

Training packages for health professionals to improve access and quality of

Health services for migrants and ethnic minorities, including the Roma

MEM‐TP



**MÓDULO ADICIONAL 1:**

**Grupos diana**

**Unidad 2: Migrantes en situación ‘irregularizada’**

**Guía didáctica**

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**MÓDULO ADICIONAL 1:**



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**Migrants & Ethnic Minorities**

**Training Packages**



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**ADDITIONAL MODULE 1: Target Groups**

**Unit 2: Migrants in an irregularized Situation**

1. **Objectives and Methods**
2. **Objectives**

**Objectives of the Presentation:**

* To introduce the concept of “migrants in an irregularized situation” and to present recent comparative studies on the access to health and health of migrants in an irregularized situation, including case studies and recommendations.

**Objectives of the Activities:**

* To identify strategies for improving access to health care for migrants in an irregularized situation in the own region / country, and prioritize these strategies according to their perceived relevance.

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| **Time** | **Objectives** | **Activities** | **Sources** |
| 20 minutes | To introduce the concept of “migrants in an irregularized situation” and to present recent comparative studies on the access to health and health of migrants in an irregularized situation, including case studies and recommendations | **Presentation** “Migrants in an irregularized situation” and questions  *(Slides 1-10)* | Projector, laptop, screen.  AM1\_U2\_Presentation |
| 40 minutes | * To identify strategies for improving access to health care for migrants in an irregularized situation in the own region / country, and prioritize these strategies according to their perceived relevance. | **Activity** “Strategies for improving access to health care for migrants in an irregularized situation”  in three parts:   * Presentation of the methodology * Small Groups: Nominal group technique * Plenary: Wrap up and discussion   *(Slide 11)* | Projector, laptop, screen.  Cards, markers, flip chart, adhesive (spray), self-adhesive dots. |

1. **Presentation**

**Slide 1:**  Title page

**Slide 2:** Outline of the session

**Slide 3:** In recent research and strategic documents, different **terminologies and concepts** can be observed, including terms such as “illegal migrants”, “undocumented migrants”, “irregular migrants”, “migrants with irregular status” or “migrants in an irregularized situation”. This terminology use is accompanied by a theoretical and political discussion which highlights the underlying assumptions inherent to each concept and the complex character of migration status[[1]](#footnote-1),[[2]](#footnote-2),[[3]](#footnote-3),[[4]](#footnote-4),[[5]](#footnote-5). In the framework of the MEM-TP project, the term “migrants in an irregularized situation” has been chosen[[6]](#footnote-6),[[7]](#footnote-7), based on the idea that the person is not “illegal” or “irregular”, but the legal framework “irregularizes” the migrant’s administrative status.

**Slide 4:** A broad range of **comparative studies** on the situation of access to health care and health of migrants in an irregularized situation **in the European context** can be identified, published by individual authors, European agencies, professional associations and civil society organizations[[8]](#footnote-8),[[9]](#footnote-9),[[10]](#footnote-10),[[11]](#footnote-11),[[12]](#footnote-12),[[13]](#footnote-13),[[14]](#footnote-14),[[15]](#footnote-15),[[16]](#footnote-16),[[17]](#footnote-17),[[18]](#footnote-18),[[19]](#footnote-19),[[20]](#footnote-20),[[21]](#footnote-21),[[22]](#footnote-22),[[23]](#footnote-23),[[24]](#footnote-24),[[25]](#footnote-25),[[26]](#footnote-26),[[27]](#footnote-27),[[28]](#footnote-28),[[29]](#footnote-29),[[30]](#footnote-30),[[31]](#footnote-31),[[32]](#footnote-32),[[33]](#footnote-33),[[34]](#footnote-34),[[35]](#footnote-35),[[36]](#footnote-36),[[37]](#footnote-37),[[38]](#footnote-38)[[39]](#footnote-39),[[40]](#footnote-40),[[41]](#footnote-41).

The studies analyse the level of fulfilment of Human Rights principles established in international covenants and European regulations, detecting an uneven access to health care for migrants in an irregularized situation throughout Europe, with a frequent limitation or exclusion of this population group from public health care services. Furthermore, the studies identify multiple barriers in the effective access to health care for migrants in an irregularized situation, including cultural, idiomatic, social and structural barriers. The authors highlight the health risks related to a limitation or absence of access to health care, both for individual and public health. Furthermore, the role of local and regional policies and interventions in providing health care services for migrants in an irregularized situation is stressed. Some of the reviewed studies analyse the impact of the current economic and systemic crisis on access to health care and health of migrants in an irregularized situation. Most of the reviewed reports and papers include recommendations for policies and interventions focused on migrants in an irregularized situation.

**Slide 5:** Two recent studies published by Médicins du Monde (Doctors of the World) analyze the **impact of the current economic crisis** on population groups in situation of social vulnerability, among them migrants in an irregularized situation, in 5 European cities in 2012 and 14 cities of 7 European countries in 2013. An increase of unemployment and xenophobic attitudes against migrants is observed, as well as a frequent limitation of health care entitlements, an introduction of fees and increased barriers in the effective access to health care. The respondents reflect a deterioration of their self-perceived health.

