Migration: Challenges and Opportunities for Health Systems in Europe and beyond

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TAIWAN SEMINARS SERIES

Preface

This report is based on the seminar held at January 18th, 2008, in the International Press Center in Brussels.

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International Center for Migration and Health

European Medical Association

European Federation of Taiwan Health Alliance

The migration seminar brought leading experts from across cross the Eurasian continent to Brussels (Fig. 1)

Publishers

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Rationale

Concern about the health consequences of migration is not new. In the nineteenth century commentators in New York noted the poor health status of many of the Europeans arriving on Ellis Island, many of whom were what would now be termed economic migrants, fleeing poverty and famine in search of a better life. Later they would be followed by those who had suffered in other ways, in particular the many refugees and asylum seekers escaping the murderous the totalitarian regimes emerging in Europe in the 1930s.

"People are moving in greater numbers than ever before and they are doing so at a faster pace and over greater distances" (Pr. Manuel Carballo; Fig. 2)

Prosperity founded on democracy and human rights has stemmed the flow of European migrants (although a new type of migrant has emerged, with older northern Europeans retiring to a place in the sun); in their place are those escaping poverty and oppression in Africa, Asia, and Latin America. Some are moving across continents, in the direction of Europe, North America, Australasia and the wealthier parts of Asia, such as Taiwan. Many more are displaced to neighbouring countries in the same continent, countries that struggle to cope with the needs of their own people, much less those of migrants.

The scale of contemporary migration is such that a comprehensive health policy cannot ignore it. This recognition provided the rationale for a workshop held in Brussels in January 2008 entitled "**Migration: Challenges and Opportunities for Health Systems in Europe and beyond**".

The workshop provided a unique opportunity for European and Taiwanese participants to exchange evidence and share thoughts on the influence of migration on health. It also provided a forum for discussing common solutions to the challenges posed by migration, identifying ways in which our interdependent societies might recast apparent problems as opportunities.

The workshop was co-chaired by Dr. Vincenzo Costigliola of the European Medical Association, Professor Marijke van Hemeldonck, Honorary MEP, and Dr. Frank Lee of the European Federation for Taiwan Health Alliance. The major themes explored by the participants were:

i. The rapidly growing pace of international migration;

ii. The health implications of migration for people on the move;

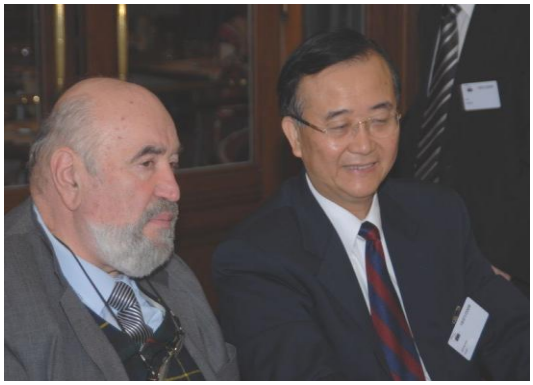
iii. The absolute necessity to protect the human rights of migrants, and in particular irregular migrants;

iv. The profound implications of migration (including patients travelling to obtain care) for health care systems;

v. The drivers and consequences of health worker mobility.

Migration: a growing phenomenon

Migration is a growing phenomenon. Manuel Carballo reminded participants that "People are moving in greater numbers than ever before and they are doing so at a faster pace and over greater distances". Data collected by the International Centre for Migration and Health (ICMH) indicated that, in 2006, the number of international migrants reached around 200 millions people worldwide. This is due to many factors, including demographic changes, rapid urbanization, changing labor markets, natural and man-made disasters, and poverty. The decision to migrate is rarely taken freely. The circumstances driving people to migrate mean that migrants suffer disproportionately from poverty, lack of shelter and sanitation, inadequate nutrition, low education, violence and exploitation. Thus, their health is at risk even before they decide to migrate [M. Carballo]. This disadvantage is then compounded by the conditions in which they migrate, often exposed to further exploitation by human traffickers, undertaking long and dangerous journeys during which many will lose their lives.



Dr. Costigliola with Minister Hou Sheng-mou (Fig. 3)

Migration within rich countries: patient mobility

The twenty-first century European who crosses borders is very different from his or her predecessors a century earlier. European Union citizens now have an absolute right to live anywhere within the Union. Yet to make this freedom a reality, it has been necessary to make certain provisions to ensure that mobility is not confined to the healthy. Free movement would be illusory if those moving faced catastrophic consequences should they become ill.

The European Union's provisions in the area of health services cover three types of people. The first comprises those who are temporarily abroad when they find themselves in need of care. This group includes tourists and those travelling on business. A second group

comprises those who have established residence abroad, either semi-permanently, such as established migrants and, in particular, those retiring to another country, typically one that is rather warmer than where they came from. It also includes a growing number of people with double residence, who as students, workers, or pensioners, split their time between more than one country.

A third group comprises people who go abroad specifically to receive health care. Often this is because of perceived weaknesses in their own health system (availability of services, financial cost, perceived quality, or legal considerations – especially in areas of reproductive health).

