Migration as a social determinant of health and how to create safe places for health care

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[Social inequalities in health in the EU | EuroHealthNet](#) , launched 25th /26th Sept 2025

Social determinants = man-made

- For migrants: relevant through the process of migration in all phases: predeparture-journey-settlement-return
- For overall populations: migration needed to fill gaps in the health work force

Migration: a legitimate human strategy to improve living conditions

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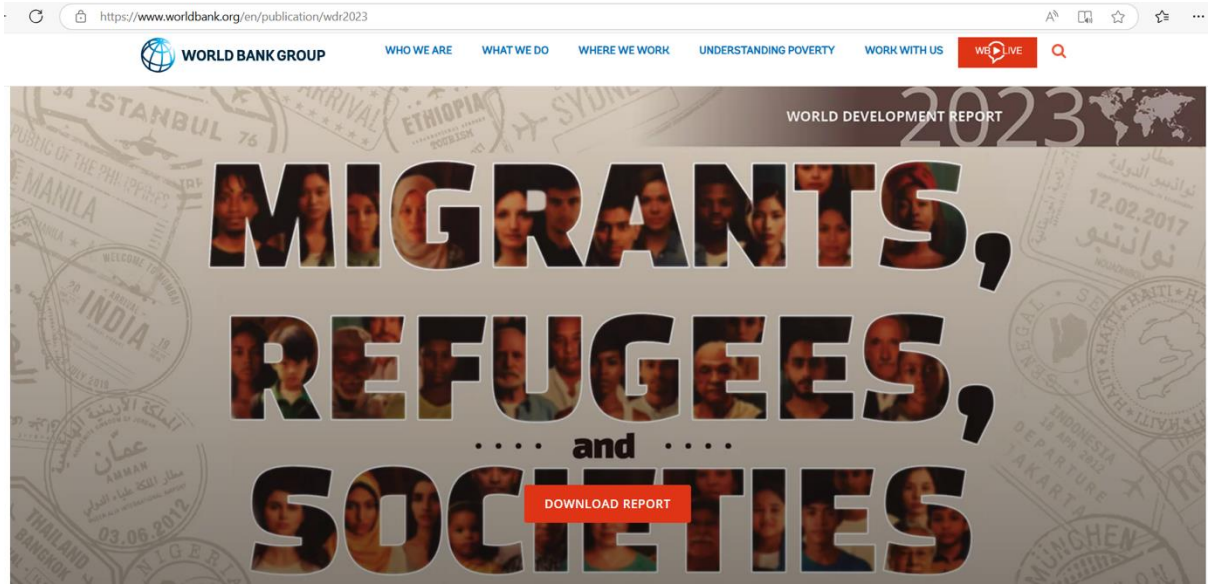
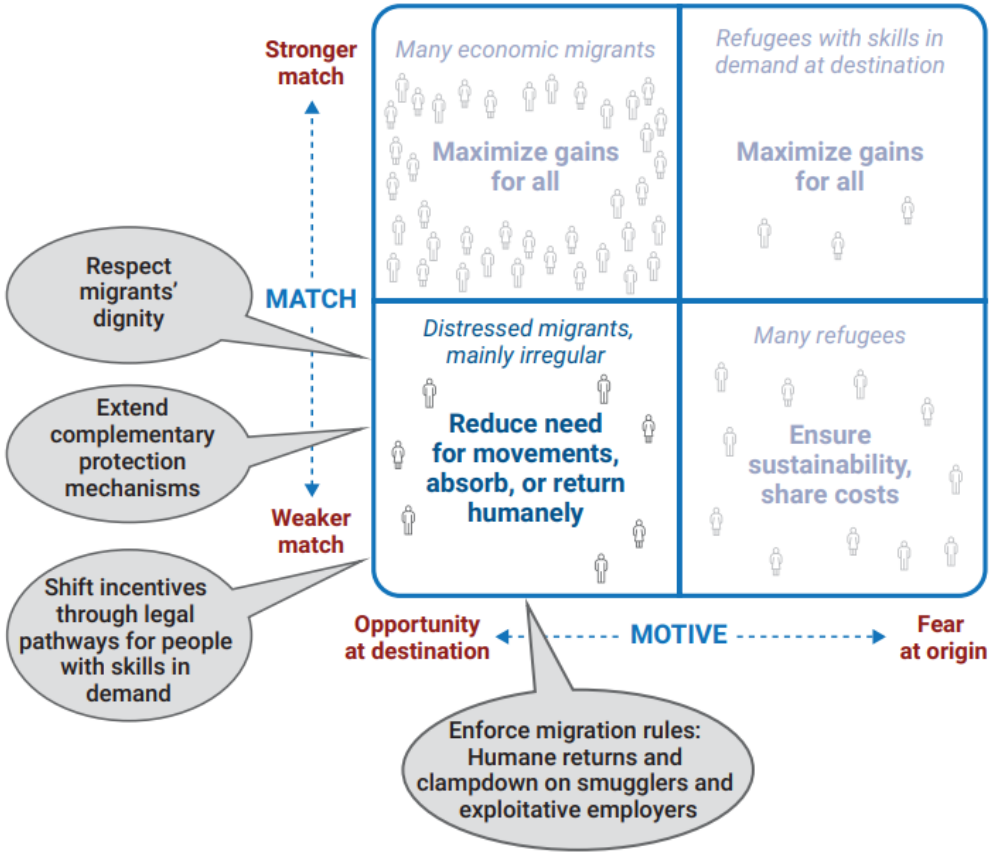


