

# Action 1- Improving migrants’ and refugees’ access to healthcare

Conclusions and recommendations

## Context

The 2021 – 2022 Work Programme for the Urban Agenda Partnership on Inclusion of Migrants and Refugees included an action on improving migrants’ and refugees’ access to healthcare. The action focused on hard-to-reach migrant populations with the aim to:


- a) improve awareness of barriers in accessing health care, with a focus on the organisation and delivery of health care services in the context of the COVID-19 pandemic; and
- b) identify solutions and best practices and develop recommendations on improving access to health care and health literacy addressed to local and national authorities and other relevant stakeholders, from the perspective of a multi-level governance model.

This report relies on the conclusions of a hybrid event, organized jointly with the European Commission (DG HOME) and the European Committee of the Regions, on prior discussions among the Partnership for Inclusion members, and on a selection of studies and articles of relevance for the Action.

## Key takeaways

**Takeaway 1:** The Covid pandemic has resulted in marginal improvements in migrant access to healthcare, in particular those associated with community-based, multi-lingual, patient-centred approaches. The expansion of healthcare entitlements for all and the innovative practices put in place by national and sub-national authorities during the pandemic did not result in significant policy-changes or permanent changes in service entitlements and delivery.

	<p>Jasmijn Slootjes, <a href="#">The COVID-19 Catalyst: Learning from pandemic-driven innovations in immigrant integration policy (migrationpolicy.org)</a></p> <p><b>Giacomo Solano, Olivia Long</b>, Migrant inclusion in EU 27 health systems: <a href="#">Microsoft PowerPoint - MPG Healthcare policies and access.pptx (europa.eu)</a></p>
	<p><b>Paula Medeiros</b>, Regional Manager for CNAIM Algarve, High Commission for Migration, Portugal</p> <p><b>Giuseppe Varacalli</b> (IT/Renew), member of Gerace Municipal Council, member of the European Committee of the Regions</p>

	<p><b>Władysław ORTYL</b> (PL/ECR), President of the Podkarpackie Region, member of the European Committee of the Regions</p> <p><b>Birgitta Sacrédeus</b> (SE/EPP), Member of a Regional Assembly: Dalarna Regional Council, member of the European Committee of the Regions</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 18/10 recording</a></p>
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**Takeaway 2:** The Russian invasion of Ukraine has triggered the application of the Temporary Protection Directive (TPD), allowing refugees from Ukraine to have the same level of medical care access as the host populations. There is no EU-wide consolidated data or studies on the impact of this decision on the healthcare systems in the countries.

Political statements made on and off-record from February to May 2022 as well as up to end 2022 are not conclusive. Discussions off-the-record point to the fact that the demands associated with the TPD did not overstretch EU health systems (Paul Spiegel, *The Lancet*, May 2022<sup>1</sup>) while some Central and Eastern Europe countries formally advocated for EU’s support, including through the creation of a dedicated fund (Carlo Martuscelli, *Politico*, 29 March 2022<sup>2</sup>).

The fund was not created but the European Commission did include specific actions and budget allocations in its 2022 and 2023 EU4Health work programmes, in addition to those covered by EU CARE,<sup>3</sup> in particular those associated with mental health and psychosocial support services.

	<p><b>EU4Health</b></p> <p><a href="#">EU4Health programme 2021-2027 – a vision for a healthier European Union (europa.eu)</a></p> <p>2022 Work Programme: <a href="#">C_2022_317_Annex I_EN (europa.eu)</a></p> <p>2023 Work Programme: <a href="#">wp2023_annex_en.pdf (europa.eu)</a></p>
	<p><b>Katerina Dimitrokapoulou</b>, Head of Sector for Integration, Directorate-General for Migration and Home Affairs (DG HOME), European Commission</p> <p><b>Isabel de la Mata Barranco</b>, Principal Adviser for Health and Crisis management, Directorate-General for Health and Food Safety, European Commission</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 19/10 recording</a></p>

<sup>1</sup> [Responding to the Ukraine refugee health crisis in the EU - The Lancet; EU healthcare systems adjusting to arrival of 2.5m Ukrainian refugees – EURACTIV.com](#)

<sup>2</sup> [Eastern EU countries in cry for help over refugee health costs – POLITICO](#)


<sup>3</sup> [Inforegio - CARE – Cohesion’s Action for Refugees in Europe \(europa.eu\)](#)



**Takeaway 3:** The establishment of multi-disciplinary public services (e.g. social workers, health care staff) at the welcoming stage and the expansion of healthcare entitlements as early as possible upon reception, regardless of status, have resulted better migrant health outcomes, including in terms of mental health and well-being. This, in turn, has fast-tracked the persons’ social, including labour market, inclusion.

