Migrant health policy
The Portuguese and Spanish EU Presidencies

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Summary: Health is essential to migrants’ wellbeing and contribution to society. The European Union, European governments and the international community are progressively recognising this link and attempting to address the negative socioeconomic determinants of health which disproportionately affect migrant populations. At the EU level, attention to migrants’ health has been framed by two EU Presidencies, the Portuguese in 2007 and the Spanish in 2010. This article reviews the migrant health policy context, marked by the momentum provided by these two Presidencies, as well as by landmarks set by high-level events and key documents both at EU and global levels. It ends by presenting the emerging migrant health priorities in Europe.

Key words: migrants, social determinants, public health, European Union

Migration movements in Europe have increased in size and complexity. Approximately 7.6% of the total EU population is foreign born, and it is estimated that between 2.6 million and 6.4 million migrants are in irregular status. Migration into the EU is nowadays accepted as a phenomenon that is necessary (both for demographic and economic growth) and unavoidable. Migration implies challenges and opportunities. Health is one major challenge and an essential element for migrants’ wellbeing and contribution to societies.

Conditions surrounding the migration process and settling into the reception country, particularly when under unfavourable circumstances, can increase vulnerability for ill health. Moreover, migrants are at risk of not receiving the same level of health care in the preventive, diagnostic and treatment services that host communities receive due to a combination of factors including legal and working status, social exclusion, language and cultural barriers and lack of knowledge on local systems. Lastly, current health care systems may often not be responsive enough to the specific needs of these groups.

European countries face a threefold situation of: (i) constant migrant flows, (ii) health services and practices that are largely inaccessible or unused by migrant populations and often ill-suited to migrants’ needs and (iii) higher vulnerability of migrants and their children to ill health due to negative socioeconomic circumstances. On the other hand, protection of migrants’ health and their access to quality health care are recognised as: (i) a human right and a basic entitlement according to EU values; (ii) vital to migrants’ integration and critical to reduce poverty and (iii) essential for social cohesion, good public health and the wellbeing of all.

Policy framework
Migrants’ health and its implications for their integration, public health and health services in the EU are becoming more important as EU Member States increase in their numbers of foreign born populations. The health of migrants is seen by many experts and stakeholders as an essential theme in the current EU and Member States’ health agendas.

Few EU legal references exist in the field of health since it is a recent and limited EU competency. The Treaty establishing the European Community states that a high level of human health protection shall be ensured by the Community, with the proviso that Community action, by the principle of subsidiarity, can only complement national policies, for instance in relation to cross border health threats, patient mobility and reducing health inequalities. The Council Conclusions on ‘Health in All Policies’ under the Finnish EU Presidency stressed the fact that the impact of health determinants is unequally distributed among population groups, resulting in health inequalities. These Conclusions also recognised that immigration, integration and social policies could have a positive or negative impact on health determinants. Before the Finnish EU Presidency, the UK EU Presidency in 2005 also devoted attention to health inequalities, notably via a summit on ‘Tackling Health Inequalities: Governing for Health’.

* There is no universally accepted definition of migrant. The term migrant is usually understood to cover individuals moving to another country or region to better their material or social conditions and to improve the prospects for themselves or their families. Migration today involves migrants in regular and irregular situations, as well as asylum seekers, victims of trafficking, refugees, displaced persons, returnees and internal migrants. For ease of reference, they are all referred to as ‘migrants’ in this article.

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More recently, the Portuguese and Spanish EU Presidencies of 2007 and 2010 respectively have spurred interest in the health of migrants. They have fostered policy consideration and action on migrant health and health inequalities, crystallising momentum and attention to the topic and laying the groundwork for future policy and programmatic initiatives at EU and Member State level.

2007 Portuguese EU Presidency: Migrant health, better health for all

Health and migration was a major theme of the Portuguese Presidency (July–December) and the central topic of its health programme, with the declared goals of addressing the lack of exchange platforms between Member States and fostering strategic approaches around the health implications of the 21st century migratory context.

A conference ‘Health and Migration in the EU: Better health for all in an inclusive society’ (Lisbon, September 2007) was a landmark event of the Presidency. It discussed the health implications of migration and the realisation of its economic and social potentials. The Conference reports published in preparation and as a follow up were the culmination of a process of policy dialogue led by Portugal, with the support of the European Commission (EC), which had at its centre the relevance of addressing migrants’ health, health determinants and access to health services.

