

Can policies on migrant health be measured? Introducing the MIPEX Health strand

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Outline

1. Going upstream: the increasing focus on policies
2. What are the important policy issues affecting migrants' health?
3. Construction of the instrument
4. Some results

1. Going upstream: the increasing focus on policies

Time for Europe to get migrant integration right



What MIPEX covers

Seven policy areas for immigrants to participate in society:



Labour market
mobility



Family reunion



Education



Political
Participation



Long-term
residence



Access to
nationality



Anti-
discrimination

In more than 30 countries:

EU Member States + Norway, Switzerland, Canada, United States of America, Australia, Japan, and soon New Zealand, Korea, Turkey, Serbia, Croatia, Kazakhstan, Mexico



**members.costadapt.eu
/images/8/89/MIPEX.pdf**

(joined up on one line!)

2. What are the important policy issues affecting migrants' health?

Council of Europe

Committee of Experts on Mobility, Migration and Access to Health Care (SP-MIG)

Mandate: July 2008 - June 2010

Task: to produce draft recommendations

**Recommendation CM/Rec(2011)13
of the Committee of Ministers to member states
on mobility, migration and access to health care**

*(Adopted by the Committee of Ministers on 16 November 2011
at the 1126th meeting of the Ministers' Deputies)*

Preamble

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued in particular by the adoption of common rules in the public health field;

Recalling the Action Plan adopted at the Third Summit of Heads of State and Government of the Council of Europe (Warsaw, 2005) wherein it is stated that: "We are aware of the importance of population movements within Europe and from other continents to Europe. Management of this migration is a major challenge to 21st-century Europe";

Recalling also the statement in the Action Plan: "We shall systematically encourage intercultural and interfaith dialogue, based on universal human rights, as a means of promoting awareness, understanding, reconciliation and tolerance, as well as preventing conflicts and ensuring integration and the cohesion of society";

Having regard to the 8th Conference of European Ministers of Health and the Bratislava Declaration on Health, Human Rights and Migration (2007);

Recalling Part I of the European Social Charter (revised) (ETS No. 163) which provides that the Parties thereto accept as the aim of their policy, to be pursued by all appropriate means, both national and international in character, the attainment of conditions in which the right of everyone to benefit from any measures enabling them to enjoy the highest possible standard of health attainable may be effectively realised;

Recalling Article 11 of the European Social Charter (revised) on the right to protection of health and Article 3 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164) on the equitable access to health care;

Content of recommendations

What it all boils down to:

1. **Reduce health risks** to which migrants are exposed
2. Ensure **access to good quality** health services

Contents of CoE recommendation

- 14 recommendations, explained in
- 23 guidelines, divided into 6 categories:
 1. *Improving knowledge about migrants and their situation*
 2. *Migrants' state of health*
 3. *Entitlement to health service provision*
 4. *Accessibility of the health system*
 5. *Quality of health services*
 6. *General measures to promote change*

3. Construction of the instrument

Incorporation of CoE recommendations
as a new strand in the
Migrant Integration Policy Index (MIPEX)

www.mipex.eu






Four dimensions of the Health strand:





- A. Entitlement to health services**
- B. Removing barriers to access**
- C. Responsive health services**
- D. Measures to achieve change**

