

# Migrant health and its economic aspects

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**CENTER  
HEALTH  
MIGRATION**

Research for Practice

## Roadmap

Ethical commitments & economic considerations regarding access to health care for (vulnerable) migrants

Evidence on costs of care

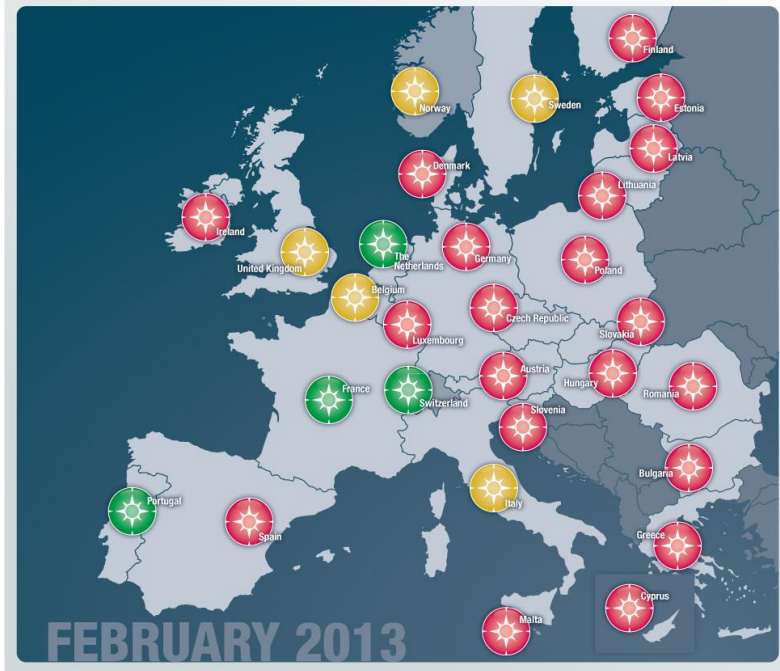
Cost analysis of health care provision for migrants and ethnic minorities

## Ethical commitments

WHO Constitution (1946): “...the highest attainable standard of health as a **fundamental right of every human being.**”

WHO Sustainable Development Goals (2015) No. 3.8: „**Achieve universal health coverage**, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines **for all.**”

EU Charter of Fundamental Rights (2012) Art.35: “Everyone has the right of access to preventive health care and the right to benefit from medical treatment **under the conditions established by national laws and practices.**”



## Inequalities in access to health care

Legal regulations:  
entitlements

**Accessibility of health care system:**  
ability to follow administrative  
procedures, lack of knowlege on how to  
navigate the system, language and  
cultural barriers, fear of discrimination,  
mistrust,..

## **Economic considerations**

Can societies afford equitable health care for all?

What are the costs and the benefits from ensuring or restricting entitlements and access for different groups of migrants?

Resolution 1946 (2013) - Parliamentary Assembly - Council of Europe on Equal Access to Health Care:

“3. [...] inequalities in access to care, including mental health care, particularly affect vulnerable groups, [...] especially those in an irregular situation [...]. These inequalities lead to a phenomenon of non-recourse or delayed recourse to care, which could have disastrous implications for both individual and public health and **lead in the long term to an increase in health expenditure.**”

## Evidence on costs of care

different methodological approaches and data sources - similar conclusions:

**it is not cost saving to restrict access to health care to emergency treatment**

European Agency for Fundamental Rights (2015) The Cost of Exclusion from Healthcare. The case of Migrants in an Irregular Situation.