**Slide 6:** This figure, published by FRA, European Union Agency for Fundamental Rights, shows the situation of **health care entitlements** for migrants in an irregularized situation in the EU-27 countries in 2011[[42]](#footnote-42). The figure differentiates between five situations: 1. Countries which only provide access to emergency care for migrants in an irregularized situation, 2. Countries which provide access beyond emergency, but duty to report to the police, 3. Countries which provide access to emergency and primary care, 4. Countries which provide access to emergency and secondary care, and 5. Countries which provide access to emergency, primary and secondary care to this population group. During the last years, health care entitlements for migrants in an irregularized situation changed in several European countries[[43]](#footnote-43).

As an example for an improvement of the situation, **Sweden** can be highlighted.

The limitation of health care for migrants in an irregularized situation in 2012 in **Spain** can be mentioned as an example for recent restrictions in migrants’ health entitlements.

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| *Additional information (not included in the presentation):*  In **Sweden**, the Law on Health and Medical Care for Asylum Seekers and Others adopted in 2008[[44]](#footnote-44) restricted health care entitlements for adult migrants in an irregularized situation to emergency care, including the requirement of paying the full costs after receiving the care. Only minors received full access to health care, regardless of their nationality or administrative status. In 2013, a new law was approved[[45]](#footnote-45), which permits adult migrants in an irregularized situation access to *“acute health care”* and *“health care that can not be postponed”,* at the same level as asylum seekers. Minors in an irregularized situation maintain full access to health care[[46]](#footnote-46).  In **Spain**, over the last decades an increased level of universality in the access to health care had been achieved, with equal health care entitlements for all people living in Spain, regardless of their nationality or administrative status, regulated by means of the inscription in the register of inhabitants. The Royal Decree-law 16/2012 (RDL 16/2012)[[47]](#footnote-47), published in April 2012, changes the former health care model, based on the principle of universality, towards a model based on the principle of assurance. By means of the RDL 16/2012, access to health care of migrants in an irregularized situation has been limited to emergencies, pregnancy, birth and afterbirth care. Minors maintain full access to health care, regardless of their nationality or administrative status.  *The changes in Sweden and Spain are underlined as an example for recent changes in health care entitlements in the European context, for an information about the situation in other European countries, see the recent PICUM report[[48]](#footnote-48).* |

**Slide 7:** Apart from a review of the legal health care entitlements for migrants in an irregularized situation, the comparative reports quoted above refer to multiple **barriers** for this population group in the **effective access to health care**, among them a lack of awareness of existing entitlements by professionals, administrative staff and migrants, the complexity of administrative procedures, an obligation of reimbursement in co-payment systems, as well as a fear of denunciation.

**Slide 8:** As **further barriers in the access to health care** for migrants in an irregularized situation, the studies mention cultural and idiomatic aspects, previous experiences of discrimination, the precarious socioeconomic situation of many migrants in an irregularized situation, with frequent changes or absence of a permanent residence, as well as cases of denied access despite of being entitled. The fear of a negative impact of an HIV+ diagnosis on the residence authorization process is named as a potential barrier for accessing testing or treatment services. Furthermore, the studies observe difficulties in accessing appropriate health care in detention centers.

**Slide 9:** In the European context, the comparative reports include a broad list of **recommendations** which underline the relevance of guaranteeing **health care entitlements** for all people residing in a country, regardless of the nationality, administrative status or employment situation, in equality of conditions in relation to public coverage, reimbursement or co-payment. The importance of an access to all health care levels, not only emergency care, the relevance of ceasing practices of migration control during the health care delivery, and the importance of maintaining health care entitlements in the current situation of economic crisis is stressed.

**Slide 10:** Furthermore, the authors recommend an **improvement of the effective access to health care**, removing cultural, idiomatic, social and structural barriers, the promotion of a health care delivery without discrimination and the improvement of the health care services in the detention centers, highlighting the important role of local and regional policies and interventions.

1. **Activity**

**Strategies for Improving Access to Health Care for Migrants in an irregularized Situation**

*The same activity is proposed in each of the 4 Units of Additional Module 1, focused on the specific target group. The trainer is proposed to choose the moment and thematic focus of the activity (strategies for improving access to health care for ethnic minorities, migrants in an irregularized situation, refugees and asylum seekers or vulnerable groups).*

**Slide 11:** The activity consists of three parts:

**1. Presentation of the methodology**

**2. Identification and prioritization of strategies for improving access to health care for migrants in an irregularized situation, in small groups** *(8-10 people)*

Method: Nominal group technique.

Moderation: 1-2 facilitators / group.

Materials: Cards, markers, flip chart, adhesive (spray), self-adhesive dots.

Technique:

* The participants are invited to write down the 3 most relevant strategies they identify for improving access to health care for migrants in an irregularized situation in their region / country *(one idea / card).*
* The facilitators collect the cards, reading and arranging the named aspects by topics on a flip chart.
* The participants are asked to prioritize the most important strategies *(3 dots / person).*
* The participants choose a rapporteur, in charge of summarizing the most relevant aspects in the plenary.

**3. Wrap up and discussion in plenary**

* Wrap up: The rapporteur of each small group provides a summary of the results, in three sentences.
* Group discussion.

**Slide 12:** Thank you and questions.

**Slide 13-16:** References.

**Slide 17:** European Commission disclaimer.

**4. Readings**

**Recommended readings:**

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**Recommended web resource:**

PICUM, Platform for International Cooperation on Undocumented Migrants. Undocumentary. The Reality of Undocumented Migrants in Europe, 2014. <http://www.undocumentary.org/>, including a Teacher’s Guide:

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**Complementary readings:**

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