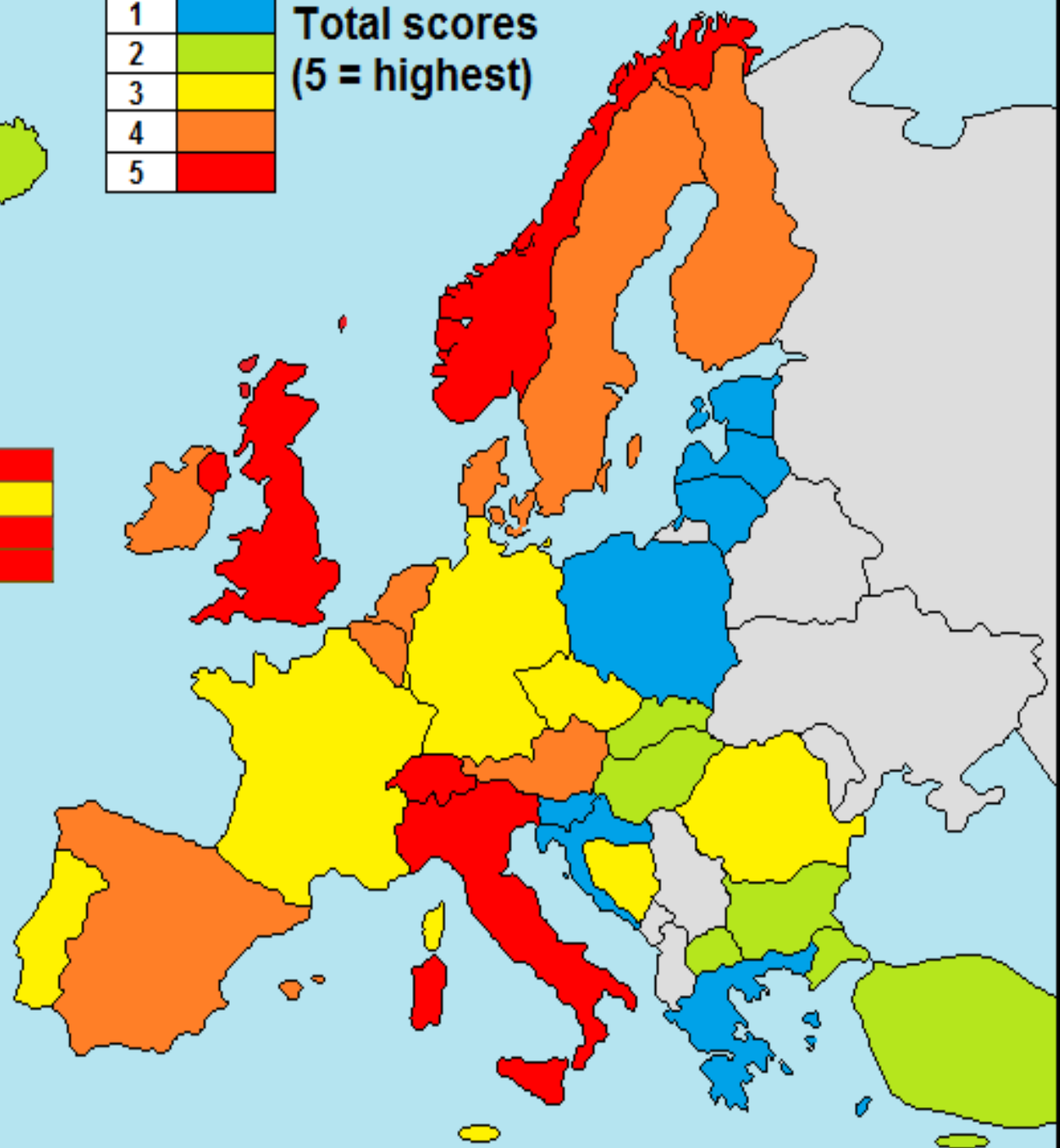
- Each of the 4 dimensions contained 6 questions; 13 questions were subdivided into two or more indicators. One question was eventually dropped.
- Answers scored on 3-point Likert scale (no attempt to combat inequities; partial attempt; policies equitable or well on the way to becoming so). Scores within dimensions were averaged.
- Dimensions A & B were averaged to form a scale for “access”, C & D for quality” (i.e. degree of adaptation of health system to migrants’ needs)
- Total score averaged all dimensions.

