

**JOINT ACTION**

**HEALTH EQUITY EUROPE**

#### **Work Package 7**

#### **Migration and health**

Country assessment templates on:

**Phase 1: Migration and health**

**Phase 2: Suggested actions based on assessment**



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Day Month Year: 04 04 2019

## INTRODUCTION

The PFA for WP7 gave an overview of international policy documents and research that pinpointed areas in which health inequalities and inequities can arise for migrants. It also discussed the state of the art in research on the causes of particular ‘black spots’, as well as the measures that can be taken to tackle them. (‘Inequities’ are defined as unfair and unavoidable inequalities: in cases where it is not obvious that a difference fits this description, we use the more neutral term ‘inequalities’.) These areas of concern involve firstly, migrants’ state of health and secondly, the health services that are available to them. In the field of health services, equity sometimes requires that provisions should in fact be unequal, i.e. adapted to take account of particular needs migrants may have, in contrast to a ‘one-size-fits-all’ approach.

Phase 1 in this document is the Country Assessment (CA) template (CAT), it will provide the overall aims and objectives, principles and rationale, methodology & structure, time plan, milestones and deliverables for the country assessment. Phase 2 will prepare us for “choosing an action”, and will summarize the most important areas that the assessment has covered through checklists, dummy tables, and questionnaires. This is the section that will form the report on CA. The Annex will provide some practical information and tips for data collection.

**AIMS AND OBJECTIVES**

The Country Assessment is aimed at identifying the best opportunities (entry points) for developing country specific actions (doable within the time frame and with available resources) aimed at tackling health inequities affecting migrants in the country. The aim of the CA is to provide information that will enable partners to make an informed choice of actions to be implemented in the third and fourth years of JAHEE. To make this choice they need to know where the most serious inequities lie, what causes them, and what can be done about them.

**PRINCIPLES and RATIONALE**

The country assessments should be done using data that is unique, defined, specific, existing and obtainable. Data from standardized sources will be preferred.

* It is beyond the scope of this WP to conduct any new studies or generate new research.
* Data collected by other work packages should not be duplicated.
* The country assessment is a mapping exercise that should lead to concrete information that will inform concrete discrete activities.
* The country assessment is NOT a baseline survey at the start of a project but the basis for what will lead to measurable actions
* The extent and level of data available in each country will vary. Therefore the standards will not be prescriptive for all however the minimum requirement will be specified
* The country assessment will aim to identify where the inequalities lie and then determine whether these are inequities or not.
* The country assessment must be valid and useful for the participating WP7 member and as it is country specific, it is expected that there will be in country variations. However, the outcome of the CA will be the same for all.

The choice of activities to be carried out have to be based on information from the country assessment, so the importance of the country assessment cannot be overemphasized. The actions selected must be feasible and doable within the available timeframe and resources available.

Both ‘downstream’ or ‘upstream’ issues, could be addressed in the actions selected, avoiding only focusing on health services rather than social determinants and ensuring a intersectoral, multilevel and ‘whole-of-government’ approach to advance migrants’ health.

*Note that the word policy can change meaning when translated from english. policy refers to «a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people, a business organization, a government, or a political party» (Cambridge dictionary). This can be whitepapers, strategies, guidelines etc. Laws and legislation is not considereD within the scope of this term. Green papers and grey literature falls outside the scope of “policy”*

**METHODOLOGY AND STRUCTURE OF CA REPORT**

The CA will be carried out in two phases that are to follow one another. The steps are described below

### Phase 1 – Filling in the Country Assessment Template

Firstly, all WP7 participants, will require to identify the person(s) to conduct the tasks for the CA (the position and background of the persons involved cannot be overemphasized in producing CA that are of good quality and fulfil the requirement of selecting the actions). The overall responsibility for the CA however will ultimately rest with the designated WP7 expert from each participant. In many cases the responsibility and actually conducting the CA might lie with one and same person. The country assessment, a mapping exercise, is meant to provide a situation analysis and main steps are as follows:

* Identify Data and Sources: Using a checklist identify and document whether the data and information required exists for the six main areas as per the PFA and Technical Guidance. It will not be possible to cover all aspects. Quantitative methods are to be used here. It will mainly cover the WHO (data on numbers, which groups, from where, how many, how long etc.) and the WHAT (which policies, which data, what has been done etc.)
* Desk review of existing data: The next step will require reviewing the existing data whether from EUROSTAT, National Statistics, MIPEX, health registries, hospital records or surveys depending on the areas. In this step, it is also important to assess quality of data and if data is either outdated or cannot be validated then alternatives need to be found and evidence justifying the use of these data will need to be provided. This step will be broader in scope and conclude with tables and text for selected areas. This will mainly address the HOW (how data was collected, strengths, weakness, how interventions were carried out, how policies have been implemented etc.)
* Analysis of the desk reviews/collated data: The data that has been collated in step 2 will then be analysed in light of the PFA and to identify the gaps in each participant country. This will try to answer the WHY question ( why is there no data, why has the policy not been implemented)

