EHFG 2011: EXPERTS CALL FOR ACTION TO MEET SPECIAL HEALTH NEEDS OF EU'S MIGRANTS

For reasons important to both EU citizens and migrants, greater efforts needed to be made to address the gap in quality health care that exists between the two groups, experts told the European Health Forum Gastein. Improvements would not only benefit Europe's newer arrivals but the well-being of Europeans in general.

Bad Hofgastein, October 6, 2011 – In many EU countries, health care for migrants falls short of the standard enjoyed by the majority population. The discrepancy varies from country to country, but there is need for improvement throughout, especially since migrants from an increasingly significant part of the Europe's population, experts told the European Health Forum Gastein. Prof David Ingleby of Utrecht University's European Research Centre on Migration and Ethnic Relations, suggested that "individual discrimination against migrants within health systems is a less serious problem than 'indirect' or 'institutional' discrimination – i.e. the fact that existing systems often simply do not work well for migrants. This is hardly surprising, because the existing systems were not designed with migrants in mind."

Prof Ingleby and Dr Bernd Rechel, senior researcher at the European Observatory on Health Systems and Policies (London), elaborated on the specific nature of the migrant-related health care problems and the reasons why such problems also matter to the broader European collective. They also proposed measures for dealing with the issue, which is by no means a minor one: approximately 7.6% of the total EU population is foreign born, and it is estimated by the International Organization for Migration that between 2.6 million and 6.4 million migrants are in irregular status. In 2008 nearly 31 million non-nationals were living in the EU.

Special health problems for migrants

No simple generalisations can be made about the health risks to which migrants are particularly exposed. Two major concerns at the moment are problems in pregnancy and childbirth, and type 2 diabetes. "In Europe over the last half century, dramatic reductions in maternal and perinatal morbidity and mortality have been achieved as a result of better antenatal care, living conditions and health education", said Prof Ingelby. "Migrant mothers tend to miss out in all three respects, resulting in higher rates of illness and death among both mothers and babies. Diabetes is an increasing problem, especially now that many of Europe's migrants are becoming elderly; obesity is often a contributing factor and can result from dietary problems and lack of exercise."

Among the more obvious problems limiting migrants use of the health services they are entitled to is the language barrier. Ability to 'get by' in the host country's language is usually not enough for effective medical consultations, which require precise communication about complicated and stressful topics. Cultural gaps pose additional problems. Expectations and ideas about health and illness may vary, as well as the degree of trust between immigrants and

host country health care workers. Administrative barriers often inhibit access to health and other basic services, and migrants frequently have little familiarity with their basic health care rights. According to Prof. Ingleby, "sometimes migrants have so many difficulties in using the regular system that they go to Accident and Emergency services for all their health problems." This is a costly and inadequate way to deal with common health issues, especially ones requiring continuity and follow-up. And it bypasses preventive care given by regular health services.

Migrant health important to hosts too

In addition to contemporary European understandings of morality, human rights and medical ethics, internationally defined obligations also dictate that measures be adopted to reduce the health care quality gap. But enlightened self-interest should be another important factor. As Prof. Ingleby notes, "ill-health is not only a burden for migrants themselves, but also for those who have to look after them. It lowers productivity and self-sufficiency, and in the case of infectious diseases creates risks to population health."

Dr Rechel agrees: "Rather than being a drain on welfare systems, migrants make substantial contributions, including economic ones, to both their host societies and, by sending money to relatives at home, to their countries of origin. Ensuring that these migrants get the quality of care they are entitled to is therefore cost effective for host societies as well."

According to the experts, specific provisions for improving the issue start with interpretation and translation services. In some countries, legal barriers to health service access needed to be removed. Particular problems here arise with asylum seekers and irregular migrants who in some countries are not granted health care coverage despite being unable to pay the bills themselves. This often results in acute and tragic health problems. In dealing with cultural barriers, Dr Rechel proposes "culturally informed models of care; culturally tailored public health programmes; the use of cultural support staff and the involvement of migrants in all aspects of health care delivery."

Despite today's tighter budgets, Dr Rechel believes that "migrant health needs to move higher up the political agenda and the EU needs to muster the necessary political commitment." In the long run, the consequences of neglecting the issue will probably be more costly. As Prof. Ingleby notes, "Learning to meet the health needs of migrants will help health services to become responsive to all forms of diversity and to bring closer the ideal of 'patient centred care' for all".

The EHFG is the most important conference on health care policy in the EU. This year it attracted more than 600 decision-makers from 45 countries for discussions on the latest developments in health care policy.

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