



Faculty of Health Sciences



Migrants health care in Europa - needs for research.

Barcelona, December 16, 2016

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Main points

1. Migration and migrant health - what are we talking about
2. Migrant health research – issues and challenges
3. Conclusions



Evian Conference 1938



Barcelona, 16 December 2016
Dias 3





**UNITED NATIONS SUMMIT FOR
REFUGEES AND MIGRANTS**
19 September 2016 • UN Headquarters



Migration flows

International migrants worldwide: 244 mio

Forced displaced globally: 65 mio

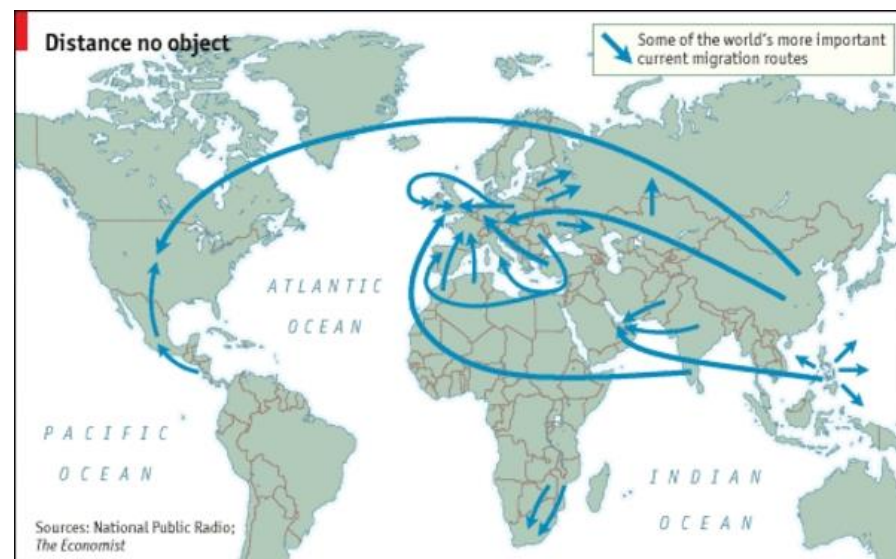
International migrants in Europe: 75 mio (8.4%)

Migrants to Europe 2015: About 1.2 mio

Died/drowned 2015: About 3.700

Travelled the Mediterranean Route
January – August 2016: 80,000

Drowned: 3,500



Migrant and ethnic minority health: population groups of concern

**Ethnic minorities
incl. descendants**

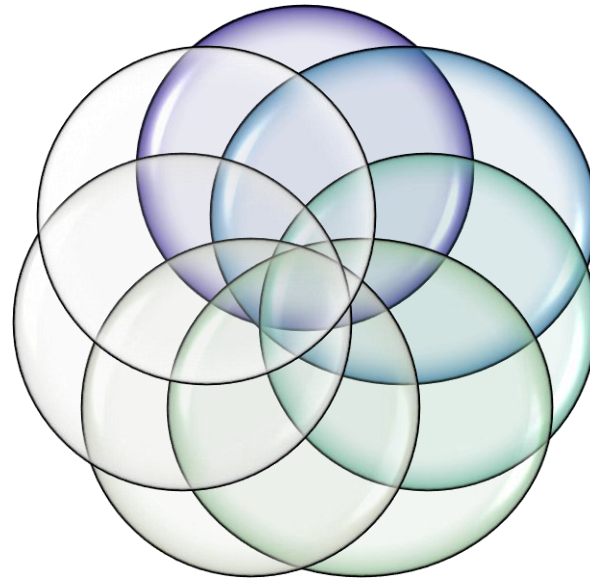
**Indigenous
populations**

**Children,
adolescents,
adults and the
elderly**

Refugees

**Labour and
student
immigrants**

**Undocumented
immigrants**



Family reunifications



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Definition of migration

“The movement of a person or a group of persons from one geographical unit to another for temporary or permanent settlement”

Source:UN. Report of the General Secretary. Migration and Development, 18 May, 2006

“A social process of change, where an individual moves from one cultural context to another for temporary or permanent settlement”

Source:Syed HR, Vangen S. Health and migration: a review. Oslo:NAKMI, 2003

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Substantial health inequalities

- Inequalities are easily demonstrated by relevant epidemiological variables such as country of birth
- Ethnicity cannot be matched by most other epidemiological variables (except from age)
- 4-6 fold differences in diabetes
- 10-20 fold differences in prevalence of smoking