### Phase 2 – identifying promising actions

CA Recommendations for selection of action. In this phase, further in-depth assessment should be done and conclude with the best option areas that have been given additional scrutiny and describing the rationale and arguments for selection of the actions/interventions.

**CA process plan**

|  |  |  |
| --- | --- | --- |
|  | Months | Tasks |
| 1. | January - February | * SAP/PAB meeting * CA Technical Guidance * CA Template * Pilot CA in Italy/ Norway/Cyprus |
| 2. | March – June | * Feedback from piloting/ revise if required * Individual Country Assessments Phase 1 |
| 3. | July – August | * Feedback from Phase 1 * Conduct Phase 2 * Prepare draft CA report with recommended actions |
| 4. | September | * Workshop September 15th to present actions suggested and discussion re actions selected |

**How to fill the template**

We applied a mode for forms and questionnaires in the templates, so don't be surprised if you can only fill in certain fields. If it is necessary for you, we can give you the password so you can change everything else.

In order to write on the text boxes, just click on the writing “Click here to enter text” and you will be able to type (before typing you should also delete the same writing).

For each closed question, please tick on the appropriate slot.

Please consider that overlaps among between WP4’s country assessment and other WPs’ ones are possible. If your country is already participating in another WP please check if questions are repeated: in that case, you are free to use the same answer.

*Please state your data source at all times when filling answering the questions. Feel free to use any reference system you like. PLEASE USE GRAPHS AND FIGURES WHERE AVAILABLE AND APPLICABLE.*

### More information on the checklist: general information

The Checklists are the inventory of the knowledge that has been acquired in the Country.

The reference point is National Level but if data/information is not present at National Level then state at which level regional or local. If data is available at all levels please use a separate line for different levels

Data is to be collected from existing sources. Please refer further to the Technical Guidance for explanations of the concepts, terminology and definitions as well as examples. Please refer to the appendix on practical information/tips on useful sources of data.

The aim of checklist section is the following;

* What information exists in each of these sections?
* What is the source of this information?
* What are the gaps in information?

*Please tick off one alternative and if you cannot, then comment why in the box below.* *if the answer is PARTIALLY, please tick the option and report partially and the reason in the comment area. If you do not have data please explain why. If do not know, please explain why. Add other important comments.*

NB: Please remove all blue text before submitting your Country Assessment to the work package coordinator.

## PHASE 1: COUNTRY ASSESSMENT

*To be submitted by 15. June*

## INFORMATION ABOUT COMPLETION OF THE QUESTIONNAIRE

### COUNTRY/REGION: Click here to enter text

### INFORMATION ON COMPILER

Name **Click here to enter text**

Surname **Click here to enter text**

Organisation **Click here to enter text**

Country **Click here to enter text**

Occupation **Click here to enter text**

**Describe the process used to fill in the country assessment** (e.g., who has contributed to fill in the template, other agencies/departments/stakeholders has been consulted or not consulted, has there been a participatory process…)

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| **Click here to enter text** |

**State other relevant information:** Compilers experience with migration and health/social inequalities, disclaimers re data/information, conflict of interest etc.

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## AVAILABILITY OF DATA AND RESEARCH

### Three basic kinds of information are needed in order to develop policies to promote health equity for migrants:

1. demographic and sociological background information about the migrants residing in each country;
2. data on their state of health, in particular on conditions that show a raised or lowered prevalence of problems compared with nationals;
3. data on how migrants interact with the health system (utilisation, satisfaction, unmet needs, etc.)

Country data such as GDP, economy government geography, health system data etc. will be collected by WP4.

### BACKGROUND INFORMATION

### Checklist 1.1 Availability of data and research

This checklist reviews the situation of the upstream actions.

