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Access to Health Care for Migrants, Ethnic Minorities, and Asylum Seekers in Europe

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Poverty and social exclusion continue to be serious challenges across the European Union and for health systems in Member States. Migrants, asylum seekers and illegal immigrants are at high risk of poverty and social exclusion and there is evidence that they sometimes do not receive the care that best responds to their needs. Improved access to general health care, including also health promotion and prevention strategies, is therefore essential to minimising disadvantage for migrants. This Policy Brief outlines hurdles of access to health care for migrants and discusses policy implications.

The results presented are part of a research project on "Quality in and Equality of Access to Health Care Services" (HealthQUEST) that was financed by the European Commission, DG Employment, Social Affairs and Equal Opportunities. This study analysed barriers of access to mainstream health care services for people at risk of social exclusion as well as policies in Member States to mitigate these barriers. The study had a focus on three groups at risk: people with mental disorders, migrants, and older people with functional limitations. Eight countries were studied in depth: Finland, Germany, Greece, the Netherlands, Poland, Romania, Spain and the United Kingdom.

Migration and health in Europe

With a substantial and increasing share of foreign-born population, the European Union faces many challenges on how to achieve better social integration and basic human rights for refugees, asylum seekers and illegal (undocumented) immigrants. Within the broader issue of advancing access to services in general, enhanced access to health care services plays a significant role in improving the situation of migrants.

To a large extent, there are significant differences between countries and migrant groups, creating the need for tailored policy responses that take into account the specific barriers to access to health care in each case.

While countries differ in their role as host countries (long-standing host countries, new hosts, new gateway countries, emigration countries and countries with segregated minorities), there are also different types of migrant groups, which may include migrants and other ethnic minorities, asylum seekers or refugees and illegal or undocumented migrants.

Access barriers and migration

For migrants, barriers to accessing health care represent a complex issue. Special health risks and access problems affect different groups, including newly arriving migrants, people living in temporary reception/ detention centres and undocumented immigrants in general. Moreover, there are many challenges for providing health care within a multicultural setting, some of which can be persistent for migrants who have stayed in the host country for some time. Some of these challenges are similar to those faced by long-established ethnic minorities and may include: lack of knowledge about available services; language differences; and varying cultural attitudes to health and health care.

Analysing the access problems of various groups of migrants is further complicated by a widespread lack of information about migrants' health needs and access to services. The difficulty in identifying a person as a migrant in administrative records prevents data collection about service utilisation and epidemiological patterns of prevalence and incidence of disease.

Health and illness patterns

Epidemiological evidence from several countries in the study (Germany, the Netherlands, and the UK) confirm that the health status of large immigrant populations is poorer than that of natives. In general, health problems often overlap with deprivation and poor living conditions, highlighting the relationship between poverty, poor health and lack of access to health care.

In the case of asylum seekers and undocumented migrants, this can be further complicated by specific issues, such as physical after-effects of war and torture, which may induce stress-related mental health problems, depression, high blood pressure, digestive problems, headaches and back pains. Depending on their living conditions, they may also be at higher risk of infectious diseases (e.g. HIV/AIDS, hepatitis, TB) and malnutrition.

Roma populations are also confronted with major health challenges, which partly reflect poor living conditions, with many living without basic utilities and enduring unacceptable environmental and sanitary conditions. They face higher than average rates of infant mortality, malnutrition and communicable diseases including TB, measles and sexually transmitted infections. In recent years the prevalence of chronic diseases (e.g. cardio-vascular diseases, hypertension and obesity) has also become increasingly important.

Do current systems provide adequate coverage?

Most countries provide some level of coverage for immigrants who have acquired a residency status, normally under the same cost-sharing regulations that apply to others in the population. In some cases, however, this happens only after they have stayed for a minimum period in the country, which can severely limit their access to health care. Asylum seekers are entitled to at least basic treatment for acute diseases at no cost in most countries. However, current regulations in some countries limit the entitlement of asylum seekers to health care services under public programmes.

In many countries, undocumented immigrants have the right to the provision of emergency and medically necessary health care only. However, the decision of what constitutes a medical emergency is usually left to the provider. This is particularly problematic for important but non-urgent cases such as diabetes and childhood immunisations, which frequently pose a dilemma for providers if patients cannot afford to pay. Charges for HIV/AIDS treatments are particularly controversial with commentators pointing out the often debilitated state of patients from whom payment is then meant to be recovered.

Common access barriers

The different groups differ in their patterns of help-seeking behaviour. These relate to the difficulties of mobilising the resources necessary to access care which (in common with barriers faced by socially disadvantaged groups in general) include lack of easily accessible information about what is available and difficulties in organising the social and practical support necessary to facilitate attendance for treatment, especially out of opening hours or where services are distant. These are overlaid with specific problems related to the challenges faced by those who do not speak the national language. Reluctance to use family and children as

interpreters and fear or lack of confidentiality means that even if translation is available, it may not be taken up.

For documented migrants, one of the main hurdles for getting coverage under public programmes, and consequently access to health care is the often complex and time-consuming administrative process for obtaining documents, including work and residence permits and health insurance papers. Similar issues also affect asylum seekers, with several countries having recently toughened the requirements for obtaining refugees status and the regulations on access to health care for both asylum seekers and failed asylum seekers.