	<p><b>Dr Philipp Jaschke</b>, Researcher, Institute for Employment Research</p> <p><b>Lyuba Karpachova</b>, Refugees Department Lead at Promote Ukraine</p> <p><b>Razan Ismail</b>, New Women Connectors, Member of EU Commission (DG HOME) Migration Expert Group</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 18/10 recording</a></p>
	<p><a href="#">Does Facilitated and Early Access to the Healthcare System Improve Refugees’ Health Outcomes? Evidence from a Natural Experiment in Germany - Philipp Jaschke, Yuliya Kosyakova, 2021 (sagepub.com)</a></p> <p><b>Davide Malmusi</b>, <a href="#">Immigrants’ health and health inequality by type of integration policies in European countries   European Journal of Public Health   Oxford Academic (oup.com)</a></p>


**Takeaway 4:** The pandemic has triggered various innovative practices such as reinforced multi-lingual communication and outreach, digitally and/or in-person; mobilization of intercultural mediators; (partial) recognition of migrants’ medical qualifications; mobile health care services, etc. Together with the implementation of effective multi-level governance models, in particular partnerships between public services and migrant-led CSOs and community leaders, these practices have proven key to the resilience of the healthcare systems during emergency.



The usefulness of maintaining / scaling-up such practices has been reinforced in the context of the influx of refugees from Ukraine. Beyond emergency situations, such models can be transposed to the planning and delivery of health care services for any other vulnerable group (e.g. rural areas / “medical deserts”).

	<p><b>Caroline Tomsfelt</b>, Researcher, County Administrative Board of Skåne, Sweden</p> <p><b>Prof.dr. Marit Sijbrandij</b>, Full Professor Clinical Psychology, Vrije Universiteit Amsterdam</p>
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	<p><b>Francesca Bocchini</b>, Advocacy Manager – Humanitarian Affairs &amp; Migration, Emergency, Italy</p> <p><b>Marie Jelinkova</b>, Researcher, Department of Public and Social Policy at the Faculty of Social Sciences, Charles University Prague, Czech Republic</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 18/10 recording</a></p> <p><b>Francois Decoster</b> (FR/Renew), Vice-President of the Hauts-de-France region for culture, heritage, regional languages and international relations, mayor of Saint-Omer, President of the Renew Group at the European Committee of the Regions</p> <p><b>Antje Grotheer</b> (DE/PES), Vice-President of Bremen State Parliament, CoR rapporteur on the Action Plan on Integration and Inclusion</p> <p><b>Niina Ratilainen</b> (FI/Greens), Member of a Local Assembly: Turku City Council, member of the European Committee of the Regions</p> <p><b>Anila Noor</b>, New Women Connectors, Member of EU Commission (DG HOME) Migration Expert Group</p> <p><b>Barbara Schouten</b>, Mental Health for All</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 19/10 recording</a></p>
	<p><b>Jasmijn Slootjes</b>, <a href="#">Healing the Gap: Building inclusive public-health and migrant integration systems in Europe (bosch-stiftung.de)</a></p> <p><b>Smithman, M.A., Descôteaux, S., Dionne, É. et al.</b>, <a href="#">Typology of organizational innovation components: building blocks to improve access to primary healthcare for vulnerable populations   International Journal for Equity in Health   Full Text (biomedcentral.com)</a></p>

**Takeaway 5:** Innovative practices, including public-private sector cooperation, developed during emergency/scarcity conditions generate immediate outcomes. They require an up-front investment in their design and implementation but generally become cost-effective on the medium- to long-term.