Migration

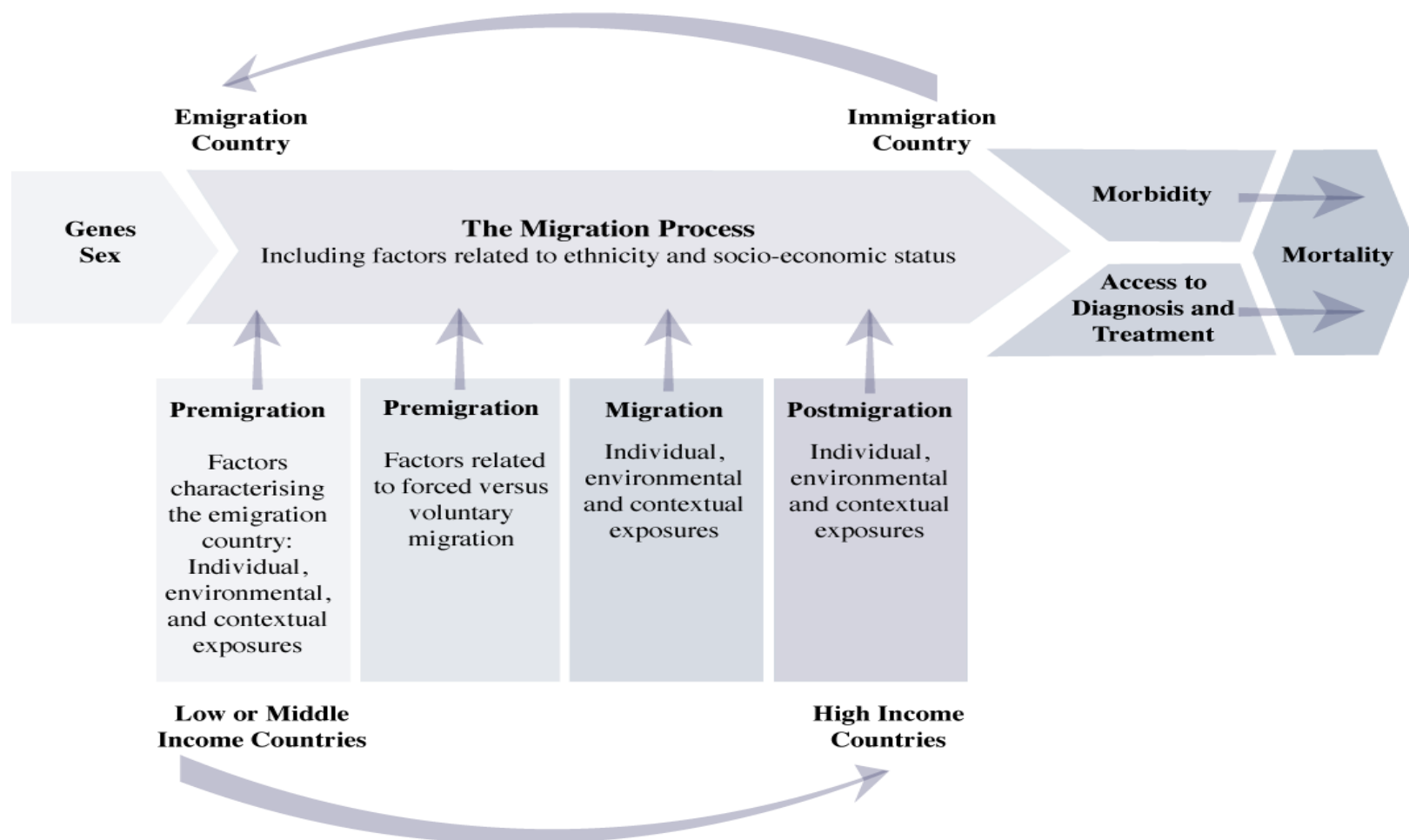


- Basic conditions in country of origin
- Factors leading to migration
- Process of migration
- Postmigration factors