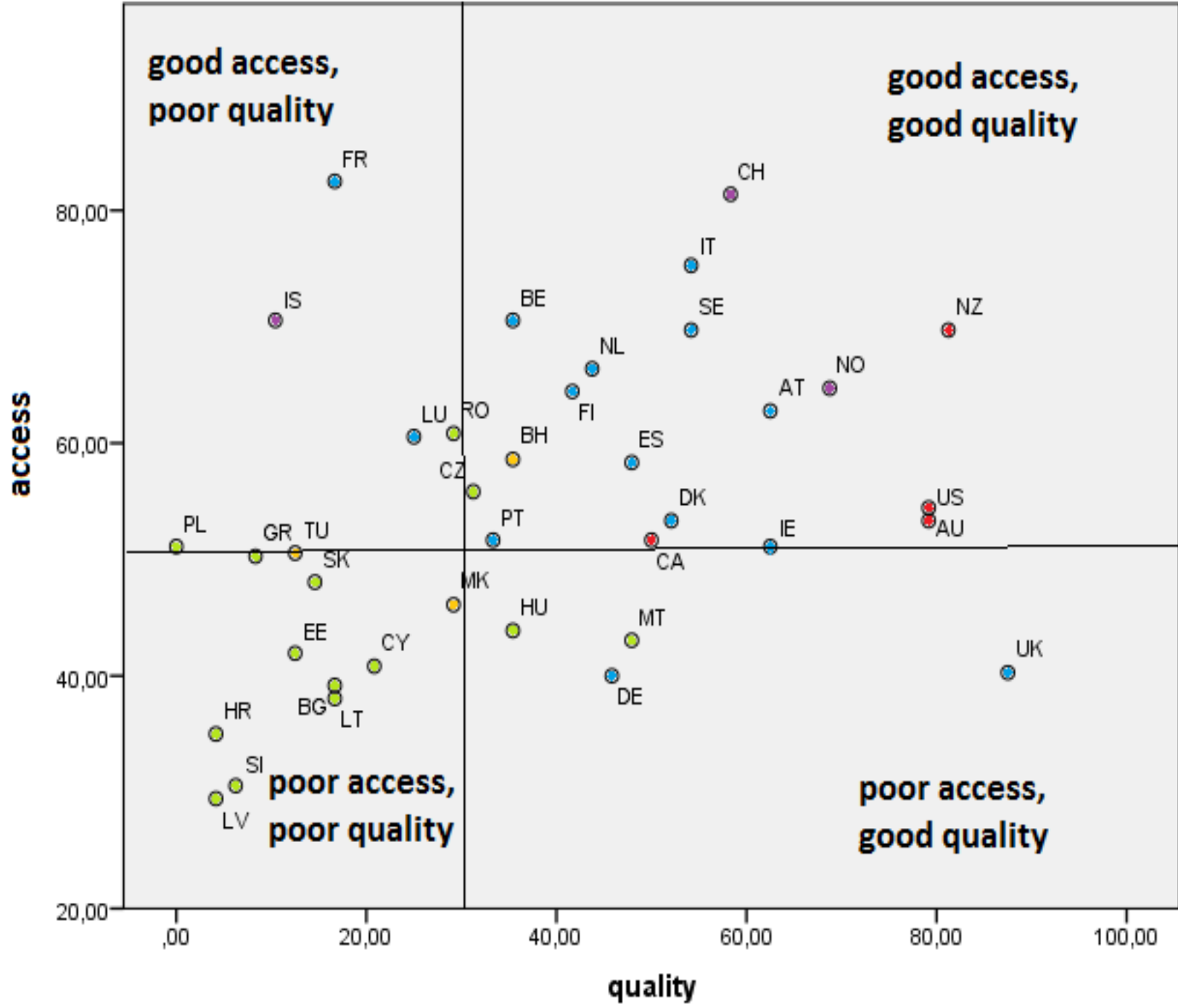
Groups studied

- Regular migrants
- Asylum seekers
- Undocumented (irregular) migrants

| | | |
|---|---|---------------------------------------|
| 1 |  | Total scores (5 = highest) |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |