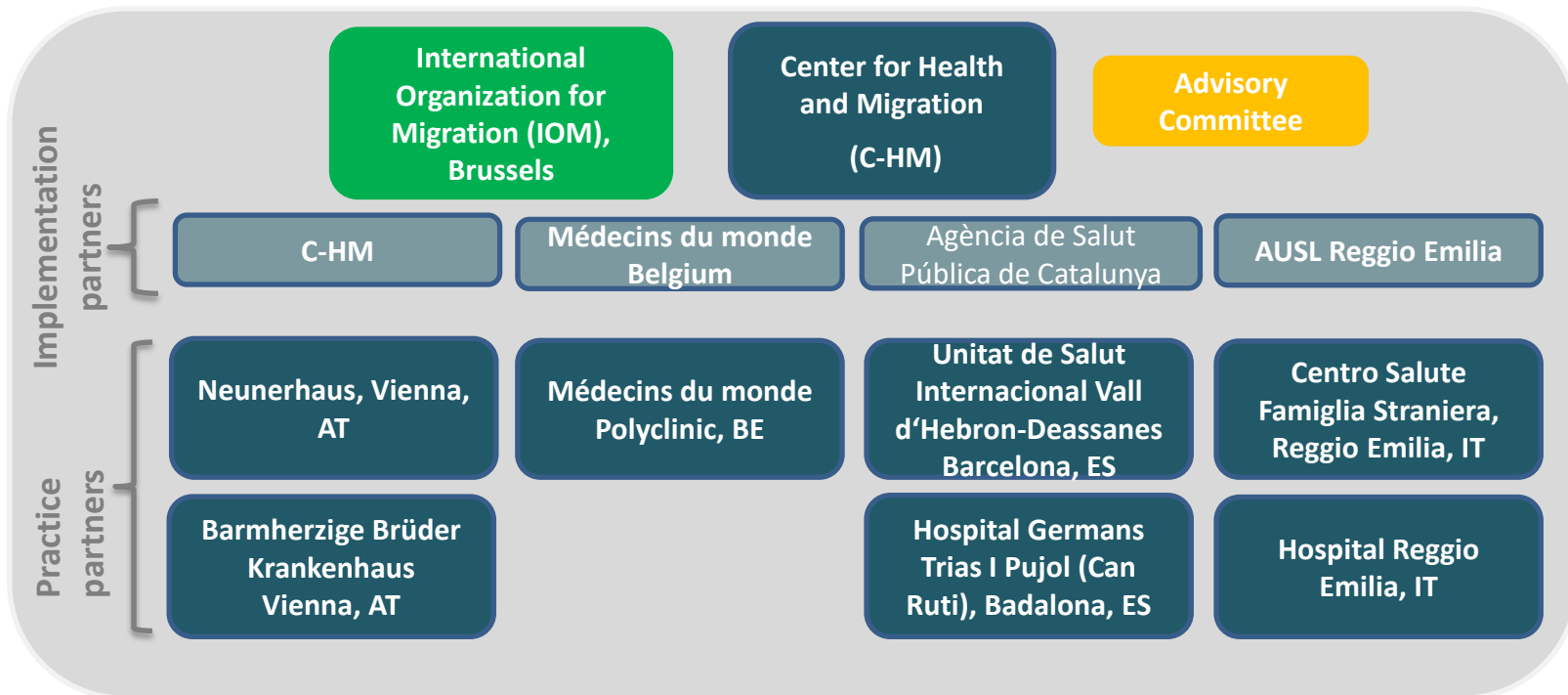
Bozorgmehr, K., Razum, O. (2015) Effect of restricting access to health care on health expenditures among asylum-seekers and refugees: a quasi-experimental study in Germany, 1994–2013.

Trummer, U., Novak-Zezula ,S., Renner, A., Wilczewska, I. (2016) Cost Savings Through Timely Treatment for Irregular Migrants and EU Citizens without Insurance. Commissioned by IOM, RO Brussels, Migration Health Division in the Framework of the EQUI-Health Project 'Fostering Health Provision for Migrants, the Roma, and other Vulnerable Groups'.

## Thematic study on cost analysis of health care provision for migrants and ethnic minorities

Analysis and comparison of costs of health care provision in four EU countries: AT, BE, ES, IT  
for migrants in an irregular situation, including Roma, including EU citizens without insurance  
comparing costs of primary care (“timely treatment”) and hospital care (“delayed treatment”)  
developing an innovative methodology, using primary data to construct vignettes for primary care and hospital setting



