



Technical Brief Series - Brief No 12

ENSURING ACCESS TO HEALTH SERVICES AND FINANCIAL PROTECTION FOR MIGRANTS

INTRODUCTION

In a world defined by profound disparities, migration is a fact of life and governments face the challenge of integrating the health needs of migrants into policies and programmes. The United Nations estimates there are some 214 million international migrants. The number of migrants in an irregular situation is unknown. There are likely tens of millions of migrants in an irregular situation in the world.

The health of many migrants is at risk due to abuse, violence, exploitation, discrimination and barriers to access health and social services. Barriers include high costs, language- and cultural differences, administrative hurdles, inability to affiliate with health insurance schemes, lack of information about entitlements or legal status.

MIGRANTS ARE IMPORTANT CONTRIBUTORS TO DEVELOPMENT

For some societies migration is essential to compensate for demographic trends and skill shortages. In addition, migrants assist home communities with remittances. For example, the World Bank estimates that in 2009, migrants sent 414 Billion US\$ in remittances, making positive contributions to household welfare, nutrition, food, health and living conditions in their places of origin.

LACK OF ACCESS TO HEALTH SERVICES AND FINANCIAL PROTECTION FOR MIGRANTS

Despite existing and ratified international human rights standards and conventions that protect the rights of migrants, including their right to health, many migrants lack access to health services and financial protection in health for themselves and their family members. Especially migrants in an irregular situation have little or no access to health and social services although they are exposed to many health risks including exploitation, dangerous working- and substandard living conditions.

Lack of coverage can lead to excessive costs for migrants many of whom pay out of pocket for health services. This prevents many from accessing services, which exacerbates health conditions that could have been prevented, often at reduced costs, if services had been available. Self diagnosis and -medication are frequently used alternatives that can endanger individual and public health such as in the case of Multiple Drug Resistant tuberculosis.

CONSEQUENCES OF CURRENT RESTRICTIVE APPROACHES

The most often cited reason for not including migrant health considerations in health systems and social security schemes is the fear that it is 'costly'. However, it is difficult to understand how a sizeable group of people who contribute to economies could be excluded from accessing preventive and curative health services. Neglecting access to primary health care and leaving migrants' health to be managed at the level

of emergency only, runs counter to economic and public health principles. Late or denied treatment, with loss of productivity is costly, does not respect human rights principles and is a threat to public health. Studies on the usage of health services in countries where health services are available at no cost, indicate that migrants make less use of such services as compared to nationals.

ATTEMPTS TO IMPROVE ACCESS TO HEALTH SERVICES FOR MIGRANTS

Numerous national and international agencies, including non governmental agencies are finding ways to improve aspects of health and access to health services for migrants. The approaches are often fragmented and costly, operate in parallel to national health systems and depend on external funding and lack sustainability.

Albeit sporadic, there are innovative approaches for contributory social security schemes, employer based health insurances or tax based schemes, for migrants. For instance, countries of migrant origin that heavily rely on remittances, such as Sri Lanka and the Philippines put in place insurance schemes for their departing migrant workers. Some 18 percent of the Sri Lanka workforce and 10 % of the Philippines workforce work abroad, most of whom work in Arab States. Mexico specifically attempts to target the 12 million Mexican migrants in the United States through a comprehensive health care strategy, including low cost insurance. Some countries of destination, including Thailand, host to some 2.4 million migrants, offers some categories of registered migrants and their families health services through a compulsory migrant health scheme. Brazil, Spain and Portugal are examples of countries that adopted a policy of equal access to coverage for all migrants irrespective of their legal status. One of the few examples of formal coordination between a country of origin and destination is the United States-Mexico Border Health Commission, established to solve border health problems. Some initiatives are lead by trade unions and employees. For instance, in Argentina, employers for rural workers contribute a percentage of workers salaries towards a special fund that covers social benefits including health insurance. Only few cases of portable health care exist, such as the Moroccan-German agreement. Migrants within the EU enjoy the highest standards of portability of healthcare benefits. To date, there has been no assessment of the most cost effective model.

KEY ISSUES FOR POLICY MAKERS

Addressing the health needs of migrants improves migrant health, protects global public health, facilitates integration, and contributes to social and economic development. Ensuring access to health services and financial protection can be effective tools to promote health equity in today's diverse societies. Strategies include:

- Mitigate the burden of out of pocket health spending and move towards prepayment systems that involve pooling of financial risks across population groups;
- Develop or strengthen bilateral and multilateral social protection agreements between source and destination countries, that include health care benefits, and the portability thereof;
- Explore the role of relevant sectors including employers and private partners in health security schemes;
- Raise awareness among migrants of their entitlements and obligations;

- Research the economic consequences of reduced healthy life expectancy and productivity of migrants; and the economic impact of current schemes that address migrant health, including those allowing equal access for all migrants.

FURTHER READING:

1. United Nations Development Programme. Human Development Report 2009. Overcoming barriers: Human mobility and development. New York: UNDP; 2009. Available from http://hdr.undp.org/en/media/HDR_2009_EN_Complete.pdf.
2. J. Avato, J. Koettl, R Sabates-Wheeler. Definitions, good practices, and global estimates on the status of social protection for international migrants. Social protection discussion paper, no 0909. The World Bank; 2009. Available from http://www.wds.worldbank.org/external/default/WDSPContentServer/WDSP/IB/2009/07/01/000334955_20090701050420/Rendered/PDF/491740NWP0Paci10Box338943B01PUBLIC1.pdf
3. World Health Organization. Health of migrants-the way forward, report of a global consultation. Madrid, Spain March 2010. Available from: http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf
4. The Global Migration Group: [http:// www.globalmigrationgroup.org](http://www.globalmigrationgroup.org).
5. The Global Forum on Migration and Development: <http://www.gfmd.org>. In particular, Roundtable 2.1 Reducing the costs of migration and maximizing human development, Annex examples of global migrant health responses. GFMD, Mexico, 2010. Available from http://www.gfmd.org/en/gfmd-documents-library/doc_view/536-annex-to-rt-21-background-paper-english.raw?tmpl=component.
6. The International Organization for Migration. World Migration Report 2010. The future of migration: Building capacities for change. Geneva: IOM; 2010. Available from <http://www.iom.int/jahia/Jahia/policy-research/migration-research/world-migration-report-2010>