World Development Report 2023: Migrants, Refugees, and Societies

Recognize the complexity and the increasing necessity of cross-border movements. About 2.3 percent of the world's population—184 million people, including 37 million refugees—live outside their country of nationality. Some 43 percent live in low- and middle-income countries. …**Because of demographic divergences and climate change, migration will become increasingly necessary over the next decades for countries at all income levels.**

Figure 9.8 Human dignity should remain the yardstick of migration policies



Source: WDR 2023 team.

Note: Match refers to the degree to which a migrant's skills and related attributes meet the demand in the destination country. *Motive* refers to the circumstances under which a person moves—whether in search of opportunity or because of a "well-founded fear" of persecution, armed conflict, or violence in their origin country.

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Not all forms of migration are wanted and welcome:
The "Match and Motive" -Matrix

A call for better evidence on the interplay of irregular migration, black labour markets, exploitation, and protection of irregular migrants

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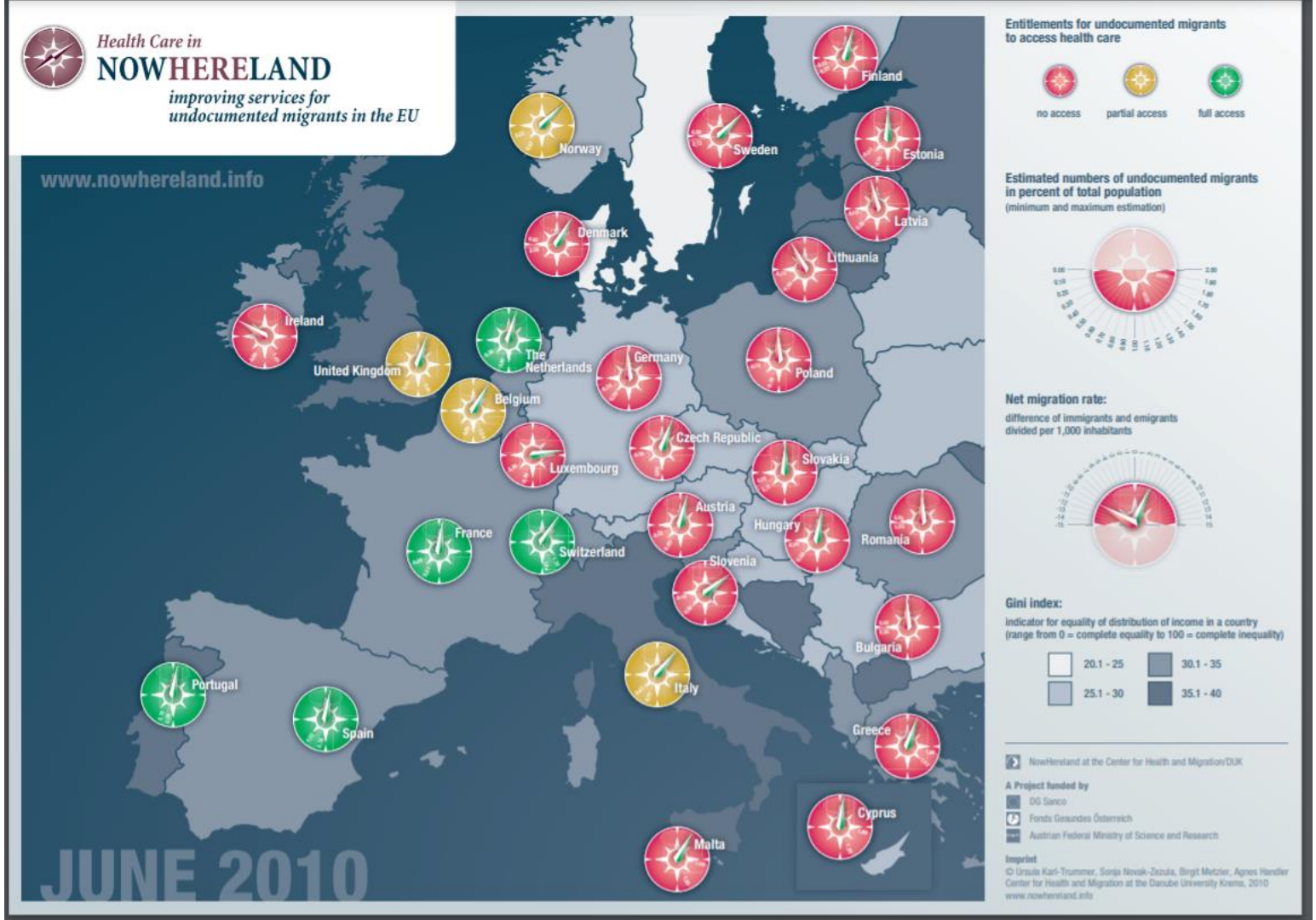
"[…] it is evident that a sizeable number of migrants remain in irregular status in the EU. This is problematic for the migrants, who are easily exploitable due to their status. This is also problematic for the host country, as irregular migrants participate in the black labour market and largely remain outside of integration pathways. In some cases, this exploitation also applies to intra EU mobile citizens.

… Attention should be paid to conditions for access to basic services and rights; proposals should provide options for enhancing the protection of migrants and those providing assistance to them.

https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/horizon-cl2-2022-transformations-01-03



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European Parliament resolution of 8 March 2011 on reducing health inequalities in the EU, 010/2089(INI):

"Calls on the Member States to ensure that the most *vulnerable groups, including undocumented migrants,* are entitled to and are provided with equitable access to healthcare"

Council of Europe Parliamentary Assembly (2013) Resolution 1946 (2013) Equal access to health care

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http://c-hm.com/health_care_vulnerable_migrant_groups/

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IOM UN MIGRATION

NOWHERELAND
REVISITED IN TIMES OF PANDEMIC 2020

A basic social infrastructure accessible for everybody, comprising social welfare, health care, compulsory education, housing, and work, is an important element to meet the policy goals of protecting human rights and creating equitable societies. However, in a migration context, entitlements on access are connected to regulations on migration to and residence on a national territory. Undocumented or irregular migrants (UDM) do not comply with such regulations for various reasons, e.g. as victims of human trafficking, as visa-over stayers, or as asylum seekers that do not leave the territory after a rejection of their asylum application. They live in a NowHereland, without a legal status, subject to various forms of exploitation.