* Please tick the options that fit with available data and research on migration and health in your country
* Please use data from EUROSTAT or UNDESA. If unavailable, please state data source in the comment column. See the MIPEX Health strand, questions 19 and 20 in Section D, for data and research in general terms.

|  |  |  |
| --- | --- | --- |
|  | Data and Research | Comment |
| 1. | Socio-demographic (SD) data on migrants is available for our country. | **Click here to enter text** |
| 2. | The SD data is available at national level | **Click here to enter text** |
| 3. | The SD data is collected routinely | **Click here to enter text** |
| 4. | The SD data is available by age, gender, migrant / ethnic group | **Click here to enter text** |
| 5. | We have data on the health of migrants | **Click here to enter text** |
| 6. | The health data from hospitals is available by migrant  group/status\* (explanation in glossary) | **Click here to enter text** |
| 7. | Health data from registries are available by migrant group/status | **Click here to enter text** |
| 8. | Health data from studies and surveys are available by migrant group/ status | **Click here to enter text** |
| 9. | It is easy to access data on migrant health as it is available online | **Click here to enter text** |
| 10. | There are specific research programs that offer funding for either migration or migration health | **Click here to enter text** |
| 11. | There’s a national/regional research Centre or agency that  is responsible for migrant health | **Click here to enter text** |
| 12. | A literature review of the health of migrants is available in my country | **Click here to enter text** |
| 13. | *Other Relevant Sectors have data on migrants and*  Education  Employment/labour  Housing/Healthy Living Environments | **Click here to enter text** |

* Explanations and additional comments to the checklist above. As space is limited in the comments table please provide refer to the number in the table above when providing comments in the box below. If you do not have data please explain why. If do not know, please explain why. Other important comments.

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**TABLE 1.1 Key indicators migrant population**

* Please fill in Key Indicators on the migrant population in your country
* Please use data from UNDESA, EUROSTAT, MIPEX or other. Please indicate used source if unavailable please state data source in the comment column

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indicator | Number or percentage | Data Source |
| 1 | Total National Population | **Click here to enter text** | **Click here to enter text** |
| 2 | Total international migrant population | **Click here to enter text** | **Click here to enter text** |
| 3 | Percentage of migrant population | **Click here to enter text** | **Click here to enter text** |
| 4 | Percentage non-EU/EFTA migrants among foreign-born population | **Click here to enter text** | **Click here to enter text** |
| 5 | Non-EU/EFTA citizens as percentage of non-national population | **Click here to enter text** | **Click here to enter text** |
| 6 | Percentage of asylum seekers/ refugees | **Click here to enter text** | **Click here to enter text** |
| 7 | Inhabitants per asylum applicant | **Click here to enter text** | **Click here to enter text** |
| 8 | Percentage of positive asylum decisions at first instance | **Click here to enter text** | **Click here to enter text** |

* Additional comments to the table above: Please provide additional information on sources or lack of sources.

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| **Click here to enter text** |

**TABLE 2.2 Migrants socioeconomic position**

Please fill in the table on indicators on socio-economic position of migrants in your country. In the comment box bellow the table you can elaborate on different migrant groups.

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| --- | --- | --- | --- | --- |
|  | Indicator | Category | Number or percentage | Data Source |
| 1 | Education | University/college > 4 years  < 5 years of primary school  Illiterate | **Click here to enter text** | **Click here to enter text** |
| 2 | Employment | Unemployed  Employed ( 15–74 years) | **Click here to enter text** | **Click here to enter text** |
| 3 | Income | Top percentile  Migrant at risk of poverty  Migrants below poverty | **Click here to enter text** | **Click here to enter text** |
| 4 | Disability | On disability pension | **Click here to enter text** | **Click here to enter text** |

* Additional comments to the table above: Please provide additional information on sources or lack of sources.

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| **Click here to enter text** |

This section should provide us with a portrait of migrants in your country. It goes beyond the existence of knowledge in the checklist, to what are the findings – what picture emerges of migrants. This should then assist us in identifying what is unknown, but should be.

Where possible the data should be presented by age, gender and migrant group. It is important to provide comparisons with the host population, if possible also between migrant groups. However, the latter data might be harder to obtain.

* **Availability of data**

Please give a short overview of the availability of data, data sources, type of data, from surveys/ studies or registries in the country. Including availability of data on vulnerable groups such as irregular migrants.

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* **History of migration**

Summarize the salient features of the history of migration to your country. When did migration to the country start, from where and how has it changed over the years? This should not exceed half a page where possible provide additional links

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| **Click here to enter text** |

* **Socio economic background of migrants**

Please describe the socio-economic background of migrants in your country. Describe the migrants by age, gender, ethnic groups, and socioeconomic position.

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* **Reasons for migration**

Please describe the reasons for migration to your country. What are the main reasons for migration? Types of migrants? Has this changed over the years?

