Towards equity in health: Migrant health policies in Spain

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In September 2009 the Spanish Ministry of Health and Social Policy (Ministerio de Sanidad y Politica Social – MSPS) was invited to participate at the EU-Level Consultation on Migration Health, ‘Better Health for All’ held in Lisbon. This was firstly because of the MOH’s collaboration with the International Organization for Migration since the inception of its Assisting Migrants and Communities (AMAC) project and secondly because it would present priorities on health as part of the Spanish EU presidency during the first half of 2010.

The MSPS was also invited to participate at a policy dialogue which took place during the conference. At this policy dialogue, three main questions were discussed: what are the key immigration-related health challenges; how to ensure access to health care for all those who need it; and what role could be played by the EU in contributing to the health of migrants? The Spanish intervention at the dialogue reflected national experience and policy which are drawn upon in this snapshot.

Experience in Spain
Over the last 20 years, Spain has gone from being a country of emigrants to a land of immigration. Over the last five years the proportion of foreigners living in Spain has become one of the highest in the European Union. This phenomenon has occurred in other developed countries but in Spain it has happened in a very short time.

Spanish legislation on migrant rights and entitlements is based on the Constitution and has been developed through national, regional and local laws and ordinances.

The laws also impact on primary welfare systems such as health care and education. All registered foreign nationals have had the same universal access to the health care system as national citizens since 2000. Article 12 of Act 4/2000 on the ‘Rights and liberties of foreigners in Spain and their social integration’ ensures that non-registered aliens have access to services for children and pregnant women, grave illness and accidents and emergencies.

The first plan for the social integration of immigrants was launched in 1994. In 2001, a programme for the regulation and coordination of aliens (known as GRECO) was approved. The MSPS are currently working on the Strategic Plan 2007–2010 for Citizenship and Integration.1 This includes specific objectives and programmes/activities in cross-cutting areas aimed at improving the social inclusion of migrant groups, thus addressing socioeconomic factors that influence their health and wellbeing.

This national plan is based on the principles of: equality and non-discrimination, citizenship, multiculturalism, universality, normalisation, comprehensiveness, coordination and proximity.

In relation to health the three main objectives are:
- To guarantee immigrants’ right to health protection
- To improve identification of immigrant’s socially related health needs
- To improve the training of health personnel in managing the health of the migrant population

In 2001 a Permanent Observatory on Immigration was also created under the auspices of the former Ministry of Labour and Social Security (now Ministry of Labour and Immigration). It is responsible for collecting data, undertaking analysis and disseminating information in relation to the movements of migrants in Spain (see http://extranjeros.mtin.es/Es/ObservatorioPermanenteInmigracion/).

Meantime the MSPS has begun several different measures to help promote equity in health for vulnerable groups, such as migrants, and to reinforce the social determinants of health approach. In fact, one of the main priorities of the MSPS during the Spanish Presidency of the EU during the first half of 2010 was entitled ‘Innovation in public health: monitoring social determinants of health and reduction of inequalities in health’.

A situation analysis on this topic, “Moving forward equity in health: monitoring social determinants of health and the reduction of health inequalities” has been developed.2 One of the example areas explored in-depth, through dedicated sub-sections, focused on monitoring social exclusion and structural health inequality. It set out a proposal for indicators to monitor the protection of migrants, the sick, poor, and ethnic minorities, as well as looking at gender, age and indigenous disadvantaged minorities in the European Union.

Furthermore, one of the recommendations that our Ministry wished to highlight during the Presidency was the relevance of guaranteeing migrant children and pregnant women the right to health and full access to health care regardless of their legal status. This implies facilitating universal access to health in all domains: promotion, prevention and health care.

In this sense, the Council of the European Union’s conclusions ‘Equity and Health in all Policies’, adopted on 8 June 2010,3 reflect the work of the Spanish Presidency in the following way:

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