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Public Health

journal homepage: www.elsevier.com/puhe

Themed Paper – Short Communication

How can we further rights-based and evidence-based policies on migrant and ethnic minority health?

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ARTICLE INFO

Article history:

Received 2 October 2018

Received in revised form

19 April 2019

Accepted 28 April 2019

Available online 8 June 2019

Keywords:

Migrants

Ethnic minorities

Health policies

Health equity

ABSTRACT

There is an urgent need to draw the attention of politicians and the public to the health inequities facing migrants and ethnic minorities to foster health policy reforms based on human rights and sound evidence. Today, it is more important than ever for researchers and organisations promoting migrant health to join forces and intensify their efforts to get policies improved. A workshop was held to consider how this should be done. Three speakers put forward in turn perspectives based mainly on human rights, scientific evidence and a combination of both.

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Health workers and researchers need to reach out beyond their own professional circles to draw the attention of politicians and the public to the health inequities facing migrants and ethnic minorities (MEM). There is an urgent need for health policy reforms based on human rights and sound evidence. However, efforts to improve the position of MEM face strong resistance at the moment. In the USA, antimigrant policies and rhetoric have increased since the 2016 presidential election, while a 2015 International Organisation for Migration report¹ showed Europe to be the only major world region in which attitudes to migration were predominately negative. It is more important than ever for researchers and

organisations promoting migrant health to join forces and intensify their efforts to get policies improved. This seminar focused on the following question: How should we go about this? Three presentations represented the positions taken by non-governmental organisations (NGOs) advocating for migrant health, researchers seeking to provide a better objective understanding of migrant health and health care and the intergovernmental organisation World Health Organization (WHO) Europe.

Alyna Smith (Platform for International Cooperation on Undocumented Migrants) discussed the chasm between migrants' right to health and national policies, examining the

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efforts of civil society organisations to hold states accountable under existing international standards. In 2018, 35 organisations supported a Call to Action² in the framework of the EU Health Policy Platform, which was accompanied by a detailed framing document.³

The success of some recent initiatives by civil society organisations shows that advocacy for the health rights of migrants can achieve positive outcomes. At the national level, for example, doctors of the World UK launched the ‘#Stop-Sharing’ campaign in April 2017 to raise awareness of the damaging effects of patient data being shared for immigration enforcement purposes. Seven months later, the Migrant Rights Network also launched a legal action challenging the collaboration between the National Health Service and the Home Office. In May 2018, that collaboration was suspended pending review.

Initiatives at the municipal level have also met with success. In Germany, where public bodies (although not doctors) are legally obliged to report undocumented migrants seeking non-emergency care, networks of volunteers (including healthcare professionals) have sprung up across the country working with local authorities to find practical solutions. In Poland, where there are extremely limited entitlements to health care for undocumented migrants, the city of Gdansk is working closely with the NGO Centrum Wsparcia Imigrantów i Imigranek and a broad range of partners to develop a comprehensive integration policy that includes access to all services for all residents regardless of status.

However, significant challenges remain. One problem is an approach to migrant health that focuses narrowly on health care, without addressing the health-related impacts of other policies – such as those that limit migrants’ ability to obtain and retain decent work, to enjoy healthy living conditions and to migrate without the risk of physical danger, as well as the criminalisation of swathes of people because they do not fit into tidy legal categories that have not kept pace with the drivers of mobility.

So what can we do? First, decision-makers can engage non-governmental organisations in a meaningful way in the policymaking process. NGOs often play an important role in promoting rights-based policies and have access to a wealth of untapped data.

Second, all of us – researchers, NGOs, ordinary people, policymakers and journalists – can contribute to reframing and resisting the misleading, simplified dichotomies that deny rights. Easiest of all, we can drop ‘illegal’ from our vocabulary, as a way of referring to either people or ways of migrating.

Third, municipalities and local-level actors should be recognised for their important perspective and role in improving rights and the powerful contribution they can make to developing including models of health service delivery.

Although the European Public Health Association (EUPHA) was a signatory to the PICUM Call to Action, at its Edinburgh conference in May 2018, it issued a separate statement with similar aims but a stronger focus on research issues.⁴ An Explanatory Memorandum to this document was issued by EUPHA’s Migrant and Ethnic Minority Health Section.⁵ David

Ingleby (University of Amsterdam) explained the seven main points of the EUPHA statement.

1. The evidence base for policy reforms needs to be strengthened by harmonising basic concepts and collecting more and better data. First, epidemiological studies should investigate the underlying determinants of MEM health; second, inequities in service delivery should be thoroughly investigated. Considerations of immigration policy should never be allowed to stand between MEM and the help they need. This is not just a matter of human rights but also of sound public health governance and cost-effectiveness.
2. Some research traditions focus on ‘migrant status’ and others on ‘ethnicity’. In EUPHA’s view, researchers need to take account of both classifications. Ethnic minorities may include migrants and their descendents, as well as indigenous minorities; there may also be important similarities in the problems faced by these groups.
3. Research that treats ‘migrants’, ‘refugees’ and ‘minorities’ as homogenous groups and seeks to establish general truths about their state of health is likely to mislead because of the enormous diversity within these groups. It is inaccurate – as well as stigmatising – to label all members of such groups as ‘vulnerable’; some subgroups possess remarkable health strengths and resilience. The same caveat applies to policies based on these broad categorisations. An ‘intersectional’ approach is required that examines simultaneously the effects of socio-economic position, sex/gender, age and many other variables. In service delivery, ‘diversity sensitivity’ is to be preferred to a narrow emphasis on ‘cultural competence’.
4. The influx of unauthorised entrants to the EU in 2015–2016 has led to a one-sided focus on the needs of these migrants, neglecting ‘routine’ migration for purposes of work, family and education. Even in 2015, such migrants were much more numerous than unauthorised entrants. The image of migrants and migration changed drastically as a result of the 2015 influx, and it is time for responsible agencies to take the lead in correcting the distortions. Migration is not a crisis but a normal, structural feature of modern societies.
5. Much duplication of effort and ‘reinventing the wheel’ results from insufficient coordination within and between responsible agencies. Regional, national and international organisations sometimes compete with each other instead of cooperating, leading to wasted effort and lost opportunities to create synergies.
6. MEM health was a central topic in the First and Second Health Programmes of the European Commission (EC), but apart from a sudden surge in financing for projects on asylum seekers and refugees after 2015, it has been seriously neglected so far in the Third Health Programme.
7. Sound research and policymaking on MEM health presuppose expertise. More education and training is required, not only through optional additional courses but also as part of basic curricula.