Ms Irene A. Glinos sharing views with Pr. Guido Pennings (Fig. 4)

This group raises important philosophical issues. Is cross-border medical care something to be avoided, encouraged, or ignored? The answer, it was concluded, will depend on who is being asked. It raises many questions about the responsibility of the State to guarantee comprehensive health care for all its citizens at home, the ability to ensure quality when receiving care abroad, and the equity of a system from which, in reality, not all may benefit from equally. Thus, some highlight the benefits for the patient of seeking care abroad. These include the ability to obtain care that is less expensive, faster (with shorter waiting lists) and possibly more convenient. On the other hand, there are disadvantages, such as large non-financial costs, limited access to counseling and information, absence of psychological support from family and friends, uncertainty about the quality of treatment, and lack of legal recourse when things go wrong. For the sending country, patient mobility may make possible access to high quality treatment not available at home, especially in very small countries, but at a cost, while the receiving country may experience crowding out of its own population, especially where health personnel and other resources are scarce. From a deontological perspective, it was argued that sending patients abroad could only be acceptable if it is a temporary measure, or if it concerns rare diseases or conditions requiring highly specialized care. Otherwise, structural weaknesses leading to patient mobility should be tackled, recognizing that, other things being equal, most people want to be treated near their own homes. Finally, it was argued that “when countries guarantee equitable access to a decent level of health care services, there will be little need for travelling” [G. Pennings].

Health care systems responses to patient mobility

The right to free movement of people enshrined in the European Treaties has led the European Union to implement a number of measures to facilitate access to health care by its citizens when they cross borders. These originated over 30 years ago in Council Regulation (EEC) No.1408/71, which established a series of provisions for different groups of people. Examples included the E111 system, for visitors temporarily abroad and E112 system, for those going abroad to obtain treatment. In 2004, the earlier forms were replaced by the European Health Insurance Card.

In reality, however, these procedures do not always work as efficiently as they should, either for patients or health care providers. In practice, many people moving abroad to obtain care circumvent them, through bilateral agreements between purchasers and providers or 'self-managed' care, increasingly arranged via the Internet or through the services of brokers [I.A Glinos].

The Council of Europe (Strasbourg) has also made a number of explicit recommendations to protect the health and human rights of migrants in Europe that, although not having the force of law, are important statements of principle. Examples include Rec. (2006)18 on health services in a multicultural society and Rec. (2006)10 on better access to health care for Roma and travelers in Europe. On November, 22nd, 2007, the 8th Conference of European Health Ministers issued the "Bratislava Declaration on health, human rights and migration", which recognized that "someone's health should not be a ground for any exception to the principles and standards embodied in international migration law", and furthermore that "the member states will ensure that irregular migrants are able to access health care services […]".

"EU member states have to ensure that irregular migrants are also able to access health care services" (M. Piotr Mierzewski (Fig. 5)

Clearly, much remains to be done to put these provisions into practice. European health ministers will now work towards eliminating the practical obstacles that stand in the way of protecting the needs of all people in the move, including those whose status is irregular. The Bratislava Declaration also stipulated that Europe's health ministers will take steps to counteract practices that are harmful to women and girls (genital mutilation, forced marriage) and

encourage host countries to eliminate any requirement on health service providers and school authorities to report the presence of irregular migrants to the authorities.

Pr. Manuel Carballo and Pr. Frank Lee (Fig.6)

The Council of Europe has also played an important role, having launched the '2008-2009 Project on lifting the patient mobility curtain - patients' rights and safety first", which will establish a compendium of tools to protect people on the move, develop an international code of ethics relating to health care for migrants, and write an ethical recruitment code [P. Mierzewski].

The importance of 'cultural competence' was highlighted. This refers to the ability to interact effectively with people of different cultures and is especially important for health care professionals who work with migrants if they are to respond effectively to their health needs [M. Carballo]. Healthcare providers must learn how to communicate with migrants "otherwise the message won't pass especially on health prevention". Furthermore, they must understand the circumstances in which these people are living [M.van Hemeldonck].

Taiwan's experience: Delivering appropriate health care in a multicultural and open society.

Located at the crossroads of the Southeast and West Pacific, and for at least two decades considered as an economic and high-technology powerhouse in the region, Taiwan absorbs many immigrants each year (with 0.5 million immigrant workers) although it is also a source of migration, with about 1.5 million emigrant workers. Taiwan has become a multicultural and open society, a situation that has consequences for its health care system. In 1995 Taiwan established a National Health Insurance (NHI) system, which now ensures equal access to medical care for more than 99% of the population living and working in the country.

"It's fundamental to help the European and international medical community to understand better Taiwanese society and to enhance cooperation between European and Taiwanese referral hospitals" (Minister Hou Sheng-mou) (Fig. 7)

Yet challenges remain, especially in relation to the needs of migrants and overseas Taiwanese.