The life-course perspective

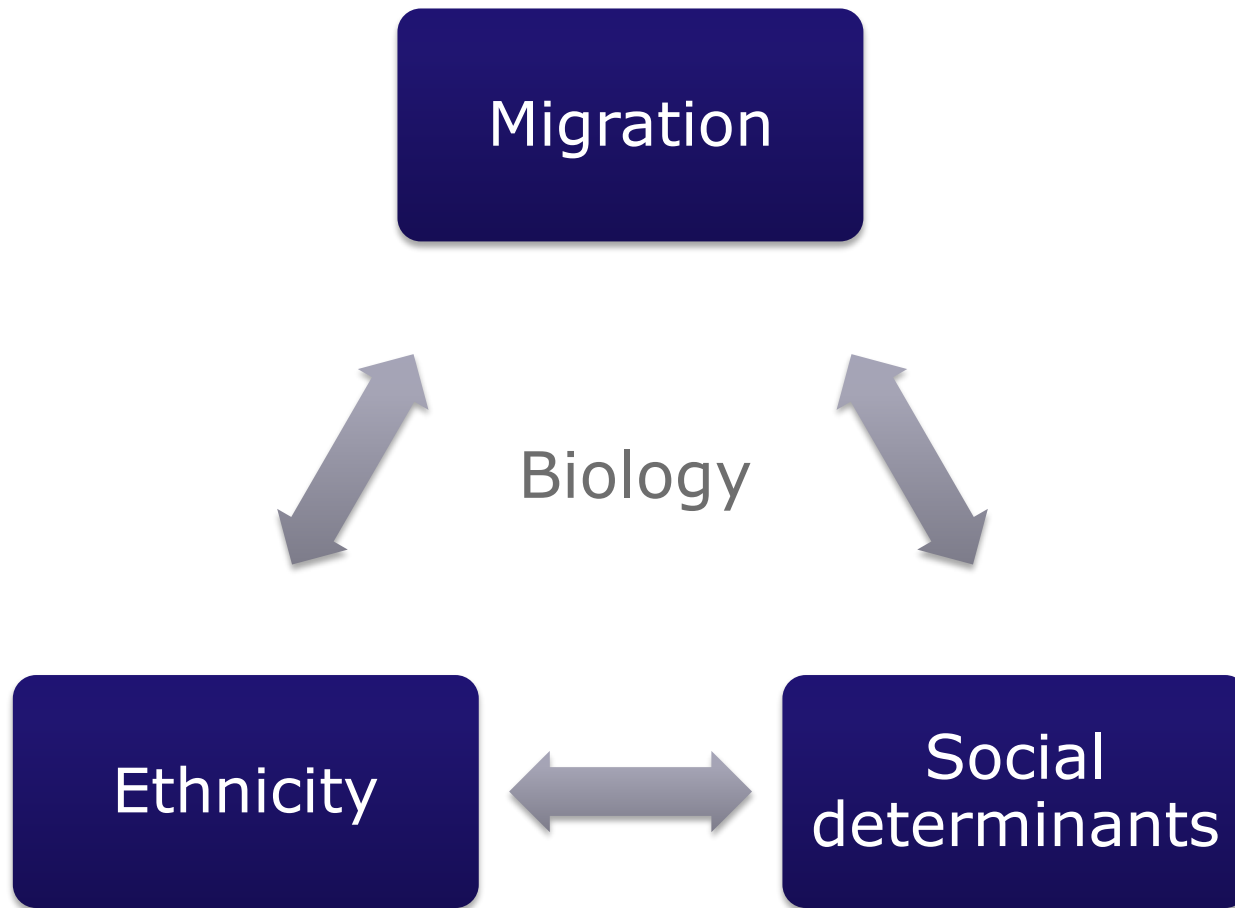
Figure 1. An analytical model of exposures and health outcomes among migrants related to international migration processes based on a life course approach. The model is adapted by the author from Spallek et al. 2011.



Up-stream or down-stream focus?



Factors affecting migrant and ethnic minority health



Morbidity and mortality among migrants

- Morbidity and mortality among migrants compared to non-migrants vary with disease categories
- Morbidity and mortality patterns differ according to *country of origin, ethnicity and migrant status.*
- Consequently, we cannot treat migrants as one unit but must divide into subgroups



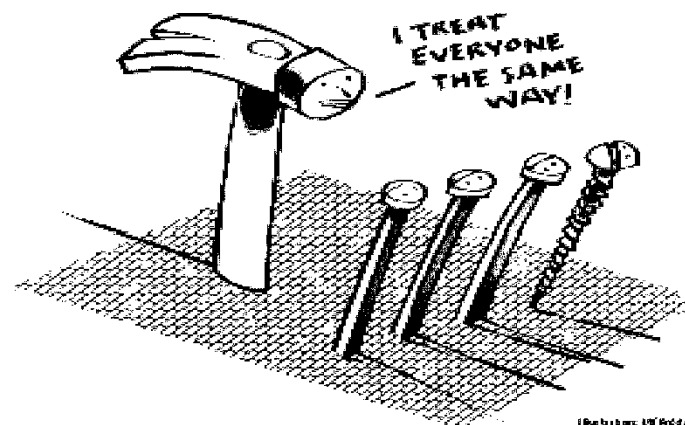
The right to health care – a global issue



Equity in health

”Equity in health implies that ideally everyone should have a **fair** opportunity to attain their full **health potential** and, more pragmatically, that none should be disadvantaged from achieving this potential, **if it can be avoided**”

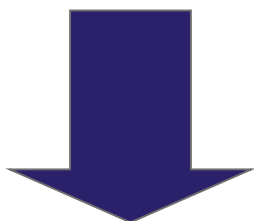
Source: Whitehead, M. The concepts and principles of equity. WHO, 1991