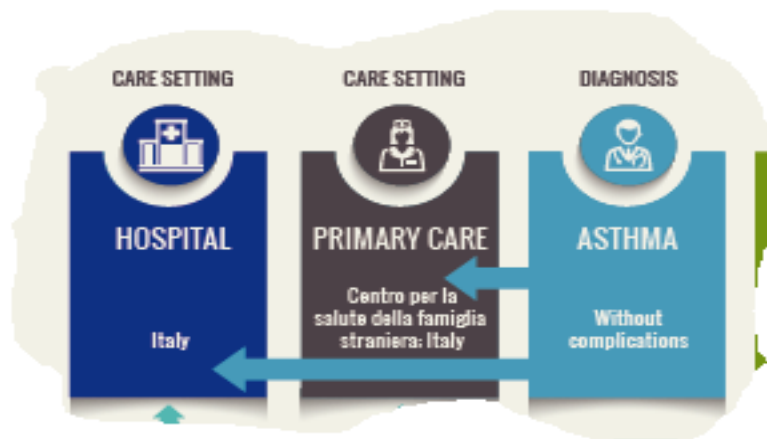




## Data collected

health problems and treatment (diagnosis, therapy, facilitating services) and related costs

wider determinants of health (living condition, work, income, ...)



## Diagnosis selected for vignettes

Asthma

Coronary Heart Disease

Depression

Diabetes

Epilepsy

Tuberculosis

## Economic analysis: Micro-Costing approach

Types of costs	Parameters	Patient	Health care system	Society
Direct medical costs	Medication, diagnostics, time of health professionals	(X)	X	X
Direct non-medical costs	Time of patient (travel and at health care provider), travel costs	X	(X)	X
Indirect costs	Loss of income/ productivity	(X)	-	X