"Migration, Health and Human rights are deeply connected" (Taiwan's Ambassador to the EU Professor Kau Ying-mao) (Fig.8)

During the workshop, Taiwan's Health Minister, Dr. Hou Sheng-Mou, expressed his commitment to improve health care services for foreigners in his country, to help the European and international medical community to understand better Taiwanese society, to enhance cooperation between European and Taiwanese referral hospitals, and reiterated his full support for Taiwan's participation in the WHO.

With regard to the last point, he emphasized how not only Taiwan but also its neighbours and international partners will benefit, especially those who are migrating within the region. The experience of the NHI is particularly noteworthy as it provides an example of how universal coverage can be provided efficiently and at a lower cost than in many other nations. The lessons from this experience would be of great value for other Member States of the WHO. This point was underlined by other speakers who also highlighted how the exclusion of any part of the world from international medical organizations represents a threat to all, undermining basic human rights.

Migration of health care professionals: an important trend with problematic consequences

There are now 60 million health workers in the world. Two thirds are physicians, nurses, pharmacists or technicians, while the remainders are health administrators. Their global distribution is uneven, especially in the case of physicians who comprise around 7.5 million, with 2.8 million in Europe, 1.,6 million in the Region of the Americas, but only 0.8 million in South East Asia and around 150,000 in Africa.

"We must understand the circumstances in which these people are living to provide them with adequate healthcare services" (Mrs. Marijke Van Hemeldonck) (Fig.9)

The differences are especially stark when related to population, with only one physician to every 2,500 people in India but only one per 25,000 in the 25 poorest countries of the world. Reasons for this disparity are that many governments face inadequate educational infrastructure and limited health budgets. This has a long history, in some cases dating back to the financial restraints following the oil crisis in the 1970s.

"Scarcity of human health resources in many parts of the world is today a big challenges for our health systems" (Pr. Sylvain Meuris) (Fig.10)

The consequences of numerus clausus were emphasized during the workshop. This mechanism, designed to control the number of practitioners graduating, has created several problems, including a decrease in the ability to provide care, popular discontent, health deserts in rural areas, and challenges to the organization of hospitals [S. Meuris].

To overcome these problems, several governments have sought to train more health workers and to attract them from other countries. Some health authorities have established attractive policies based on incentives for young doctors to settle in rural areas (for example, France, Malawi, Taiwan), civilian service in rural areas (Turkey and Greece), or collaboration to train doctors from developing countries (Taiwan and UK). However, it was emphasized that these initiatives could be inadequate to maintain health coverage. They have been implemented at a time when migration of health workers has increased. In Europe, for 30 years, health workers have enjoyed free movement as their professional competences are mutually recognized within the EU. As a consequence, of the 200,000 doctors working in France, 2,500 have been educated in another EU country. Since the EU enlargement in 2004, a wave of migration took place with young physicians from former communist countries (Poland, Lithuania, Hungary, etc. moving to western European countries (France, Belgium, Germany, UK, etc).

The participants in the workshop noted how health workers migration is a global phenomenon. Today in USA, UK, Canada or New-Zealand, one quarter of physicians have trained in another country. On the other hand, a quarter of the physicians and one in twenty nurses that have graduated from Africa are working in industrialized countries. This has many problematic consequences, including unfair competition, high costs of training falling on poor countries, and informal employment of unrecognized

physicians from outside the EU who are underpaid and have few rights.

Dr. Yang Che-ming , Director-General of the Bureau of International Cooperation, Taiwan DOH, discussing with two of the speakers. (Fig. 11)

Most alarming is the transfer of "more than 500 millions dollars per year from developing countries to industrialized ones" [S. Meuris].

International cooperation as an efficient answer to health care professionals' migration.

As a recent example of the European response to these challenges, participants mentioned the Recommendation (2006) 11 of the Council of Europe on trans-border mobility of health professionals and its implications for the functioning of health care systems. There was a view that Member States should do more to increase training capacity, to promote short-term mobility, and to develop networking between universities, hospitals and scientific societies, but also between diasporas and local physicians.

These measures offer some scope to improve the global distribution of human resources for health [S. Meuris]. Among several examples, the Taiwan International Medical Training Center initiative within the Taipei Hospital was mentioned. With its numerous international medical training programs, the TIMTC has, since 2002, enhanced the capabilities and skills of more than 140 healthcare and medical workers from 30 countries.

Key messages from the workshop

- It is important to eliminate practical obstacles to obtaining health care for all people on the move.

"Cultural competence is essential among healthcare professionals who work with migrants" (Dr. Vincenzo Costigliola) (Fig.12)

- The necessity to guarantee equitable access to an adequate level of health care services in each country can reduce the need for travelling.

- 'Cultural competence' is essential among health care professionals who work with migrants so that they can adequately respond to their health

needs and facilitate equitable access to a decent level of health care services

- The new European Health Insurance Card is a useful innovation in to secure access to health care by European citizens migrating within the EU.

- Taiwan is seeking to improve health care services for foreigners residing in the country, to help the European and international medical community to better understand Taiwanese society, and to develop better cooperation between European and Taiwanese referral hospitals

- International cooperation is needed to tackle the issues related to migration of health care professionals.

A good occasion for participants to share opinions on the subject of migration and health. (Fig.13)

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