Migrants' entitlements and access to healthcare

Formal factors (legal conditions; financial barriers)

Informal factors (patient- and system related)



**Delay in diagnosis and
treatment – low quality service**



Increased morbidity and mortality

Formal rights – general trends in Europe

Legal migrants:

Rights like other residents

Council Directive 2000/43/EC of 29 June 2000, implementing the principle of equal treatment between persons irrespective of racial or ethnic origin (the 'race directive')

Undocumented migrants:

Entitled to obtain emergency care only

Asylum seekers:

Entitled to necessary, urgent and/or pain relieving care including antenatal care

(children full right to preventive services)

The council directive 2003/9/EC of 27 January 2003 (minimum standards for the reception of asylum seekers)



Informal barriers



- Language
 - Information
 - Interpreters
- Institutional and personal discrimination and stereotyping
- Socio-cultural barriers (norms, behaviour)
- Social marginalizing and loss of networks
- Insufficient knowledge and experiences

Health reception

Very different policies and practice

- Across countries
- Across groups of migrants depending on:
 - Formal status
 - Location
 - Numbers



2. Migrant health research - issues and challenges



Brief history of the research field

- Sociology and anthropology early engulfed the impact of ethnic background and migration processes
- Migrants often excluded from register based studies due to lack of information on ethnicity and migrant status
- Migrants were excluded in clinical medical research due to higher costs for recruitment
- In the US the National Institutes of Health in 1993 required clinical researchers to include women and ethnic minorities



Characteristics of the research field today

- Often embedded in public health institutions
- Multidisciplinary engulfing both humanities, social sciences and medicine
- Builds on both qualitative and quantitative methods
- Driving force is the quest for equity in health status



Why a migrant health focus?

- Migrants often have a worse health status
- More knowledge is called for by clinicians, health administrators and politicians
- Receiving societies have an interest in sustaining migrants' health, because ill-health hinders the ability to integrate
- From a moral perspective the right to the highest attainable health is a fundamental human right
- We can learn important lessons on health and disease from migrant health studies



What do we need to achieve?

- Development of theories, concepts and common measures
- Disentangling determinants and understanding causal processes
- Developing effective and acceptable interventions (prevention and care)
 - User perspectives, Quality, Organisation, Cost-effectiveness
- Creating evidence for policy decisions (priorities):
 - Locally
 - Regionally
 - National
 - International
- Ensuring a stable research base is necessary!

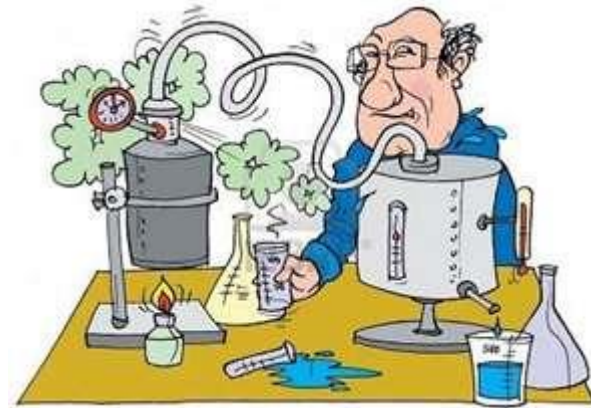


Designs



Development of
large cohorts of
migrants

- Natural experiments
- Controlled studies
 - Non-randomized
 - (Randomized)



Multidisciplinarity required

- Medicine
- Epidemiology
- Social sciences
- Humanities
- Human biology

Not only additional – but truly integrated!



International research requested

- Identifying optimal reference groups
- Transborder health care
 - Migrants on the move
 - Returning migrants (Salamon effect)
 - Medical tourism
- European policy support
 - Comparative data development
 - Health needs assessments
 - Quality of care – good practice
 - Adapting research into practice



3. Conclusions



Why migrant health research?

- Migration is **an essential and unavoidable dimension** of human history – benefitting mankind.
- The present so-called **migration crisis** in Europe is mainly a political crisis – and can be solved.
- The focus is mainly on social integration and employment – but forgetting the well-known **links between “social” and “health”**.
- **Better migrant health policies** are motivated by:
 - human rights and equity goals,
 - issues of integration,
 - the economic argument,
- Migrant health provides fruitful **lessons for public health in general**.



What can we learn?

- Some minorities doing better – illustrating problems and mechanisms behind health and disease
- How to obtain better health services
 - Communication
 - Professional competencies and inclusive services
 - Community/user/patient participation
- **Migration – a natural experiment!**



- Europe needs migrants
- Europe will always receive migrants – let us grasp the opportunities provided by migration in our policies, practice and research.
- **No migration without public health
– no public health without migration!**



Thank you for your attention

