Co-funded by the European Commission, the Office of the Portuguese High Commissioner for Health and the International Organization for Migration (IOM), the “Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities” IOM-managed project provides a platform for dialogue on migration health priorities and fosters engagement from policy-makers at all levels to tackle health inequalities in Europe.

Further information is available at: www.migrant-health-europe.org

This policy brief is based on the background paper ‘Migration: A Social Determinant of the Health of Migrants’ elaborated within the framework of the AMAC project: www.migrant-health-europe.org/background-papers

Opinions expressed in this brief are those of the authors and do not necessarily reflect the views of the European Commission or the Office of the Portuguese High Commissioner.

Migrants are likely to experience specific challenges influencing their health due to the migration process itself. Social determinants of migrants’ health relate to factors of the migration process, reasons for migrating, and the mode of travel, length of stay and the migrants’ language skills, and social and legal status in the destination countries. Migration can therefore itself be seen as a determinant of migrants’ health.

Why this topic?

Migrant health is an important public health issue. Well managed migrant health benefits all. Protecting and promoting the health of migrants supports their social and economic integration and allows them to be full and productive members of the community. At present, European health policies insufficiently address the health needs of migrants.

The migration experience can differ significantly for different categories of migrants. However, most migrants encounter various health hazards and are affected by social inequalities in the host countries. Moreover, they experience obstacles to accessing health and social services, especially when they are undocumented migrants. Major challenges include legal and real lack of access to appropriate health information and healthcare services and cultural and language barriers.

Topic in context

- Migrants are affected by social inequalities and are likely to go through several experiences during the migration process which put their physical, mental and social well-being at risk;
- Migrants often face poverty, discrimination and social exclusion, which has negative influences on health, especially in countries of transit and destination;
- Migrants’ health is also to a large extent determined by the availability, accessibility, acceptability and quality of services in the host country;
- Migrants face specific difficulties with respect to their right to health: health care services may be inadequately covered by state health systems and unaffordable health insurances.

Good Practices

Example in Europe: National Immigrant Support Centres in Portugal

The Portuguese High Commissariat for Immigration and Intercultural Dialogue runs two National Immigrant Support Centres (CNAIs) in Lisbon and Porto. The centres provide a number of support services via socio-cultural mediators who are usually themselves from a migrant background. In a ‘one stop’ model, the centres combine services from different Government agencies (including Border Service, the Working Conditions Authority, Social Security, Regional Health Administration and the Regional Directorate of Education), and additional innovative support services to meet the concrete needs of migrants, including access to quality health services.
Policy Background

The right to health is recognized by international and regional instruments as well as pieces of national legislation. However, it needs to be broadly and systematically respected by national legal and policy frameworks.

- Art.12 of the International Covenant on Economic, Social and Cultural Rights (1996) affirms “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”.

- The Committee on Economic, Social and Cultural Rights has provided an authoritative interpretation of Art.12 of the Covenant (General Comment No.14 of 2000) and has clarified that the right to health does not only encompass the right to health care, but also the right to the underlying determinants of health.

- The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990) explicitly identifies the right to equal treatment and to access to health for migrants in regular and irregular status (Art.28, 43 (e) and 45 8c).

- The WHO Resolution on Migrant Health (WHA 61.17, 2008) urges Member States to protect migrants’ health and promote its inclusion in health strategies.

- 3 Millennium Development Goals directly concern health: improving child health (Goal 4), maternal health (Goal 5) and combating HIV/AIDS (Goal 6).

- At the EU level, human rights instruments recognizing the right to health include the European Social Charter (Art.11 and 13) and the European Convention for the Promotion of Human Rights and Fundamental Freedoms and its protocols.

The ratification of international instruments recognizing the right to health determines obligations for states of both progressive and immediate realization. A health system that is accessible to all and effective should be created by the states within their resource availability.

Recommendations for the European institutions

- Promote improved access to health and social services for migrants regardless of their legal status;

- Ensure that integration and prevention strategies are put in place at the national level to decrease social exclusion, stigmatization, discrimination and marginalization of migrant populations;

- Foster research at national and European levels on health status and health provision for migrant populations as well as harmonisation of indicators for evaluation of policies and practices.

Recommendations for EU Member States

- National policies and laws need to respect the rights of migrants and improve access to health promotion, prevention, care and treatment for all migrants regardless of their immigration status;

- Migration health policies and strategies need to focus on addressing the barriers that de facto hinder access to health and social services and empowering migrants to make healthy choices;

- A multi-sectoral response is necessary to address the underlying social, economic, cultural, structural and environmental determinants of health that result in inequalities and vulnerability to diseases;

- Greater efforts need to be done in collecting baseline data with disaggregated data for migrant populations to inform policy-making in migrant health and other areas.

Recommendations for national stakeholders

- Conduct research to assess and document the links between migration and social determinants of health, as well as to enhance national and international surveillance and information systems;

- Enhance the cultural appropriateness of health systems, for example by adequately training health professionals and considering the combination of Western and non-Western medicine and treatment;

- Facilitate participation of migrants and migrant communities in health service delivery and research on both migrant communities’ health status and health care appropriateness.

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