The presentation by Santino Severoni (WHO Europe) focused on the place of migration and health in the agenda of the WHO, discussing the organisation's past and present role. He explained why migrants' and refugees' health is becoming an increasing priority within the WHO and described some of the major areas of work that are underway or planned. Both human rights considerations and the commitment to an evidence-based approach underpin this work.

Migration should be viewed as a structural phenomenon, calling for long-term policies and fundamental health system adaptations. Some approaches to migrant health confine themselves to the issue of health care, but the right to health extends much further than this. It involves the whole health system, which in receiving countries needs to ensure adequate living conditions for migrating populations to protect and promote their health.

How can this aim be implemented at country level? The WHO Europe is working on this issue hand in hand with member states and international organisations and has developed the first Strategy and Action Plan on Refugee and Migrant Health,⁶ aimed at promoting intersectoral approaches, collaborative networks and international dialogue. Implementation within member states and the region has been reviewed by means of a questionnaire sent to all member states. The programme promotes a collaborative intercountry approach to migrant health. It facilitates cross-country policy dialogue and encourages homogeneous health interventions along migration routes and destination countries to promote the health of migrants and refugees and protect the health of the host communities.

At regional level, the WHO Euro's migration and health programme provides support to member states under four pillars: technical assistance; health information, research and training; partnership building; and advocacy and communication. Under the guidance of the programme, the WHO country offices in Greece, Serbia and Turkey have appointed national professional officers to support these member states in developing a migrant-friendly health system.

This work is harmonised with the broad approach to migration and health that the WHO is developing at global level, together with the IOM, UNHCR and other bodies. Migration – including the health aspects – has acquired an explicit place in the UN's Sustainable Development Goals (SDGs) for 2016–2030.⁷ Important milestones were the UN Summit for Refugees in 2016⁸ and the New York Declaration for Refugees and Migrants that resulted from it.⁹ In 2017, the WHO published a detailed framework of priorities and guiding principles on promoting the health of migrants and refugees,¹⁰ listing 12 priorities for action. The Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees, currently under consideration by the UN, have provided further opportunities for placing migrant health on the policy agenda. It is to be hoped that these global efforts will be able to provide some pushback to the recent upsurge of antimigrant attitudes and policies.

Conclusion

The workshop showed that approaches to MEM health based on human rights and empirical research can go hand in hand and complement each other. Both approaches are needed to persuade national governments to shape the policies and allocate the resources that are necessary for protecting MEM health.

Author statements

Ethical approval

Not applicable.

Funding

None.

Competing interests

None.

REFERENCES

1. IOM (International Organisation for Migration). *How the world views migration*. 2015. https://publications.iom.int/system/files/how_the_world_gallup.pdf. [Accessed 3 April 2019].
2. EU Health Policy Platform. *Call to action on migration and health*. 2018. <https://bit.ly/2UbolYJ>. [Accessed 3 April 2019].
3. PICUM (Platform for international cooperation on undocumented migrants) and IRCT (international rehabilitation council for torture victims). *Framing document for Call to action on migration and health*. 2017. <https://bit.ly/2P1pPxU>. [Accessed 3 April 2019].
4. European Public Health Association (EUPHA). *Statement on migration, ethnicity and health*. 2018. <https://bit.ly/2JnbtQ>. [Accessed 3 April 2019].
5. EUPHA Section on Migrant and Ethnic Minority Health. *Explanatory memorandum on migration, ethnicity and health*. 2018. <https://bit.ly/2KN66jV>. [Accessed 3 April 2019].
6. World Health Organization European Office (WHO Euro). *Strategy and action plan for refugee and migrant health in the WHO European Region*. 2016. <https://bit.ly/2dfcqRB>. [Accessed 3 April 2019].
7. United Nations. *About the sustainable development Goals*. 2018. <https://bit.ly/2jHjQmD>. [Accessed 3 April 2019].
8. United Nations. *UN Summit for refugees and migrants 2016*. 2016. <https://bit.ly/2bqPpvC>. [Accessed 3 April 2019].
9. United Nations General Assembly. *New York declaration for refugees and migrants*. 2016. <https://bit.ly/2o9ItXe>. [Accessed 3 April 2019].
10. World Health Organization (WHO). *Framework of priorities and guiding principles on promoting the health of migrants and refugees*. 2017. <https://bit.ly/2Kq9yEw>. [Accessed 3 April 2019].