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* **Countries of origin**

Please describe the region or countries of origin of migrants to your country. Describe where migrants are coming from. Which regions and major countries.

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* **Geographical distribution of migrants**

Please describe the geographical distribution of migrants in your country. Where do migrants live – in urban or rural areas? Are they concentrated in some areas?

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| **Click here to enter text** |

### HEALTH STATUS OF MIGRANTS

In some countries, enough is known about migrants’ health to fill an encyclopaedia, in others there is hardly any data. Keep in mind that different types of (non-EU/EEA) migrants need to be distinguished. For example regular migrants, asylum seekers and irregular migrants. Migrants do not seek health care for conditions that only they are likely to suffer, but for the full range of conditions that can affect all of us because we have human bodies. However, knowing that migrants have raised prevalence of certain conditions does provide an additional argument for removing inequities. This is also a public health issue: for example, the denial of easily accessible primary care to groups of migrants with a raised prevalence of TB is a major obstacle to efforts to combat this disease.

Concerning the social determinants of health, we need to know a lot more about a difference in state of health in order to be sure it results from an inequity. It may well result from confounding by other variables: for example, the age of migrants compared with non-migrants. There is a large literature on health inequalities affecting migrants (some of it referred to in the PFA). Where no research has been done in a given country, it may be necessary to extrapolate from research in other countries. In addition, NGOs and IOM offices may have information on health risks to which migrants are particularly prone.

* **Data sources on health status of migrants**

Please describe migrant health studies/surveys in your country: Availability of data, data sources and focus of migrant health studies in the country. Including vulnerable groups such as irregular migrants.

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| **Click here to enter text** |

* **Overview health status of migrants**

Please summarize the salient features of the health status of migrants in your country: Describe the morbidity and mortality, major diseases and disorders. What is known about migrants’ state of health, particularly in relation to non-migrants? What major issues have been identified? What topics known to be important for migrants are missing?

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* **Specific factors affecting health status of migrants**

Please describe genetic/cultural factors that might affect the health status of the migrant population in your country. Differences in migrant groups’ vs host population.

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| **Click here to enter text** |

* **Health status of migrants on arrival**

Please describe the migrants’ state of health on arrival. Are surveys conducted on newly arrived migrants? Is data collected routinely?

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| **Click here to enter text** |

* **Factors negatively effecting health status of migrants**

Please describe attitudes to migrants and levels and types of discrimination of migrants in your country.

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### MIGRANTS’ INTERACTION WITH THE HEALTH SYSTEM

Under this heading falls health-seeking behaviour (including ‘demand-side’ barriers to accessing health care, health service utilisation, treatment adherence, and ‘health literacy’). Please specify if there are differences between migrant group.

* **Health service utilisation**

Please describe available data of which services migrants use and timeliness of use. Is there evidence of under- or over-use of certain services?

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| **Click here to enter text** |

* **Adherence to treatment**

Please describe available data on migrants’ adherence treatment. For example, data on adherence to medicine, attendance to planned appointments, treatment adherence for serious diseases/conditions.

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| **Click here to enter text** |

* **Health Literacy: Awareness of rights and entitlements**

Please describe available data on migrants’ knowledge of, or lack of knowledge of rights and entitlements.

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| **Click here to enter text** |

* **Health literacy: Ability to seek help from the right health service**

Please describe any available data on migrants health system knowledge. For example knowledge about availability of services and where to seek help for which needs.

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* **Health literacy: Ability to understand health information**

Please describe available data on migrants’ ability to understand health information. For example general literacy level, ability to understand written health information and ability to make use of medical instructions/advice.

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## HIGH-LEVEL POLICIES, GOVERNANCE AND LEADERSHIP

Please note that this topic covers a large area. However, the checklist is not meant to cover the entire area. Please refer to the nature of the list; you are not expected to provide or interpret findings, describe or comment on these documents. Your responses will indicate whether you were able to find these documents, whether they exist or not. The MIPEX Health strand (Scale D) contains questions on leadership by government (q. 23), the ‘whole organisation approach’ (mainstreaming of migrant health) (q. 22) and coordination of stakeholders (q. 24).

