“The Council of the European Union urges all Member states to: consider policies to ensure that citizens, and all children, young people and pregnant woman in particular, can make full use of their rights of universal access to health care, including health promotion and disease prevention services.”

This is the main output of our Presidency priority, along with the situation analysis to be published in July 2010.

**Meeting policy challenges**

In respect of the question posed on migrant health challenges at the policy dialogue, Spain noted the importance of guaranteeing universal access to health services; combating existing barriers to implementation that are found in practice despite such guarantees, the importance of including the health of migrants in national policies, plans and strategies, as well as looking at the issue from the perspective of reducing inequalities in health.

When looking at how to ensure health coverage to all those who need it, it is important to develop strategies to ensure better health for all (included in the National Strategic Plan 2007–2010 for citizenship and integration) and empower migrants to participate in all these processes.

The EU can play an important contribution by continuing to advocate on the issue with Member States, as well as pushing an agenda for work on the reduction of health inequities and the promotion of monitoring at the EU level of social determinants of health. The EU can also play an important role in supporting the development of evidence and diffusion of information, as well as helping to facilitate the exchange of good practices.

**Approaches to migrant health in Portugal**

**Maria do Céu Machado, Filipa Pereira and Silvia Machaqueiro**

In September 2009, a meeting on migrant health was held in Lisbon by the International Organization for Migration (IOM) to discuss background papers produced for the Assisting Migrants and Communities (AMAC) project, co-funded by the European Commission. Parallel to the thematic sessions, a policy dialogue between countries was conducted. This snapshot highlights Portuguese input into this dialogue and focuses on recent policies, achievements and lessons learned.

**The evolution of migrant health care policy in Portugal**

Two questions in the policy dialogue were concerned with how countries were coping with immigration-related health challenges at and within their borders, as well as with what strategies needed to be reinforced to ensure health coverage to all those that need it in diverse societies.

Portugal used to be an emigrant country, but since the late 1990s it has become a host country with a sudden 200% rise in the immigrant population. Concerns for the social integration of these individuals acted as a catalyst for both macro and intersectoral strategies, including development of two national programmes.

The first step in this process was the introduction in 2001 of legislation guaranteeing that migrants who had been in the country for more than ninety days would have universal access to health care services regardless of their legal status. Yet, while this legal guarantee has proved to be workable, it alone has not been effective enough in properly tackling the issue of poor migrant health, as indicated in a study of mothers and newborn children between December 2005 and May 2006.1

Additional initiatives have also been undertaken. In 2002 the Office of the High Commissioner for Immigration and Ethnic Minorities developed a migrant integration programme that included several areas for action, including labour and professional training, housing, education and health. In those areas where responsibility for action was shared with the Ministry of Health, the main goals were to improve immigrants’ knowledge of health care services, to promote access to migrant-friendly health centres and hospitals, and to develop an Immigration Observatory (see www.acidi.gov.pt). A national Plan for Immigrant Integration was subsequently published in 2007.2

In 2002 a new Health Strategy was also being developed. This included the National Health Plan (NHP) 2004–2010 which took a lifecycle approach to health, involving civil society organisations and with an emphasis on promoting equity.3 This NHP included an intersectoral survey committee with representatives from other ministries (Social Affairs, Education, Environment and Youth) in line with the principles of a health in all policies (HiAP) approach. The issue of migrant health is a good example of HiAP because it implies that all sectors in society must work together to reduce inequalities.

The Health Strategy also stated that the best levels of health gains through health promotion and disease prevention would be achieved through a reliance on primary health care centres as the most appropriate way of accessing health care services. This raises challenges concerning some immigrant groups, who have preferred to seek medical attention at hospitals alone. This may be due to cultural beliefs, the lack of perception of the seriousness of the disease or the fact that no questions will be asked about social problems in the hospital emergency department.

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As a consequence, a more comprehensive proximity care strategy through community care teams led by nurses is now being implemented. This is also being provided through mobile care units in identified migrant neighbourhoods. Endorsement of specific skills by those immigrants who are health professionals has also been considered as an important step for integration. Opportunities in this respect have now been created through a partnership between the Gulbenkian Foundation, a non governmental organisation, and the Ministry of Health.

The role of the EU and international community

A third question in the policy dialogue focused on what EU institutions can do for the health of migrants. The EU’s role historically has been mainly confined to that of agreeing on common policies, strategies and specific measures to be adopted by European governments with the aim of preventing and controlling disease, as well as on providing access to health care for populations and, most particularly, to migrants as one vulnerable group.

The EU will continue to need migrants for demographic and economic reasons. All Member States would benefit from an increased synergy of sectoral and cross sectoral policies addressing the need for the inclusion of migrants, while at the same time providing development assistance to the countries of origin in order to diminish the need for migration.

Given this context, a conference on Health and Migration in the EU – Better Health for All in an Inclusive Society was one of the main initiatives of Portugal’s EU Presidency in 2007.4 It helped foster the creation of a European Network of Health and Migration focal points with the support of the European Commission. Its conclusions contributed to the Eighth Conference of Ministers of Health, promoted by the Council of Europe in Bratislava and were noted by the EU’s Employment, Social Policy, Health and Consumer Affairs Council.

The EU should now take a leadership role and ensure that migrant health becomes a priority in every government’s agenda, for it is vital in determining the overall development of European societies and populations. Governments should always be concerned with ensuring that migrants’ access to health services in the host country is on an equal basis with every other citizen. This is something which cannot succeed unless there is effective cooperation and commitment from the Commission, the European Parliament and every Member State for the creation of adequate legislation which might encompass the most important aspects of migrant health.

As such, European institutions should work together towards achieving efficient policies in this field and attaining better health outcomes for migrants; ensuring that their access to health care is provided regardless of their legal status; tackling irregular migration; and promoting improved knowledge and information to migrants on their rights.

Action can also be taken beyond EU level. The World Health Organization approved at its 61st World Assembly a resolution inviting Member States to adopt measures to support the health of their migrant populations.5 A Code of Practice concerning immigrant health professionals is now also under discussion.

Portugal is committed to establishing a common approach for managing the migration of health professionals. One example is the very successful agreement between Portugal and Uruguay, wherein a protocol was established for the mutual exchange of expertise and experience among health professionals. Young Uruguayan doctors were able to participate in a three-year programme on the transportation of patients including emergency training. At the same time, surgical teams were trained on organ transplantation in Lisbon and Montevideo. This turned out to be a win-win protocol.

Portugal is now designing its next NHP. The new strategic pillars are citizenship, access, equity, health policy and quality. These are important issues for all citizens, but in particular for immigrant families.

REFERENCES


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