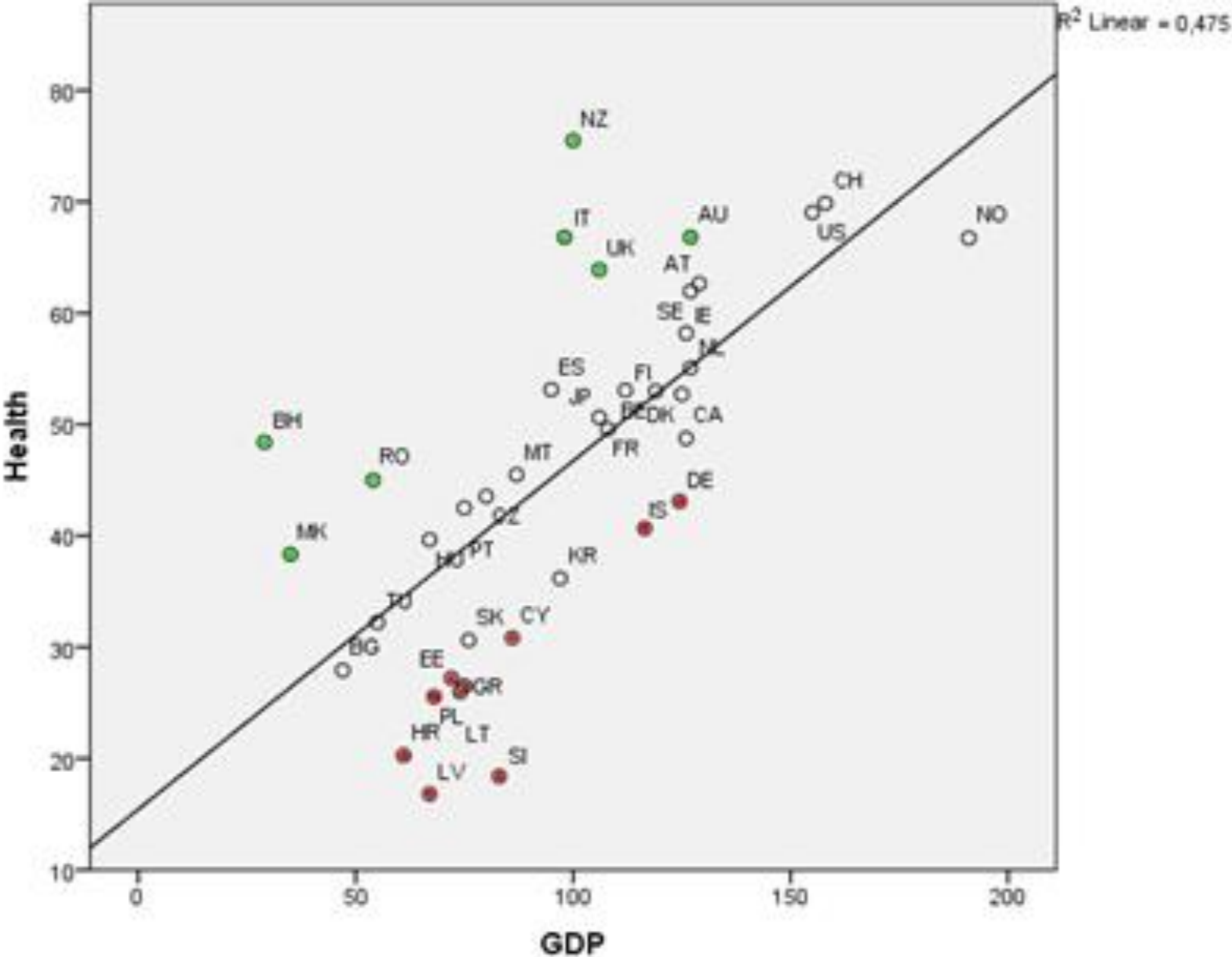
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| AU |  |
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| US |  |