**CHECKLIST 2.1 High-level policies, governance and leadership**

* Please tick the options that fit with available policies\* (see glossary) on migration and health in your country. Where available provide links to relevant documents.

|  |  |  |
| --- | --- | --- |
|  | **HIGH-LEVEL POLICIES, GOVERNANCE AND LEADERSHIP** | Comment |
| 1. | There are health policies specifically on migrants in my country | **Click here to enter text** |
| 2. | There are migrant health strategies and/or action plans in my country | **Click here to enter text** |
| 3. | Recommendations and/or actions from strategies and/or action plans have been implemented | **Click here to enter text** |
| 4. | Implemented recommendations and/or actions have been evaluated | **Click here to enter text** |
| 5. | The key health policies in my country refer to migrants | **Click here to enter text** |
| 6. | The key health policies in my country have specific  actions/ interventions to address the needs of migrants | **Click here to enter text** |
| 7. | The national budget has resources specifically allocated to migrant health | **Click here to enter text** |
| 8. | *There are dedicated persons/divisions that deal with migrant health within*  The Ministry of Health  Directorate of Health | **Click here to enter text** |
| 9. | There are technical advisory groups/committees that  advise government on migration and health in my country | **Click here to enter text** |
| 10. | Migrant Health experts are represented in positions of decision making; on key councils, committees, boards on health in my country | **Click here to enter text** |
| 11. | There are declarations/statements, by Government, NGOs, professional bodies or other, on migrant health in my country | **Click here to enter text** |
| 12. | My country has adopted international strategies and declarations on Migrant Health | **Click here to enter text** |

* Explanations and additional comments to the checklist above. As space is limited in the comments boxes please refer to the number in the table above when providing comments in the box.

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### 2.2 General responses to the needs of migrants (over the last five years)

* **Implementation of measures/interventions**

Have any measures or interventions been implemented responding to the needs of migrants? If yes, summarize briefly the main ones.

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* **Effect on migrants health**

Have these measures/interventions made any difference to the health status of migrants?

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* **Attention to migrants health**

Has attention to migrants’ health increased in the last five years? If yes, because of which reasons?

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* **Drivers of change**

If there has been improvement or decline the awareness of migrants’ health over the years -   
What has been the main drivers of this improvement/decline?

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| **Click here to enter text** |

* **The role of civil society and NGOs**

Please describe the role of civil society, professional associations; lobbying organizations etc. role in building/ sustaining political commitment to migrants’ health?

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| **Click here to enter text** |

* **Changes in governmental commitment to migrants health**

Have governmental political changes modified commitment to migrants’ health? Is there any formal mechanisms and guarantee systems aimed at ensuring continuity in improving migrants’ health?

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* **Awareness of migrants health in the public**

Have there been any interventions to improve the awareness of migrants health in the public domain/ public opinion.

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### 2.3 Migrant health policies

* **Migrants and general health policies in your country**

Please describe how Health Policies refer to/include/deal with Migrants. I.e. White paper refers to migrants as problem, but not in section on measures and solution.Please give examples.

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| **Click here to enter text** |

* **Migrants exclusion from health policies in your country**

Please describe any National health policies on exclusion. Are migrants excluded systematically? If yes, what are the reasons?

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| **Click here to enter text** |

* **Health policies specifically addressing migrants in your country**

Please describe any national or regional migrant health policy/strategy. Please describe the key points systematically.

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| **Click here to enter text** |

* **Implementation of health policies specifically addressing migrants in your country**

Please describe other stakeholders than ministry of health involved in implementation of the strategies/policies/actions on migrant health.

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| **Click here to enter text** |

## Intersectoral action on social determinants of migrants’ health

Please note that this section might overlap with section 5 in the CA template for WP4. Can also overlap with WP6 Healthy Living environments. Please coordinate with the person filling in these CAs, as the responses should be consistent.

**TABLE 3.1 Intersectoral action**

* Please tick the options that fit with available data on migration and health in your country

|  |  |  |
| --- | --- | --- |
|  | Intersectoral action | Comment |
| 1. | There are intersectoral migrant health policies | **Click here to enter text** |
| 2. | There are intersectoral migrant health strategies | **Click here to enter text** |
| 3. | Recommendations and/or actions from these strategies/policies have been implemented | **Click here to enter text** |
| 4. | These implemented recommendations and/or actions have been evaluated | **Click here to enter text** |
| 5. | Intersectoral Health Policies (such as on NCDs) include/ refer to migrants specifically | **Click here to enter text** |

* Additional comments to the checklist above: Please name relevant strategies or policies. Other comments and explanations that will help us understand the responses above.

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| **Click here to enter text** |

* **Intersectoral response to migrant health**

Are there in your country any other relevant intersectoral policies/strategies relevant for migrants’ health?

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| **Click here to enter text** |

* **Access to the labour market**

Please describe migrants’ access to work/labour market in your country. Including any differences in salary.

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| **click here to enter text** |

* **Access to education/ skills building**

Please describe migrants’ access to education/ retraining in your country. