



## POLICY BRIEF

### Migration and the Right to Health in Europe

**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](http://www.migrant-health-europe.org)

This policy brief is based on the background paper ‘Migration and the Right to Health in Europe’ elaborated within the framework of the AMAC project:  
[www.migrant-health-europe.org/background-papers](http://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.

The migration process can result in vulnerability in physical and mental health and social problems, depending on the migration conditions. Properly managed migration health regimes operating under the rule of law should promote the well-being of migrants and address their particular needs, thus protecting global public health and facilitating social cohesion and migrants’ integration and contribution to social and economic development in countries of origin and destination.

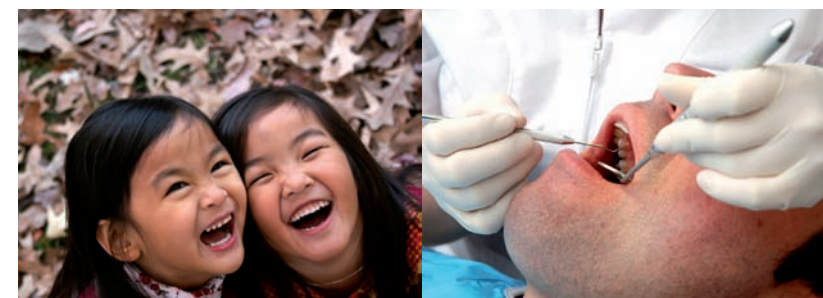
#### Why this topic?

Today migration to and within Europe is diverse and complex and involves a heterogeneous group of people that move to countries different to their places of origin. The determinants of migration also mostly determine the health of migrants.

The migration process can result in vulnerability in physical and mental health and social problems. This is aggravated by migrants’ lower socio-economic status once in the countries of destination, and the fact that, despite it being recognized in law, there are numerous challenges to the realization of the right to health of migrants.

#### Topic in context

- Migrants often have poorer health status as well as limited or no access to preventive, diagnostic care and treatment services when compared to the host population. The health inequities faced by migrant groups, in health status and in access to care, are worsened by the lack of culturally sensitive healthcare services;
- Particular areas of concern include communicable diseases, sexual and reproductive health, mental health and occupational health; especially vulnerable groups are irregular migrants, victims of trafficking and smuggling, and asylum seekers, due to their often traumatic pre-migration and migration experiences and a lack of adequate social support;
- Due to a great degree of vulnerability, migrants are more likely to engage in high risk health behaviours;
- The health of migrants is ultimately greatly determined by the *availability*, *accessibility* (de jure and de facto), *acceptability* and *quality* of health services in the host countries.





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#### Policy Background

The need for coordinated and sustained action to address migration-related health challenges in Europe and at global level is increasingly being considered in legal and policy processes:

- Council of Europe European Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5, 1950, amended by Protocol No. 11) has been interpreted as having a health dimension by the regional judicial accountability mechanism that is the European Court of Human Rights (ECHR); the Convention applies to everyone within the jurisdiction of a State Party, including non-nationals;
- Council of Europe European Convention on Social and Medical Assistance (ETS No. 14, 1953) and the European Social Charter (1991, revised in 1996), whose Article 11 recognizes the right to protection of health, explicitly require that nationals of one State Party lawfully present on the territory of another be afforded medical assistance on terms equal to those of nationals of the second State Party;
- Council of Europe Convention on Human Rights and Biomedicine (ETS No. 164, 1997) aims to “ensure equitable access to health care of appropriate quality in accordance with the person’s medical needs” and imposes a duty on member states to use their best efforts to reach this goal;
- European Parliament Resolution (27 October 1999) urged the definition of the legal status of third country nationals with rights as near as possible to those enjoyed by EU nationals;
- Resolution 1509 (2006) of the Council of Europe Parliamentary Assembly on human rights of irregular migrants recognizes that irregular migrants have the right to emergency healthcare that takes into account the needs of particularly vulnerable groups.

#### Recommendations for the European institutions:

- Ensure that strategies at the European and national level work for the elimination of all de jure and de facto obstacles to the enjoyment of the right to health by all migrating persons, including irregular migrants;
- Foster integration and prevention strategies to decrease stigmatization, discrimination and vulnerability of migrating persons across Europe;
- Promote cultural and gender sensitive healthcare environments to address communication difficulties and linguistic and cultural barriers.

#### Recommendations for EU Member States:

- Ensure that the right to health is formally recognized in national laws, overcoming the fact that the current international legal framework does not adequately address the determinants of health, and that implementation measures and sufficient funding are in place;
- Overcome de facto barriers to healthcare through training for all health and non health professionals concerned with health services delivery on population mobility, the right to health and disparities of health;
- Assist migrating persons in gaining awareness of and confidence in the health care systems as well as in realizing the importance of preventive health care.

#### Recommendations for national stakeholders:

- Ensure that all actions and all persons within their competence respect and implement the entitlement of all persons to complete and quality health care services;
- Facilitate ethnic and migrant community participation in health services delivery, policy design, programme planning and evaluation.