An ad-hoc Advisory Group on Health and Migration, hosted by the EC DG Health and Consumers (DG Sanco), was created to support the dialogue process led by the Presidency with Member States and other stakeholders, including the European Centre for Disease Prevention and Control (ECDC), the Council of Europe, the World Health Organization (WHO) and the International Organization for Migration (IOM), and to build a consensus on the approach towards migrant health. The identification of good practices at various levels (from prevention and health promotion to diagnosis, care and referral to social services) was a cornerstone of this group’s dialogue allowing for the direct contribution by Member States, as well as the discussion with governmental and non-governmental parties at country level.

In Portugal, in addition to the Ministry of Health, the process had the support and involvement of the High Commissioner for Health and the High Commissioner for Immigration and Intercultural Dialogue. Portugal also hosted the first EU National AIDS Coordinators Meeting ‘Translating principles into action’ during the Presidency, with IOM providing a background report on migration and HIV in seven EU Member States.

The conclusions of the ‘Health and Migration in the EU’ Presidency Conference, presented by Portugal, were adopted at the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council in December 2007. Council Conclusions highlighted the importance of cross-sectoral action and invited European institutions and Member States to take action on the subject and integrate migrant health issues into health, employment, social and other national policies.

At EU level, Council Conclusions called for the inclusion of aspects “aimed at improving knowledge of migrant health and developing health promotion, prevention and migrants’ access to care” in the implementation of the new Health Strategy ‘Together for Health: A Strategic Approach for the EU 2008–2013’. They also called for the Seventh Research Framework Programme and other EU programmes to support interventions regarding migrants’ health.

Additionally, given that the Council Conclusions recognised tuberculosis, HIV and other infectious diseases as a priority, ECDC was commissioned by the EC to prepare a series of technical reports on migration and infectious diseases by 2010 (one of these reports, tendered by IOM, focuses on comparability of HIV data on migrant populations).

The Portuguese Presidency remains a very successful example of how an interested government can effectively lead and build momentum on an issue. The Presidency achieved real policy progress, as evidenced in the 2007 Council Conclusions. Most importantly, it provided political impetus for the further development and consolidation of migrant health initiatives in Europe.

2007 to 2010: Fertile years for policy dialogue

More generally, 2007–2010 was a period of remarkable activity in the field of migration health, in Europe and internationally, with high-level benchmarking conferences on migrant health and related topics including health inequalities and fighting poverty. Different texts and actions identified migrants as a particularly vulnerable or disadvantaged group that could benefit from heightened protection and better targeted interventions. All this activity amounted to a concerted call for increased and better coordinated efforts to improve migrant health and address health inequalities and the social determinants of health in an effective manner.

At the global level, the WHO European Office for Investment for Health and Development held a Technical Consultation on Poverty and Health in November and December 2007, which promoted the health of migrants as a disadvantaged group living in poverty. The Portuguese-led EU Council Conclusions were echoed at WHO, where efforts culminated in the discussion and approval of a Resolution on the Health of Migrants at the 61st World Health Assembly in May 2008. This urged WHO Member States to protect migrant health and promote its inclusion in health strategies.

In addition, the WHO European Region Ministerial Conference on Health Systems resulted in the Tallinn Charter in June 2008, to which WHO Member States as well as international organisations such as IOM were committed. Principles of relevance to migrant health included recognition of the right to health, the need to address health inequalities faced by vulnerable groups and the concept of ‘health in all policies’.

On a related note, the WHO Commission on Social Determinants of Health, set up in 2005, issued in 2008 the Closing the Gap in a Generation report, which then contributed to the Resolution on Reducing Health Inequities through Action on the Social Determinants of Health at the 62nd World Health Assembly in May 2009. This urged WHO Member States to tackle health inequities disproportionately affecting vulnerable and mobile groups within and across countries. In the following two years migrant health remained prominent within the health inequalities agenda.