	<p><b>Holger Seifert</b>, Technical Advisor, Council of Europe Development Bank</p> <p>The role of the private sector in ensuring access to healthcare for migrants and other vulnerable groups: A case study from Netherlands</p>
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	<p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 18/10 recording</a></p> <p><b>David McDaid</b>, Associate Professorial Research Fellow, Care Policy and Evaluation Centre, London School of Economics</p> <p><a href="#">Migrant access to healthcare: From emergency responses to sustainable solutions (europa.eu) – Session from 19/10 recording</a></p>
	<p><a href="#">Rabobank and the CEB: driving sustainable change   CEB (coebank.org)</a></p> <p><b>David McDaid</b>, Innovative practice: funding and ensuring sustainability. The case of brief psychological interventions for refugees - <a href="#">PowerPoint Presentation (europa.eu)</a></p> <p><b>Ngongoni, C.N.; Wasswa, W.; Makubalo, L.; Moeti, M.; Chibi, M.</b> <a href="#">IJERPH   Free Full-Text   Towards a Healthcare Innovation Scaling Framework&amp;mdash;The Voice of the Innovator (mdpi.com)</a></p>

**Takeaway 6:** Improving existing data on migrants’ health status and needs is essential to planning for emergency responses and to ensuring access and delivery of effective services at EU, national and local level. This requirement has been reinforced by the Covid pandemic and the influx of refugees from Ukraine.

	<p><b>Paul Spiegel</b>, <a href="#">Are the health systems of EU countries hosting Ukrainian refugees ready to adapt? - The Lancet Healthy Longevity</a></p> <p>Health needs survey for Ukrainian displaced persons and refugees (led by the University of Southampton)  <a href="#">First results from health needs survey for Ukrainian displaced persons and refugees are out now   Population Europe (population-europe.eu)</a></p> <p><b>WHO and Statistics Poland</b> survey on the health needs of Ukrainian refugees in Poland  <a href="#">New research reveals how war-related distress affects mental health of Ukrainian refugees in Poland (who.int)</a></p> <p><b>Lebano, A., Hamed, S., Bradby, H. et al.</b> Migrants’ and refugees’ health status and healthcare in Europe: a scoping literature review. BMC Public Health 20, 1039 (2020).  <a href="#">Migrants’ and refugees’ health status and healthcare in Europe: a scoping literature review   BMC Public Health   Full Text (biomedcentral.com)</a></p>
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## Recommendations

1. Policymakers should seek to establish **ONE-STOP-SHOPS / MULTI-DISCIPLINARY SERVICE POINTS** and enable / expand **HEALTH CARE ENTITLEMENTS FOR ALL** as soon as possible after arrival.
2. To ensure healthcare system resilience and effective access, policymakers should articulate the delivery of health care services around **MULTI-LEVEL GOVERNANCE AND PARTNERSHIP PRINCIPLES** and **COMMUNITY / PATIENT-CENTRED APPROACHES**.
3. **INNOVATIVE PRACTICES**, proven to remove barriers to healthcare access for migrants and refugees, should be turned into permanent solutions and, if applicable, scaled-up, with the support of **PREDICTABLE (AND INNOVATIVE) FINANCING**, thus ensuring medium – and long-term cost-effectiveness.
4. Policymakers should invest in **INTERCULTURAL HEALTH COMMUNICATORS** and promote the involvement of **MIGRANT COMMUNITY** leaders in improving health outcomes.
5. Easily **ACCESSIBLE, CULTURALLY-SENSITIVE COMMUNICATION**, including in the migrants' native languages, should be part and parcel of the planning and delivery of health care by public and private actors.
6. **MOBILE HEALTH SERVICES** as well as **DIGITAL / E-HEALTH** innovative technologies should become a regular part of service delivery.
7. The **RECOGNITION** (full or partial/conditional on further testing / training, as applicable) of migrants' health / social care **QUALIFICATIONS** should be ensured as soon as possible after arrival.
8. Migrant health care planning and delivery should rely on **CONSISTENT AND TIMELY DATA**. Financial decisions should be **EVIDENCE-BASED** and **SOCIALLY EQUITABLE**.