UDM are among the most vulnerable groups in society. Situations of societal crisis, such as the COVID-19 Pandemic in 2020, hit the most vulnerable groups the hardest. Reports from NGOs indicate that UDM do not dare to show up for COVID-19 testing, that UDM lose work and basic income, and that lockdown measures are incredibly hard to bear given their precarious living conditions.

This is of relevance that goes far beyond a small and marginalized group. Societies not successfully supporting and protecting the most vulnerable have to pay high costs in humanitarian, economic, and public health terms.

The Center for Health and Migration initiated a stock-taking of national regulations concerning inclusion of UDM in basic protection as its Social Responsibility Project 2020. National experts provided information on the respective legal frameworks of social welfare, health care, compulsory education, housing, and work, using a validated template for data collection.

"NowHereLand in Times of Pandemic" puts a focus on the policy question whether a system is acknowledging that UDM may reside on national territory and that they have basic needs. If yes, this should result in regulations that explicitly mention a right to access respective services or a denial of access to such services. Therefore, a dichotomized scale is used, classifying countries as YES or NO concerning entitlement to services. This provides a picture on domestic legal frameworks as the legal basis for granting and/or denying access; it does not provide a picture on actual access to services, which in most situations will be a Yes AND No.

An overall overview and five landscapes show results per country and category. For a closer look, policy briefs per country giving details on respective regulations will be published.
Visit **www.c-hm.com** for updates!

Ursula Trummer, Sonja Novak-Zezula

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OVERVIEW

ENTITLEMENTS
FOR UNDOCUMENTED
MIGRANTS 2020

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COUNTRIES	SOCIAL WELFARE	HEALTH-CARE	COMPULSARY EDUCATION	HOUSING	WORK
AT	✗	✗	✓	✗	✗
BE	✗	✓	✓	✓	✗
BU	✗	✗	✗	✗	✗
CAN	✗	✗	✗	✓	✗
CH	✓	✓	✓	✗	✗
DE	✗	✗	✓	✗	✗
DK	✗	✗	✓	✗	✗
ES	✗	✓	✓	✗	✗
EST	✗	✗	✓	✗	✗
FR	✓	✓	✓	✗	✗
GE	✗	✗	✓	✗	✗
HR	✗	✗	✓	✗	✗
HU	✗	✗	✗	✗	✗

COUNTRIES	SOCIAL WELFARE	HEALTH-CARE	COMPULSARY EDUCATION	HOUSING	WORK
IL	✗	✗	✓	✗	✗
IT	✗	✓	✓	✗	✗
JP	✗	✓	✓	✗	✗
LIT	✗	✗	✗	✗	✗
LU	✗	✗	✓	✗	✗
NL	✗	✓	✓	✗	✗
NO	✗	✓	✓	✗	✗
PL	✗	✗	✓	✗	✗
RO	✗	✗	✗	✗	✗
SI	✗	✗	✓	✗	✗
TR	✗	✗	✗	✗	✗
UK	✗	✓	✓	✗	✗
US	✗	✗	✓	✗	✗