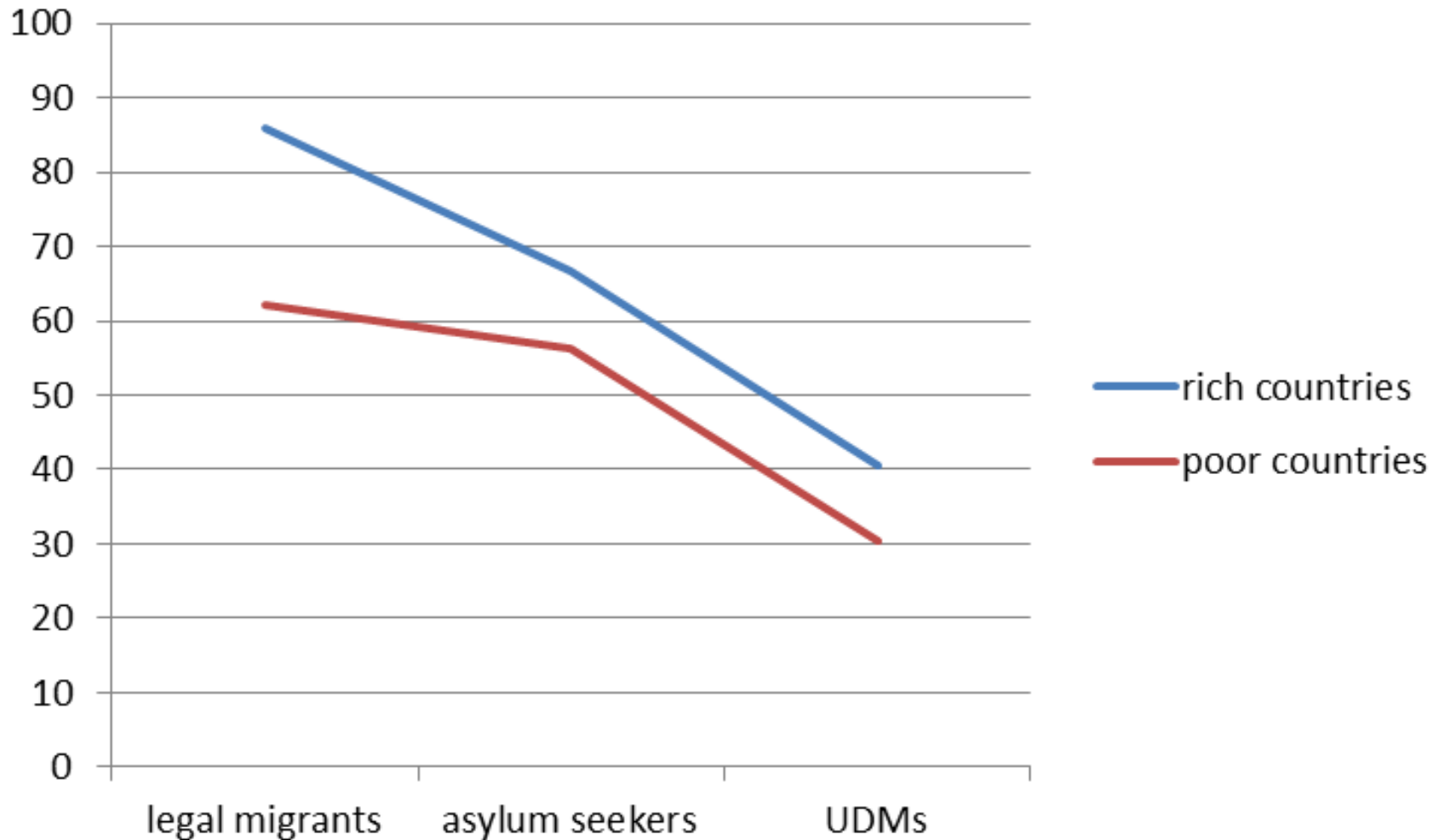


4. Some results

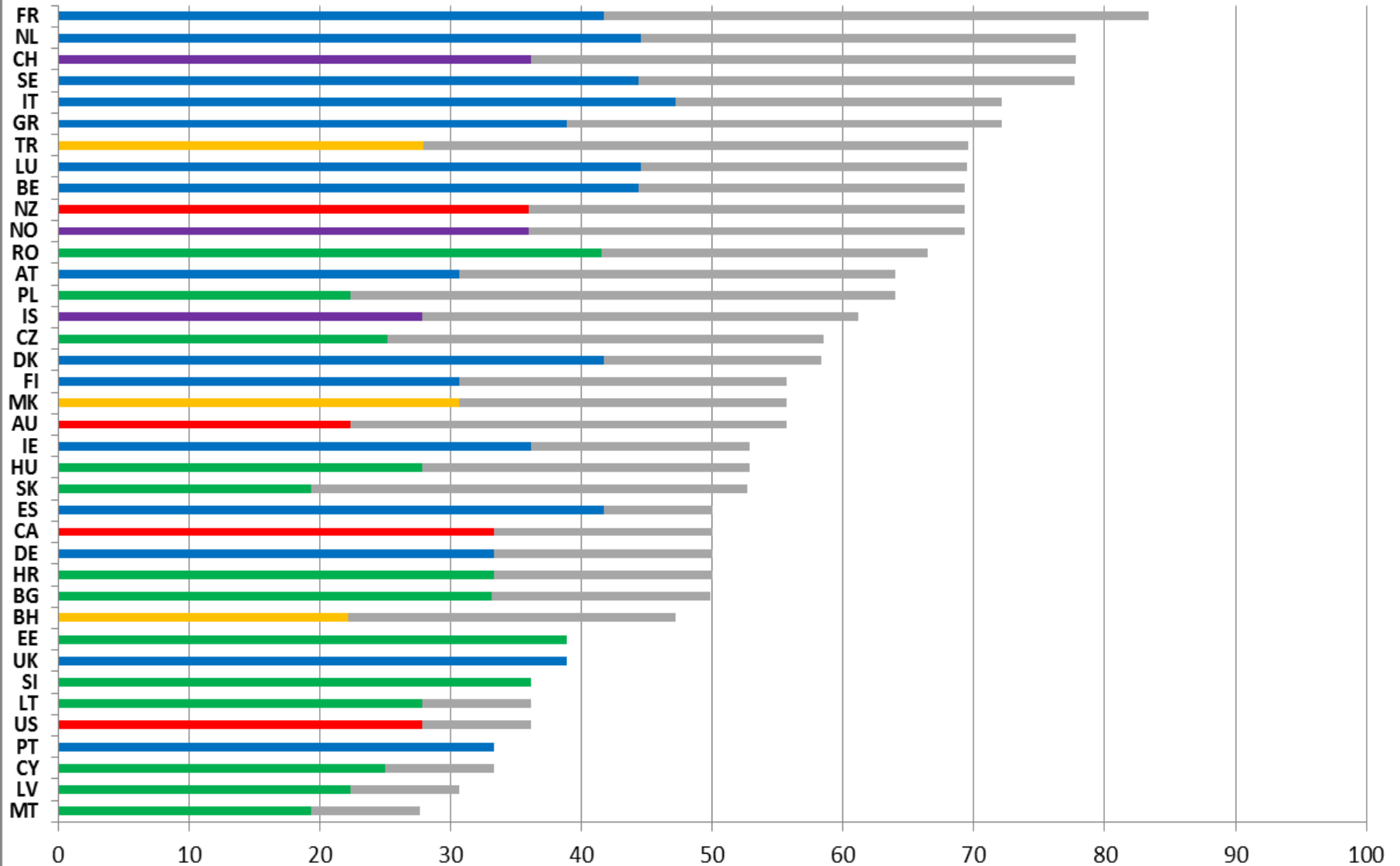
Relation between MIPEX total score and GDP