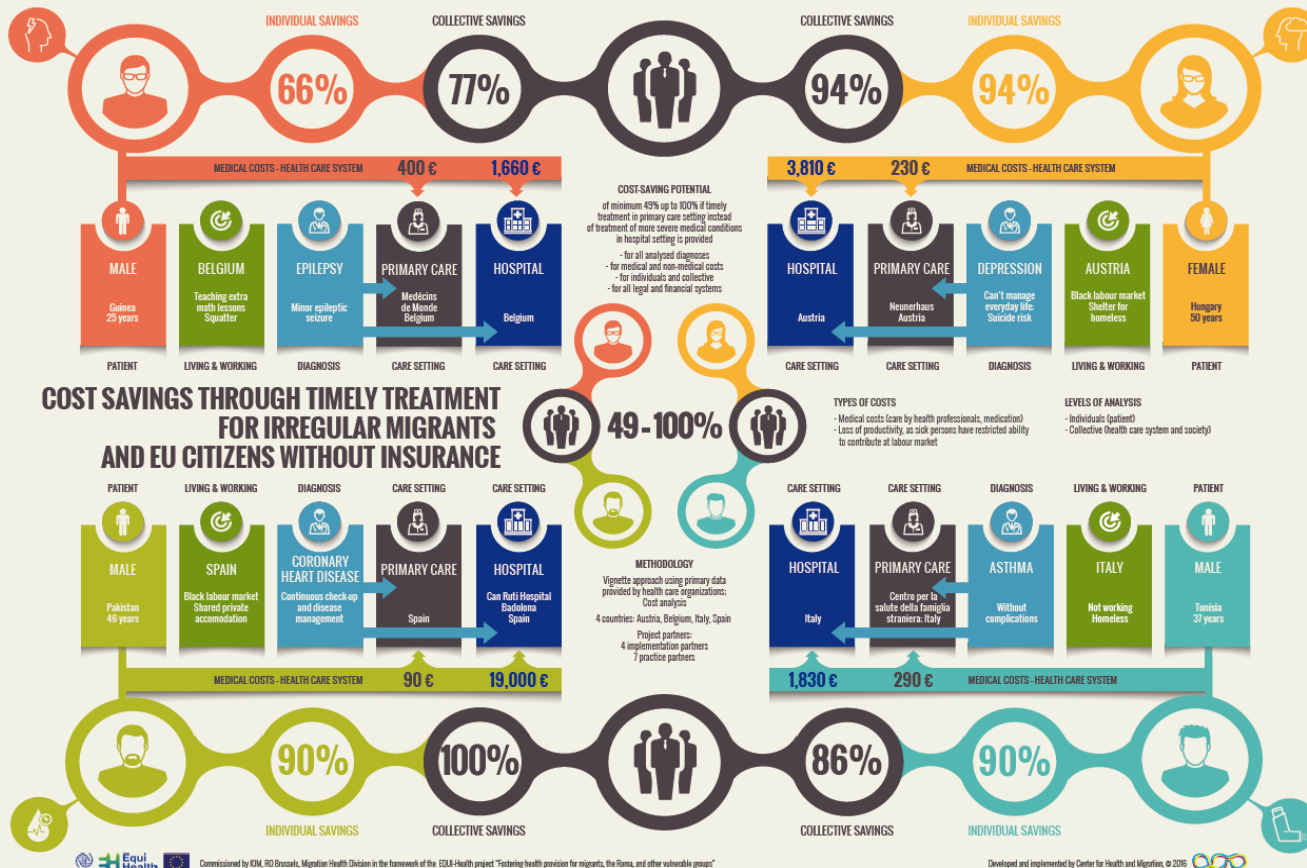
## Outcomes

Potential cost savings of timely treatment in primary care amount 49% - 100% of costs occurred in hospital setting for treatment of more severe medical conditions

Vulnerability of Roma population and other citizens from poorer EU MS

Interrelation between irregular migration and black labour market





## GENERAL RECOMMENDATIONS

**Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.**

### Public health policy level

- Provide a common system for monitoring of health care needs, health care provision and costs of care to create evidence and data needed for planning purposes.
- Don't mix up public health agenda with immigration control e.g. by urging providers to report irregular migrants to immigration authorities but foster and enable communication between them, e.g. by setting up or joining an intersectoral board.

### Health care provider level

- Document numbers of irregular migrants and EU citizens ineligible or without insurance and collect data on their health care needs, health care provision and costs of care.
- Use information for continuous quality and safety improvement, using instruments of quality management, include (irregular) migrant health issues into existing quality management and information procedures and instruments.

### Community level

- Involve service users and community members (e.g. migrants that have been in a state of irregularity or have been without insurance) to get insights into health care needs and expectations about service provision.

**Provide access to basic health care for everybody, irrespective of legal status; provide access to (highly) specialised care following case-to-case-decisions.**

### Public health policy level

- Set regulations accordingly by defining the range of basic health care and areas of (highly) specialised care (e.g. IVF treatments within reproductive health) subject to prior review for case to case decisions.
- Define elements guiding case to case decisions (e.g. Health literacy needed to cooperate in treatment processes) as well as procedures and responsibilities of decision making.

### Health care provider level

- Establish an interdisciplinary (medicine, social work, ethics, and economics) expert board responsible for making case-to-case decision.
- Implement an administrative tool to monitor and document diagnosis, treatments, and decisions made, including the rationale for these decisions.

### Community level

- Foster (health) literacy of irregular migrants and EU citizens ineligible or without insurance.
- Involve community members into provision of care and facilitating services, e.g. as interpreters, intercultural mediators, community health educators.

**Communicate information with the general goal of transparency and empowerment of all actors in the field, including the general public and (irregular) migrant communities.**

### Public health policy level

- Inform the public (patients) with evidence on numbers, health problems, and treatments of/for irregular migrants and EU citizens without insurance, including an economic analysis on benefits of inclusion of this group into basic primary care.
- Implement structures that support communication and share of knowledge and experiences between public health policy and immigration policy representatives.

### Health care provider level

- Inform health policy and health care management about health care provision, including present and envisaged challenges and possible practical solutions, as well as needs of health care professionals.
- Inform migrant communities about range of services open to irregular migrants and EU citizens without insurance, regulations on how to use them, and principle guidelines on what to expect and how to interact with health care providers.

### Community level

- Inform health care providers about decisive elements for accessibility and appropriateness of services (e.g. concepts of health and illness).
- Provide information to irregular migrants and EU citizens without insurance that raises health literacy to foster empowerment and health promotion and enable them to utilize the health care services appropriately (e.g. concepts of parity/equality, gender equality).
- Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.

## Recommendations

Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly

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