

Assisting Migrants and Communities: Analysis of Social Determinants of Health and Health Inequalities (AMAC)

Background Paper

**European Research on
Migration and Health**



*By David Ingleby
Utrecht University*



*Ma. José Peiro, Migration Health
IOM Brussels*

Scope and Rationale

Scope: Review of different types of research necessary in migration health (universal categorisation)

Rationale: Context of increasing international migration where health is an important factor - Need to...

- 'Range' last decades' work
- Identify what is needed and most efficient

Goal: knowledge base to shape development of policies and practices



Categorisation I

Six Main Areas of Research

1. **Background information** on migrants and their situation (research on demographics and the historical, political, social and legal situation)
2. **Migrants' state of health** (areas of vulnerability and increased risk, as well as strengths)
3. **Entitlement to health care** (gaps, discrepancies between policy and practice)



Categorisation II

4. **Accessibility of health services** (linguistic, cultural and other barriers, outreaching strategies to migrants)
5. **Quality of health services** (including prevention, health promotion strategies)
6. Strategies and measures to **achieve change** towards diversity-friendly services (monitoring interventions of all types and levels and identifying the levers for change)



Findings I

- Practical and political objections and **obstacles to data collection**
- **Variation** between official **policies and implementation** regarding entitlement to health
- Accessibility research uses quantitative data on utilisation but **qualitative data needed** on actual health needs and barriers