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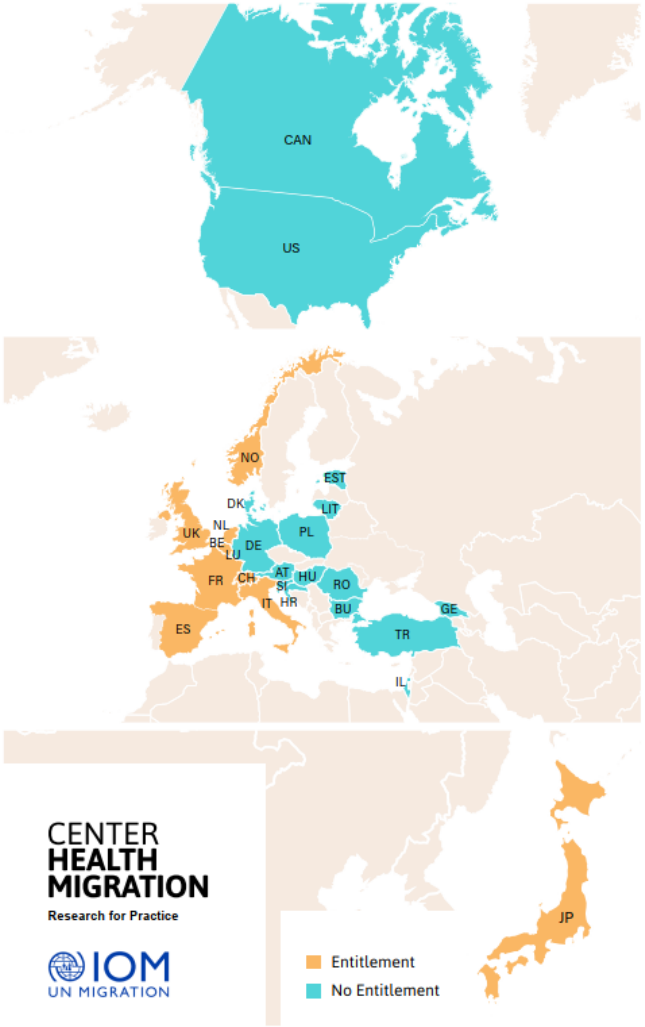
http://c-hm.com/wp-content/uploads/2021/03/CHM-overview.pdf



ARE UNDOCUMENTED MIGRANTS ENTITLED TO HEALTHCARE?

NOW HERE LAND

REVISITED IN TIMES OF PANDEMIC
2020

AT Austria No Entitlement	**BE** Belgium Entitlement	**BU** Bulgaria No Entitlement	**CAN** Canada No Entitlement
CH Switzerland Entitlement	**DE** Germany No Entitlement	**DK** Denmark No Entitlement	**ES** Spain Entitlement
EST Estonia No Entitlement	**FR** France Entitlement	**GE** Georgia No Entitlement	**HR** Croatia No Entitlement
HU Hungary No Entitlement	**IL** Israel No Entitlement	**IT** Italy Entitlement	**JP** Japan Entitlement
LIT Lithuania No Entitlement	**LU** Luxembourg No Entitlement	**NL** The Netherlands Entitlement	**NO** Norway Entitlement
PL Poland No Entitlement	**RO** Romania No Entitlement	**SI** Slovenia No Entitlement	**TR** Turkey No Entitlement
UK United Kingdom Entitlement	**US** United States of America No Entitlement		

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http://c-hm.com/health_care_vulnerable_migrant_groups/

Migrants and Healthcare: Social and Economic Approaches

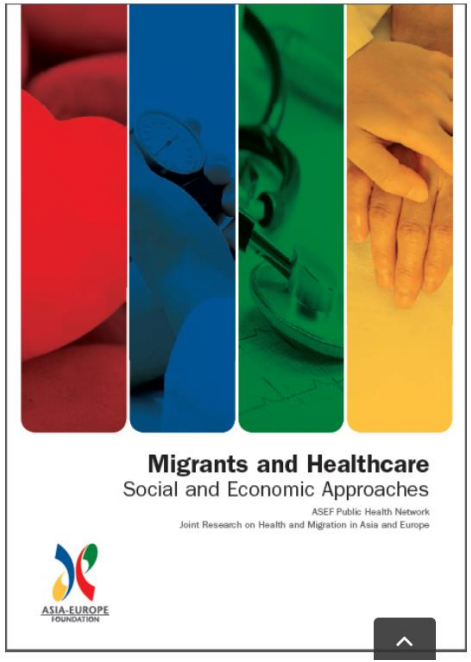
Economic costs rise with inaction

Case: irregular migrant from Pakistan, age 24 years, working as kitchen aid in Vienna, small injury (blister from burns on forefinger)

Early intervention:	€ 13.8 (GP consultation + disinfectant gel)
Delayed intervention:	€ 101.- (3 GP consultations/NGO + antibiotics)