The WHO Resolution on the Health of Migrants mandated a review of progress within two years. On this occasion, WHO co-convened with IOM a Global Consultation on Migrant Health, held on 3–5 March 2010, gathering representatives of all five continents, as well as concerned UN agencies. It was charged with taking stock of achievements since the Resolution was adopted, as well as reaching consensus on priority areas and best strategies to
address health issues associated with migration. The Consultation developed an operational framework for leadership and action on migrant health with four axes, based on the action points of the Resolution: monitoring migrant health, policy and legal frameworks, migrant sensitive health systems and partnerships and multi-country frameworks.10

At the European level, in November 2007, the Eighth Conference of Ministers of Health of the Council of Europe adopted the Bratislava Declaration on Health, Human Rights and Migration (http://tinyurl.com/33zmjst). Further to this, the Council of Europe entrusted its European Health Committee to develop a work programme on the health challenges of “vulnerable groups including migrants, refugees, asylum seekers, Roma and Travellers”. In September 2008, the Committee on Mobility, Migration and Access to Health Care was established to draft non-binding but goal-setting recommendations on improving access to health care for people on the move in Europe. These are expected to be adopted following end of the Committee’s mandate in June 2010. In February 2010, the Council of Europe also passed a Resolution on Detention of Asylum Seekers and Irregular Migrants including consideration to health aspects.11

At the EU level, EC DG Sanco had begun paying explicit attention to issues of health and migration, which resulted in a number of European-level actions being funded. An Expert Group on Social Determinants and Health Inequalities had also been formed to study and tackle health disparities, while a EC Communication on Reducing Health Inequalities followed in 2009.12

Additional key texts with relevance to migration and health were issued. The Framework Action Plan to Fight Tuberculosis in the EU called for the development of mechanisms to share data on asylum seekers and detained migrants and strategies for effective health promotion about tuberculosis. A joint EC, ECDC, WHO European Region meeting in 2009 on tuberculosis reinforced inter-institutional cooperation in this field. October 2009 saw the launch of the Strategy and Second Action Plan (2009–2013) on combating HIV/AIDS in the EU and its neighbourhood.

Finally, the EU Communication on Global Health highlighted the relevance of migration and migrant health, and underlined the right to health and the aspiration to universal coverage in one of its Staff Working Documents.13

The AMAC Project and the EU-Level Consultation on Migration Health

Building on this good momentum for migrant health, the IOM-managed multi-partner ‘Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities’ project provided a networking platform for the discussion and advancement of migrant health issues in Europe. The project, supported by the EC Health Programme and the Office of the Portuguese High Commissioner for Health, thus ensured continuation of the Portuguese Presidency focus on migration and health, fostering multi-lateral governmental dialogue and collaboration bridging through to the health priorities of the Spanish EU Presidency.

The project held three thematic workshops and ran an EU-Level Consultation on ‘Migration Health – Better Health for All’, (Lisbon, September 2009) with five main themes: social determinants of health; legal and policy frameworks; research; capacity building for health professionals; and maternal, child and adolescent health. Preparatory background papers were prepared for the consultation (see www.migrant-health-europe.org). Coinciding with the second anniversary of the Portuguese Presidency conference, the Consultation also provided an effective link to the health inequalities focus in the Spanish EU Presidency Health Programme, which was announced at the Consultation. The event facilitated the development of conclusions and recommendations for translation to effective migration health policy, programmes and research.14

2010 Spanish EU Presidency: Moving forward equity in health

As noted, migration and health fell under the overarching theme of health inequalities under the Spanish Presidency (January–June). This priority built on Spain’s good record of work in the area since the early 1990s, including the development of National Action Plans, yearly work plans since 1996 on health equity for migrant and Roma groups among others, and more recently the creation of a National Experts Group on Health Inequalities (2008).

The Ministry of Health and Social Policy hosted an Expert Conference ‘Moving forward Equity and Health’ and an Informal EU Ministerial Council under the same title in April 2010 where it presented a Situation Analysis Report on health inequalities in the EU. The report highlights European and national initiatives on the reduction of health inequalities, reviews current systems for monitoring social determinants of health and points at opportunities for future actions. Chapter VI focusing on socially excluded groups, which IOM co-authored, concludes that little is known on the health resources and needs of the groups most vulnerable to health inequalities and proposes a list of indicators for monitoring social exclusion and structural health inequality with regard to migrant, ethnic minority and disadvantaged groups.