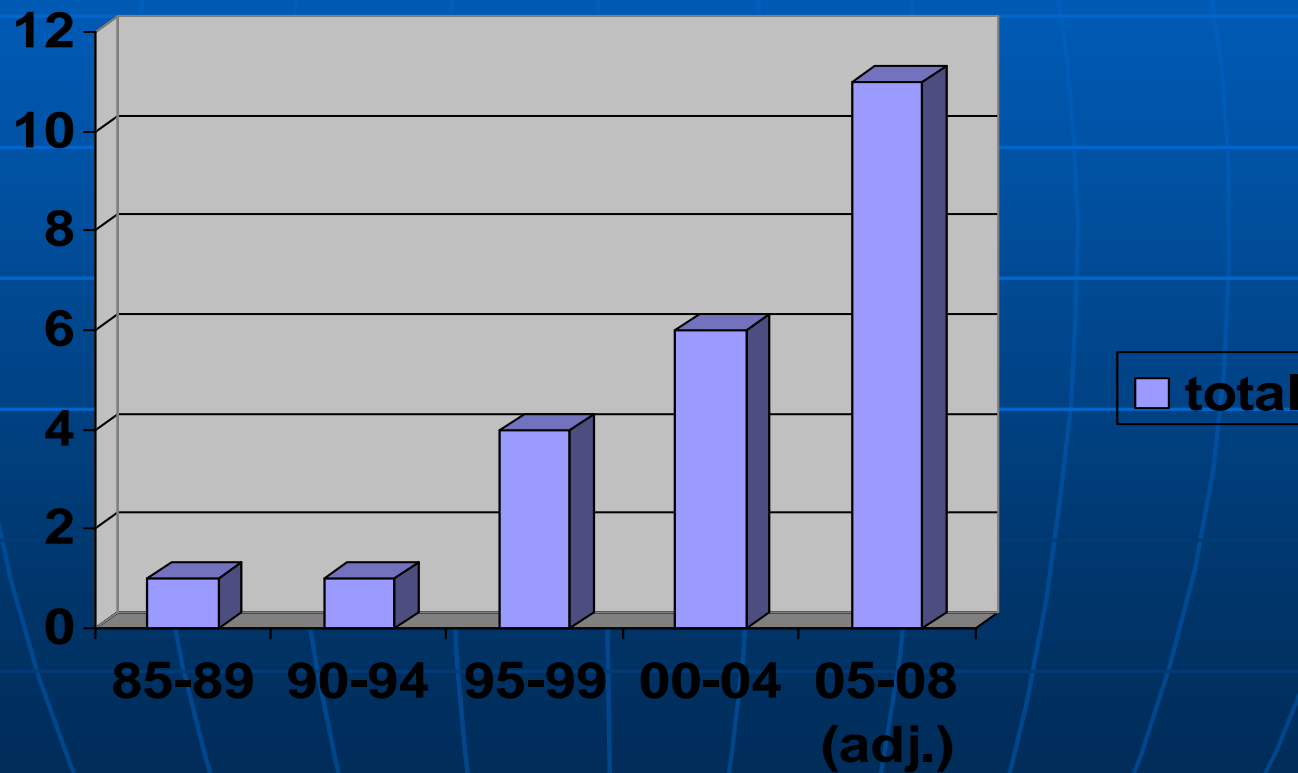


Findings II

- **Lack of evaluation** of effectiveness of implemented approaches; *we do not know* what is good or best practice
- Study of **'change' policy making** is at very early stage
- Since 2000, **collaborative initiatives** on migrant health have **multiplied** (EU, CoE, WHO and IOM)