Direct medical costs are altered with a factor 7.3 when given with delay

Denial of treatment could cause emergency (amputation of finger/hand/arm)



Trummer, Ursula, Novak-Zezula, Sonja, Phua, Kai Hong, Griffiths, Sian, Chung, Roger & Yi, Huso (2014). Migrants and Healthcare. Social and Economic Approaches. ASEF Public Health Network. http://c-hm.com/ethics_economics/

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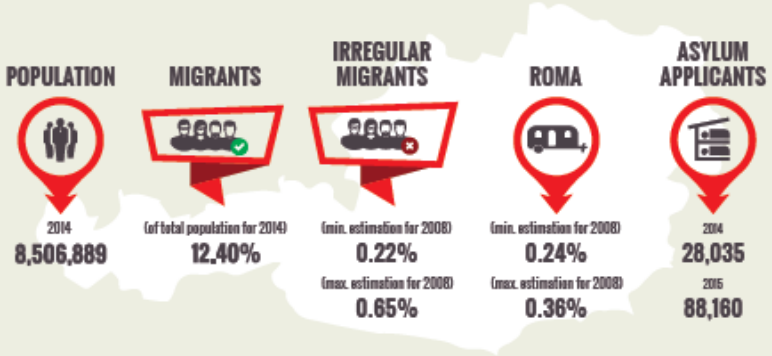
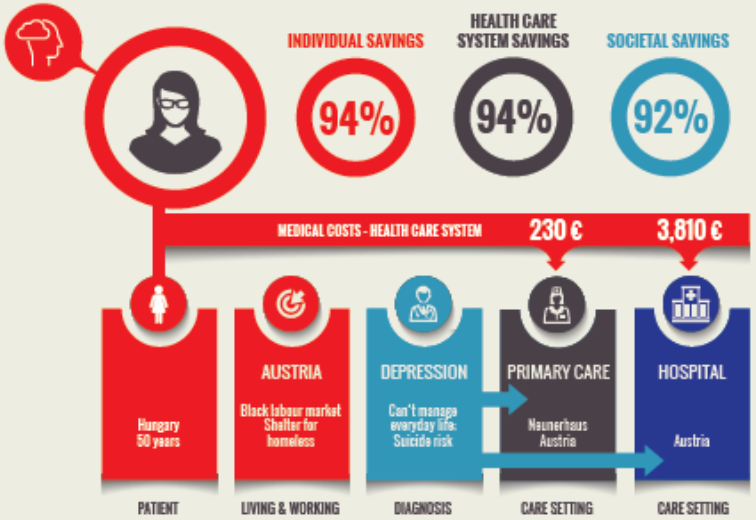


COST SAVINGS THROUGH TIMELY TREATMENT FOR IRREGULAR MIGRANTS AND EU CITIZENS WITHOUT INSURANCE



VIGNETTES

Vignettes are short descriptions of scenarios consisting of defined core elements which can systematically be varied to develop different hypothetical cases. Based on primary data and supplemented further with register data, desk research and expert opinion, vignettes provide robust economic results and are more generalizable than single case studies.
Randomly sampled cases from health care providers served as a basis for primary data, out of which cases were selected to construct vignettes with two core elements:
medical condition and care setting.
The vignettes were then used to compare treatment costs in the respective care settings.

METHODOLOGY

Vignette approach using primary data provided by health care organizations.
Cost analysis

TYPES OF COSTS

- Direct medical costs (medication, diagnostics, time of health professionals)
- Direct non-medical costs (time of patient, travel costs)
- Loss of income/productivity

LEVELS OF ANALYSIS

- Patient
- Health care system
- Society

POLICY BRIEF

AUSTRIA

GENERAL RECOMMENDATIONS

Acknowledge health care for irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.

Public health policy level
- Provide a common system for monitoring of health care needs, health care provision and costs of care to create evidence and data needed for planning services.
- Don't mix up public health agenda with immigration control e.g. by urging providers to report irregular migrants to immigration authorities but foster and enable communication between them, e.g. by setting up or joining an international board.

