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Policy and legal frameworks affecting migrants’ health

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Starting points

• **Addressing health needs of migrants** improves migrant health (MH), avoids stigma, long term costs, protects global public health, facilitates integration, contributes to development

• **MH is necessary to full realization of the benefits of migration** (migrants + countries of origin and destination)

• **MH is linked to the distribution of socio-economic determinants**

• **Existing legal and policy frameworks should be improved** to better align with migrants’ right to health and increase effectiveness and efficiency of interventions
<table>
<thead>
<tr>
<th></th>
<th>Mining, Manufacturing, Energy</th>
<th>Construction</th>
<th>Hotels, Restaurants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>22.3</td>
<td>8.8</td>
<td>12</td>
</tr>
<tr>
<td>Belgium</td>
<td>17.3</td>
<td>6.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>29.9</td>
<td>8.8</td>
<td>4.6</td>
</tr>
<tr>
<td>Finland</td>
<td>20.1</td>
<td>5.1</td>
<td>8.9</td>
</tr>
<tr>
<td>France</td>
<td>14.6</td>
<td>10.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Germany</td>
<td>32</td>
<td>6.4</td>
<td>7.6</td>
</tr>
<tr>
<td>Greece</td>
<td>16.3</td>
<td>27.3</td>
<td>9.2</td>
</tr>
<tr>
<td>Hungary(3)</td>
<td>28.2</td>
<td>31.2</td>
<td>14.7</td>
</tr>
<tr>
<td>Ireland</td>
<td>16.6</td>
<td>8.4</td>
<td>13.2</td>
</tr>
<tr>
<td>Italy(2)</td>
<td>24.2</td>
<td>15.3</td>
<td>16.6</td>
</tr>
<tr>
<td>Luxembourg</td>
<td><strong>10.5</strong></td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Netherlands (1)</td>
<td><strong>20.4</strong></td>
<td>4.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Spain</td>
<td>13.6</td>
<td><strong>16.3</strong></td>
<td>12</td>
</tr>
<tr>
<td>Sweden</td>
<td>17.2</td>
<td>2.7</td>
<td>6.6</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>11.8</td>
<td>4.3</td>
<td>9</td>
</tr>
<tr>
<td><strong>AVERAGE</strong></td>
<td>19.7</td>
<td>11.5</td>
<td>9.5</td>
</tr>
</tbody>
</table>

(1) Data for 2002.
(2) Sources: National SOPEMI Report; ISTAT - Rilevazione Sulle Forze di Lavoro. Only non-EU borned.
(3) Source: National SOPEMI Report. Foreign citizens; hotels, restaurants and trade.
Note: In bold - values over the average national percentages.
Source: SOPEMI_OECD, International Migration Outlook, 2006

Table 3.15: 15 Foreign born in selected activity sectors (2003-2004 average percentages)
What needs to be done?

- **Multidisciplinary approach** - variety of situations in which migration can occur and the range of MH issues
- **Attenuate conflicting pressures** created by different policies and regulations (security, registration, labour ...)
- **Reorient policies and regulations** - improving health service provision and the underlying preconditions for health
- **Access to social protection schemes**
- **Migrant participation** in policy development
- **Harmonization** among communities and countries involved in the migration cycle
Limited resources (money, time, system knowledge, health literacy) for prevention; priority given to more pressing needs; protective or health-damaging cultural norms; migration is a risk factor for mental disorders and can increase exposure to other risk factors & unhealthy behaviours.
What needs to be considered?

• **Legal norms** as foundation for effective MH policy
• **Health as a migrants’ right** (related to other human rights)
• **Public health approach** – health promotion and disease prevention
• **Concerted international efforts** towards policy change
• **Economic aspects of health care delivery** (including services necessary to facilitate access and utilization of health care)
• **Social exclusion and resulting health inequalities** – active (discrimination) and passive exclusion (indirect, fiscal and trade policies, increased unemployment)
Migrants’ right to health

• **Human rights approach** - equality, non-discrimination, active and informed participation of involved individuals and communities, sustained focus on the most vulnerable and marginalized, effective accountability mechanisms

• Right to health includes **social, economic and environmental conditions** required for health

• Migrants’ right to health at **each stage of the migration process**
<table>
<thead>
<tr>
<th>Country</th>
<th>Migrants access to care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>2% undocumented migrants with no guarantees – private care</td>
</tr>
<tr>
<td>Germany</td>
<td>Undocumented migrants have emergency access – duty to report</td>
</tr>
<tr>
<td>France</td>
<td>Undocumented migrants have access (since 2000)</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Undocumented migrants only have the necessary medical care, as evaluated by a GP</td>
</tr>
<tr>
<td>Portugal</td>
<td>Universal access to health care regardless of official status (since 2001) on equal grounds of Portuguese citizens</td>
</tr>
<tr>
<td>Sweden</td>
<td>Undocumented migrants are eligible to emergency/immediate care – inconsistency on the application of law, dependency on NGOs</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>All people are entitled to health care, access to specialists and some treatments (HIV) are restricted to undocumented migrants</td>
</tr>
</tbody>
</table>
Basic elements

• **Health promotion and disease prevention** – focus on infectious disease control is inappropriate (isolation and quarantine) - health status as admission condition is doubtable

• **Complying with international norms** - protection offered by human rights, labour, humanitarian, refugee laws and other regional and national mechanisms

• **Access to social security** (subsidized or free services / affordable healthcare)

• **Migrant sensitive health services** – complementary actions in the health systems four functions (service delivery, resource generation, stewardship, financing)
Maternal and child care mobile units
Social protection

• Social protection is **key to combating social exclusion** processes (comprehensive social protection floors – with work across sectors)

• **Migrants are at high risk for social exclusion**, including being excluded from social protection systems. Those undocumented are particularly vulnerable – e.g. informal employment, 3D jobs (dirty, demeaning, dangerous)

• **Equal access by migrants to social protection systems** will promote health equity

• Includes **equal treatment to social protection in health**, which reduces financial barriers to access health care and moves towards universal coverage.

Source: ILO statement on “Migrant workers, their families and their health” (Dec 2007); ILO Resolution concerning a fair deal for migrant workers in a global economy; and GTZ-ILO-WHO-Consortium on Social Health Protection in Developing Countries web site: [http://www.socialhealthprotection.org/social_protection_health.php](http://www.socialhealthprotection.org/social_protection_health.php)
Social protection

Components of social protection systems

Efforts towards policy change

States have the primary responsibility, involvement of international actors is only of a subsidiary nature

Need for multilateral cooperation and coordination

• UN initiatives: UNAIDS
• WHO: several resolutions - workers health, health of migrants (WHA 61.17), primary health care, health inequalities, resistant tuberculosis
• IOM: policy standards, intervention and research projects
• ILO: specific conventions and recommendations
• EU: “Health in All Policies” approach, DG SANCO
• Council of Europe: European Social Charter, other conventions
• Norwegian initiative: 2009 report “Migration and health” - proposal of international convention on basic health care
PLAN FOR IMMIGRANT INTEGRATION
The Council of Ministers Resolution n° 63-A/2007, May 3rd
What can be recommended?

- National legislation and practices should comply with international standards (respect of human rights, including health related rights)
- Coherent multi-sectoral immigration policies (at country level and above) – “health in all policies”, coordinated policy development
- Harmonization of policies among countries - origin, transit and destination - as well as between relevant sectors
- Overcome major gaps - similar levels of care to those available for the host population; participation of individuals and communities to ensure program adequacy; focus on the most vulnerable and marginalized (irregular migrants); social protection; accountability mechanisms