As a direct output of the above meetings, the Spanish put forward ‘Conclusions on ‘Equity and Health in All Policies: Solidarity in Health’ which were adopted at the EPSCO Council of June 2010.15 Council Conclusions express concern at the wide and persistent differences in health statuses between and within EU Member States across the entire social gradient, with particularly poor average levels of health being experienced by vulnerable and socially excluded groups including migrant and ethnic minorities such as Roma. Council Conclusions invite the EU Member States and institutions to enhance public health capacities and promote equity in health across the different policy sectors and to aim at universal access to health care, including health promotion and disease prevention services.

Further in the Presidency, a session on migrant health and social determinants of health was held at an event on ‘Vulnerability and HIV in Europe’. A conference on the ‘Basic needs of foreign minors in Europe’ also addressed health and social inequalities. Also of interest, an EU Ministerial Conference discussed the foundations of EU integration policy as one of the fundamental pillars of EU immigration policy. Another highlight of the Spanish Presidency was the hosting and political support provided to the WHO/IOM Global Consultation on Migrant Health, held in Madrid. The Consultation outcomes were presented jointly by the Portuguese and Spanish governments at a lunch event, supported by WHO and IOM, at the 63rd World Health Assembly in May 2010.

By effectively using the prism of health inequalities, the Spanish Presidency gave
Box 1: Areas for action identified in the EU-level Consultation on Migration and Health

- Fostering collective will and leadership for the health of all to be regarded as a common good
- Improving both access to quality health care and health literacy
- Developing policies that recognise and address inequalities faced by migrants and set up multi-sectoral coordination mechanisms to address the social determinants of health
- Setting up structures to support research and comparable data collection to better understand the health specificities of migrant and other populations;
- Developing migrant-friendly quality health systems
- Increased focus on specific migrant groups: mothers, children, youth, undocumented migrants, older people and those with mental health needs;
- Supporting initiatives to promote migrant health through EC funding and regularly evaluating the effectiveness of such actions

an important political drive to the migrant health agenda, further consolidating the achievements of the Portuguese Presidency and positively directing EU Member States’ interest in future years. It has not only maintained awareness on the topic, while widening its scope, but has effectively promoted dialogue and commitment by Member States to fight health inequalities and monitor social determinants of health in Europe.

Despite the high level of policy attention since 2007, funding by EC and Member States for migrant health initiatives has declined. The Spanish Presidency’s focus on health inequalities and the natural overlaps of the topic with broader agendas such as addressing social determinants of health, patient-oriented health care and improving quality of care for all – which require health systems to be responsive to the diversity of the populations they serve – will hopefully help redress this situation and encourage translation of the agreed goals and priorities into concrete programmes and actions. Moreover, 2010 is the European Year for Combating Poverty and Social Exclusion and further initiatives may direct attention to the situation of migrants in the coming months.

Recommendations and conclusions

Despite the migrant health agenda gaining significant momentum, difficulties remain in translating its vision into coherent and sustained policies and programmes. The work and policy dialogue undertaken by the Portuguese and Spanish Presidencies, in collaboration with international organisations such as WHO and IOM, indicate that there is a clear margin for improvement for EU Member States. Health policies and programmes can better service diverse migrant origin communities and achieve better health for all populations living in Europe. The EU Level Consultation on Migration Health put forward a number of areas where progress in policy and practice should be achieved by EU Member States, also following the priorities highlighted by the Presidencies (Box 1).

The health gap between and among populations currently residing in the EU is widening; Member States need to bolster efforts to address this. Well-managed migrant health promotes the well-being of all, addressing both the needs of individual migrants and of host communities. Narrowing the health gap and making good health a reality for everyone is essential if we are to create a Europe of social justice as well as prosperity.

We face an extraordinary opportunity to create better chances for good health and better health care systems for all people in Europe. A critical mass of interested stakeholders and partnerships, evidence from research and projects, as well as a commitment from European policymakers at all levels, is necessary to make a difference. The actions of the Portuguese and Spanish Presidencies should be used and effectively combined in future years with those of Member State governments, stakeholders at different levels, as well as the EU institutions’ to achieve real and sustainable progress.

REFERENCES


