relationships between the state of health of human beings and their physical and social environment”. No reference is made to recognising differences in the population or specific competencies necessary to adapt health care to this diversity.

The European Commission’s Green Paper on the European Workforce for Health (2008) does not list health care to migrants/diverse populations among the challenges faced by health staff today. However, the President of the European Commission’s 2009 “political guidelines for the next Commission” suggest that mapping the skills and competences needed for European health systems will be important.

Recommendations for action

Migration flows in Europe have increased in size and complexity. They respond to demographic changes and labour demands in Europe, political upheavals and economic disparities within as well as between European countries and their neighbours. The consequent increased diversity in health determinants, vulnerability levels and needs among society members is challenging the capacity of health care delivery systems. This increased diversity calls for a more migrant-sensitive workforce.

Migrant-sensitive training approaches are good public health practice because they increase access of all populations to health care and improve the quality and effectiveness of services. These improvements, in turn, reduce health inequalities in the society and promote health for all. The following actions, strategies and policy
changes are recommended for adoption and implementation by the European Union, governments and institutions and organisations responsible for training health professionals.

**European Union institutions**

- Promote and harmonise the inclusion of migrant health topics and intercultural competence in the training of all public health professionals in graduate, postgraduate and continuous medical curricula;
- Support the creation of avenues for exchanging training experiences, approaches and content between relevant actors and institutions of the different Member States; support exchange visits of professionals and their participation in training activities in other Member States and countries of migrant origin;
- Promote, fund and increase research into the effectiveness of training programmes at the European level, including evaluation of learning, as well as impact of training on migrant health. Include common objectives and indicators in the curricula of health professionals to make such evaluation possible.

**EU Member States**

- Promote health professional training, including continuing education strategies, that strengthen the recognition of diversity and multicultural and include migration-related competences and skills for all health professionals. Use incentives, such as accreditation, to encourage participation of professionals and health care providers;
- Examine the main professional training strategies, organisation of graduate, postgraduate and continuing education programmes and the manner in which the new competencies could best be incorporated into training in order to make appropriate changes in the training of public health professionals;
- Ensure that content of undergraduate, postgraduate and continuing education of health professionals supports the fight against social exclusion, discrimination and barriers to migrants’ access to health care;
- Take advantage of country-level actions towards a common compulsory curricular design following the Bologna Declaration to ensure that the required competencies for a migrant-sensitive public health workforce are incorporated in the developing common curricula.

**Universities, education centres, professional associations and health providers**

- Include curricular content on intercultural competency, communication skills, health determinants of migrants, and public health issues associated with migration and population mobility in health professional training programmes at undergraduate, postgraduate and continuous education levels;
- Design training programmes to be interdisciplinary, use participative methodologies and facilitate theoretical-practical learning;
- Establish online training libraries, including available tools and multimedia courses for self-training;
- Involve migrants, in particular migrant health workers, in the design, implementation and evaluation of training programmes;
- Involve professional associations and other relevant actors in the design, implementation and evaluation of training programmes; promote the exchange of experiences and good practices between members of the associations and between the associations themselves, with the aim to create national and international networks;
- Expand intersectoral coordination in designing and developing training programmes for health professionals, in particular between health, education and social service sectors;
- Encourage and carry out research and evaluation of effectiveness and impact of training programmes on migrant health.

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**REFERENCES**


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