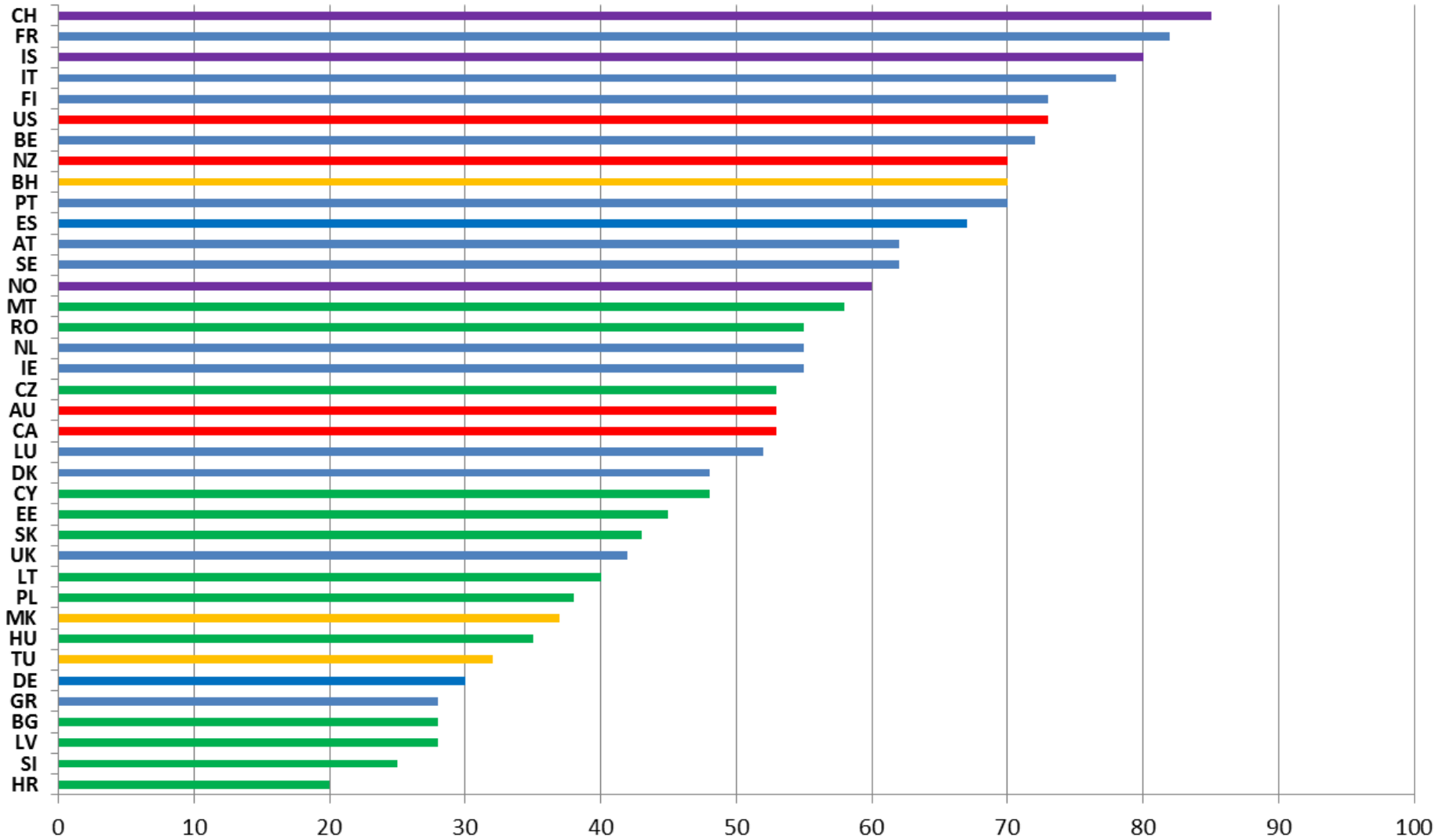
Migrants' healthcare entitlements in "rich" and "poor" EU countries