Collaborative Reports on Migrant and Minority Health 1985-2008

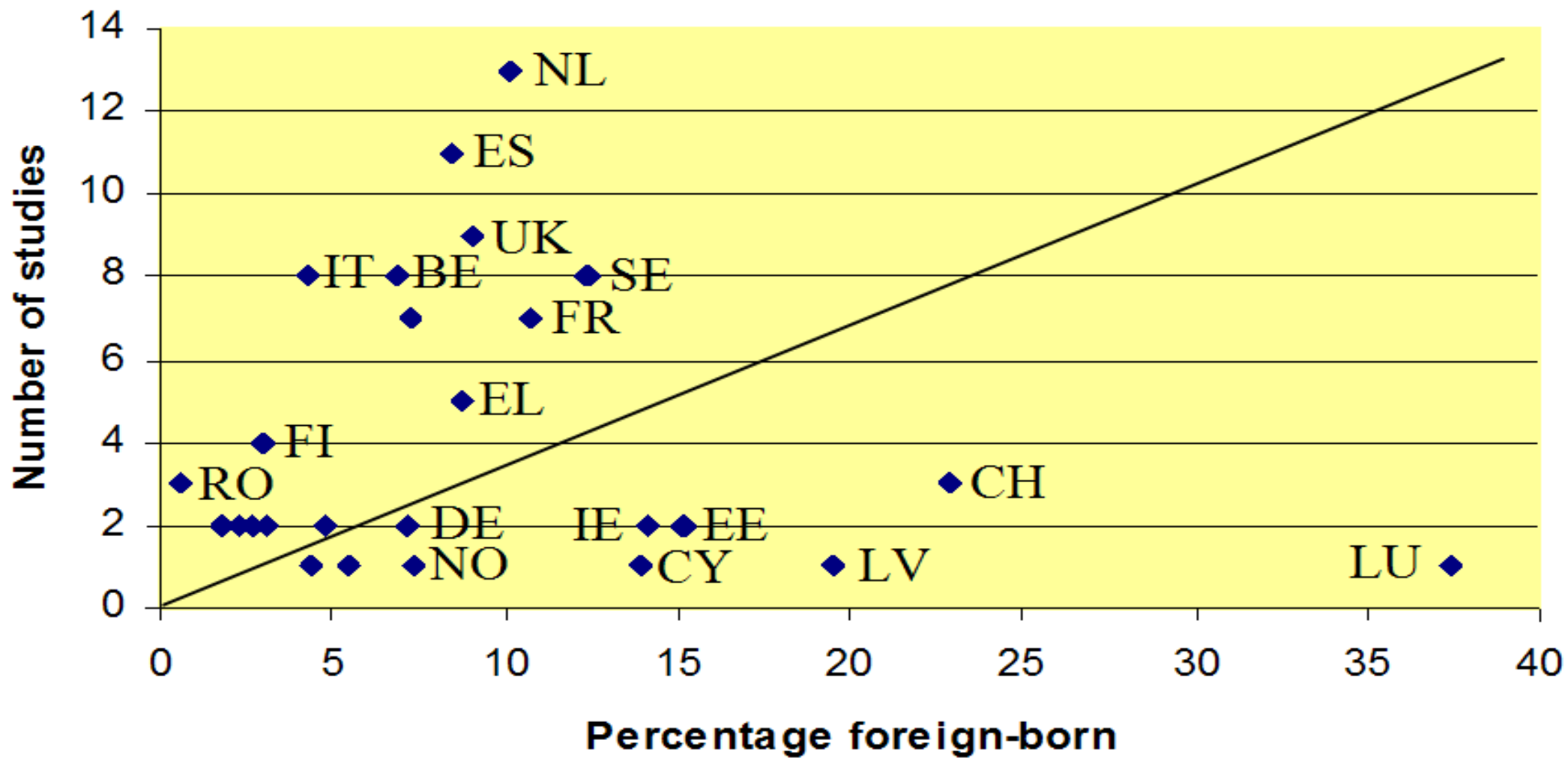


Main Research Topics

1. **State of health** of migrants and ethnic minorities
2. **Health care:** access, quality, 'good practices', policies
3. **Special groups:** refugees & asylum seekers, undocumented migrants, Roma







Paper Conclusions

Since 2000, multiplication of studies BUT **lack of...**

- **Coordination** between and within agencies
- **Compilation** of initiatives and results in a structured and retrievable manner
- **Evaluation** of research efforts

Recommendations:

- Greater **collaboration at European level** (nat. findings lack scope)
- **Harmonization** of measures for **data collection and research**
- Single European level agency to oversee this area e.g. **European Migrant Health Observatory**



COST Action IS0603

Health and Social Care for Migrants and Ethnic Minorities in Europe (HOME)

Aim: to consolidate and disseminate the results of current projects through conferences, workshops, publications, training courses etc.

98 experts in 30 countries (inc. USA, Canada and Australia)

Started June 2007 (4 years duration)



MIGHEALTHNET

<http://mighealth.net>

Information network on good practice in health care
for migrants and minorities in Europe

13 Member states plus Turkey, Switzerland and Norway
Started May 2007 (2 years duration)

- **Outcomes:**
 - Wikis in each country + EU level one
 - National networks
 - "State of the art reports" in each country



EU Member States Report Review

How much attention are migrants and migrants' health receiving in mandatory EU MS's reports to the EC?

- Reports are often part of a 'peer review'/monitoring mechanism of annual reports on partially pre-set priorities
 - **Quantitative aspects:** how many instances key words (e.g. migrant, ethnic minorities, Roma) appear; how much space is devoted
 - **Qualitative aspects:** in which context? Vulnerability, integration, special needs; exclusive attention or with other groups? Which groups?
- **Results:** trends at European level –indicator of success of EC programming- and specific national approaches -tool for national level lobbying and advocacy-



Example: National Strategic Country Reports on Social Protection and Inclusion, DG Employment

Quantitative Findings

- **'Migrant/immigrant'**
 - < 10 times in 11 countries' reports
 - > 40 times in 4 countries' reports (Austria, Ireland, Malta, Spain)
 - > 80 times in 3 countries (Denmark, Germany and Portugal)
- **'Migration/immigration'**
 - appears in all reports (in Sweden's only once!)
 - > 40 times in 2 countries' reports (Austria and Netherlands)



Example: National Strategic Country Report on Social Protection and Inclusion, DG Employment

■ **'Ethnic and ethnic minorities'**

- > 20 times in 6 countries' reports: Bulgaria, Czech Republic, Greece, Netherlands, Portugal and UK

■ **'Roma'**

- No mention in 12 countries' reports
- < 5 times in 17 countries' reports
- 7 countries mention 40 times or > (Bulgaria, Czech Republic, Hungary, Portugal, Romania, Slovakia, Slovenia)

Reservation: structure, extension and language of the report at the discretion of MS → some quantifiable variations do not indicate level of attention



Thank you!