Health care provider level
- Document numbers of irregular migrants and EU citizens ineligible or without insurance and collect data on their health care needs, health care provision and costs of care.
- Use information for continuous quality and equity improvement, using instruments of quality management. Include (irregular) migrants with basic knowledge of quality management and information procedures and instruments.

Community level
- Involve service users and community members (e.g. migrants that have been in a state of irregularity or have been without insurance) to get insights into health care needs and expectations about service provision.

Provide access to basic health care for everybody, irrespective of legal status; provide access to (slightly) specialised care in flowing case-to-case decisions.

Public health policy level
- Set registration accordingly by defining the range of basic health care and areas of (highly) specialised care (e.g. IVF treatments within reproductive health) subject to prior review for case to case decisions.
- Define alternate guiding case to case decisions (e.g. Chronic therapy needed to cooperate in treatment processes) as well as procedures and responsibilities of decision making.

Health care provider level
- Establish an interdisciplinary (medicine, social work, ethics, and accounting) expert board responsible for making case-to-case decisions.
- Implement an administrative tool to monitor and document diagnosis, treatments, and decisions made, including the rationale for these decisions.

Community level
- Foster (health) literacy of irregular migrants and EU citizens ineligible or without insurance.
- Involve community members in the provision of care and facilitating services, e.g. as interpreters, intercultural mediators, community health educators.

Communicate information with the general goal of transparency and empowerment of all actors in the field, including the general public and (irregular) migrant communities.

Public health policy level
- Inform the public (updated) with evidence on numbers, health problems, and treatments of (for irregular migrants and EU citizens without insurance, including an economic analysis on benefits of inclusion of this group into basic primary care.
- Implement structures that support communication and share of knowledge and experiences between public health policy and (migration policy) representatives.

Health care provider level
- Inform health policy and health care management about health care provision, including present and envisaged challenges and possible practical solutions, as well as needs of health care professionals.
- Inform migrant communities about range of services open to irregular migrants and EU citizens without insurance, regulations on how to use them, and principle guidelines on what to expect and how to interact with health care providers.

Community level
- Inform health care providers about decisive elements for access (ability) and appropriateness of services (e.g. concepts of health and illness).
- Provide information to (irregular migrants and EU citizens without insurance that raises health literacy to foster empowerment and health promotion and enable them to utilize the health care services appropriately (e.g. concepts of punctuality, gender equality).
- Acknowledge health care for (irregular migrants and EU citizens ineligible or without insurance as public health issue and apply public health instruments of planning, implementing, monitoring and evaluation accordingly.

SPECIFIC NATIONAL RECOMMENDATIONS

To date, Austria has never had any specific regulations on access to health care for irregular migrants or uninsured individuals, but has as general policy the inclusion of vulnerable groups into health care. This general goal of an inclusive health care system is formulated in the new health reform agenda (www.gesundheitsziele-oesterreich.at/ziele-von-health-targets/). On practice level, especially NGOs are experienced in serving vulnerable groups on a high professional level, among them irregular migrants and people without insurance.
Specific recommendations are: It is time to formulate a public health policy directly addressing health care provision for (irregular migrants and to fit (link public health services to existing structures on NGO level and develop models of public/private partnerships (PPP) for service provision.

Commissioned by ÖBIG, FCI Brussels, Migration Health Division in the framework of the ECDC-Health project "Enabling health provision for migrants, like Roma, and other vulnerable groups"
Developed and implemented by Center for Health and Migration, at ZSI (www.z-inn.com)

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How to create safe places for health care: Practices of health care provision

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Characterised by 3 main elements in an excluding policy context

1. Functional ignorance: Ignore specific elements that interfere with health care provision (e.g. don't ask for legal documents)
2. Informal solidarity: professionals act within mainstream structures, interpreting existing regulations in favour of irregular migrants
3. Structural compensation: NGOs act as service providers alongside the Public Health system

Merci

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