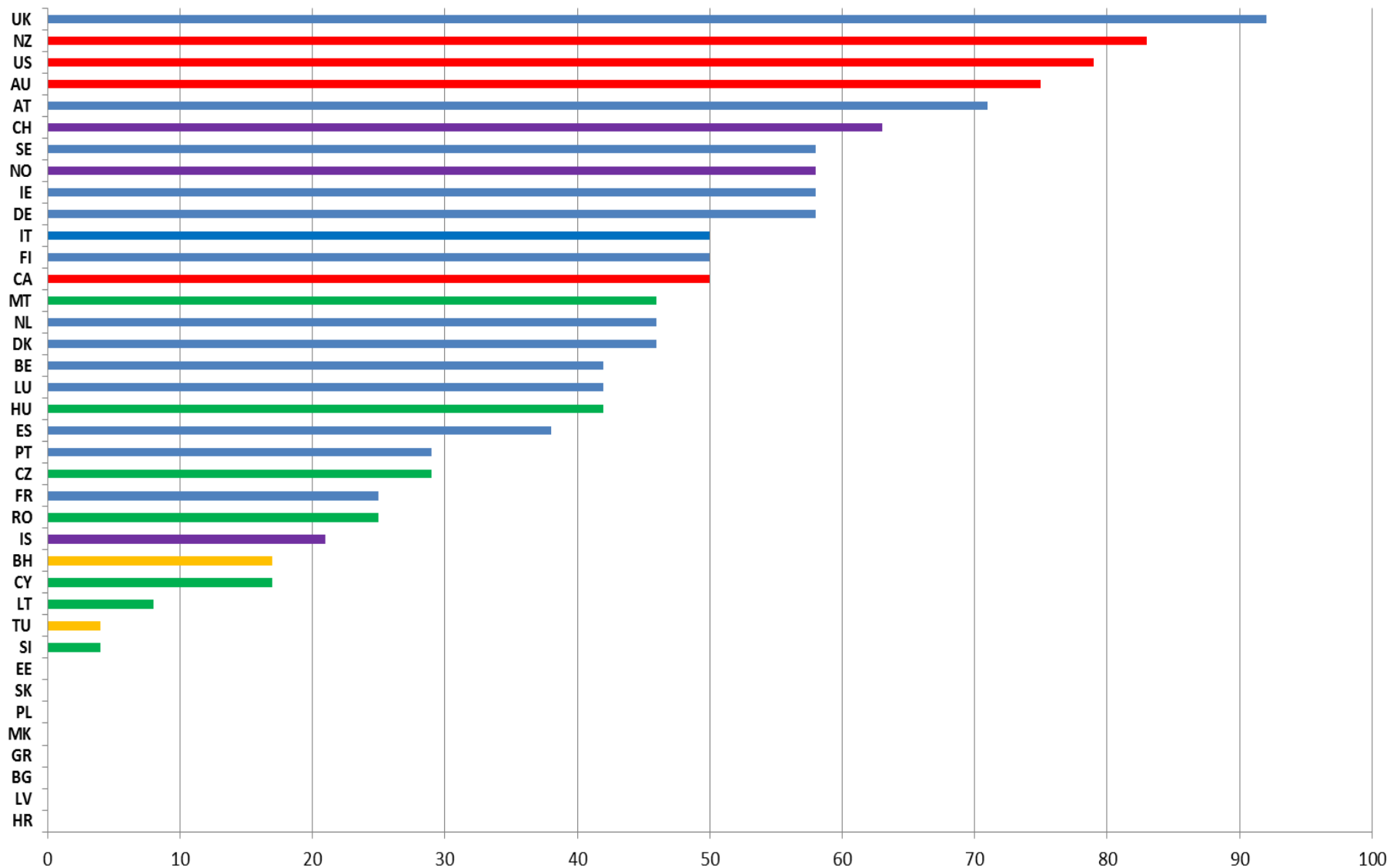
Entitlement score - average of all groups



Policies to improve accessibility of health services



Policies to improve responsiveness of services to migrants' needs



Measures to achieve change