Specific concerns about older migrants

Past and current migration trends and the ageing of the population suggest that the issue of health and social care for older people from ethnic minority groups will become more important. Migration is a challenging experience for anyone, and more so for older people because of the losses not only of a wider family context and of friends, but also of a familiar physical, social and cultural environment, which may impose communication barriers. In some cases, language problems and the clients' cultural norms and values can pose additional access barriers for older people belonging to ethnic minorities.

What are the policy implications of these findings?

The evidence collected in the HealthQUEST study suggests a number of potentially helpful policy strategies in improving access to health care for the different migrant groups and tackling the health challenges that they are faced with.

Improving the material conditions and economic security of migrants

Many health problems affecting migrants, asylum seekers and illegal immigrants are heavily associated with poverty and deprivation. Improving the economic and living conditions should be a central priority for securing better health for these groups. This might include measures that improve immigrants' employment situation in addition to providing more support in the form of social services and accommodation.

Providing more responsive services

Part of the solution to reduce barriers of access to health care for migrants will involve increasing the level of supply-side responsiveness. Health care providers should strive to take into account the specific characteristics of the health care demand among migrants and to provide more responsive services. This may include increasing awareness about services available, providing translation/interpretation services, promoting culturally friendly services and combating discrimination.

Improving access to health care for older migrants and elderly migrant women

Access to health care for these two special groups is often limited due to the existence of multiple barriers, which might include the lack of pension-years, high unemployment risk, care responsibilities for other family members and social isolation. These problems should be addressed by appropriate policy interventions, which also need to take into account cultural preferences, for instance those related to long-term care arrangements.

At the same time, information about the overall situation of these groups is currently lacking. Therefore, more resources should be directed at collecting statistics and improving the knowledge about the situation of older migrants in Europe.

Addressing the particular barriers faced by asylum seekers

A number of measures, some of which are currently in place in individual countries, could be potentially helpful in addressing the needs of asylum seekers and improving their situation.

First, because of their high health needs it is important to enlarge the health baskets made available to asylum seekers. Some countries currently offer only acute treatments. However, this should be expanded to encompass more health care services, particularly mental health services, in view of the pressing health care needs of asylum seekers.

Second, culturally sensitive training aimed at improving the coping skills of asylum seekers is required to improve health and deal with the health deterioration and mental health problems frequently observed after arrival. This should take into account the interaction between physical and mental health symptoms.

Third, it is necessary to consider the impact of policies of relocation and enforced dispersal on stigmatisation. In particular, it is important to provide support in the transition to new health care providers for asylum seekers who are relocated; this might require, for instance, that patient information is appropriately recorded and made available to the new provider.

Finally, country reports suggest that the information on morbidity and mortality risks of asylum seekers is meagre. Considering the very specific and pressing health needs of this group, more research is required in this area.

Targeting reception centres

It is particularly important to safeguard the special needs of asylum seekers in reception centres. Some countries provide good examples of coverage regulations that can promote greater integration. For instance, asylum seekers in Poland are covered for indirect costs of treatment and in Spain they receive information on how to access the health system.

Another example of good practice in this area can be found in the Netherlands. The central agency responsible for the accommodation of asylum seekers also contracts preventive health services for asylum seekers in each reception centre. Asylum seekers are always seen first by a practice nurse, who acts as a gatekeeper and decides whether access to mainstream health care is necessary. Practice nurses receive special training to deal with the special needs of the asylum seekers.

Reducing hurdles in obtaining documents

In some cases, significant improvements in access to health care could be achieved through the reduction of bureaucratic hurdles in obtaining documents. In particular, hurdles for obtaining residence and work permits, identification documents and health insurance papers should be reduced. In the case of Roma, the process for obtaining birth certificates and identification documents should be facilitated and the costs reduced. Proper systems should be put in place to provide information and to assist migrants on how to obtain the necessary documents.

Conclusions

Epidemiological evidence from several countries indicates that migrants, asylum seekers and illegal immigrants are relatively more affected by certain health problems. They face multiple barriers to access to health care, which can compound and reinforce each other, and are often exposed to greater risk of poverty and social exclusion.

The analysis of the main access barriers suggests policy measures of relatively low cost that could contribute to improve the situation. A very significant access barrier facing migrants and ethnic minorities refers to difficulties in obtaining documents, such as residence and work permits and health insurance papers. For many Roma individuals, the costs for issuing birth certificates are considered high and the lack of identification documents has been shown to affect infant vaccination and prevention activities. In most countries migrants received no assistance for obtaining documents.

Information on the socio-economic situation, health and illness patterns and barriers of access to health care available for all three groups is still very limited. The study has illustrated that there often is a lack of research evidence to support policy. In particular, more specific research is necessary to accurately determine the demographic and epidemiological profiles in different countries in order to guide policy interventions.

Where to find more information

M. Huber, A. Stanciole, K.Wahlbeck, N. Tamsma, F. Torres, E. Jelfs, J. Bremner (2008) Quality in and Equality of Access to Health Care Services. Brussels: European Commission

For more information, and the full report, see:
http://ec.europa.eu/employment_social/spsi/studies_en.htm#healthcare

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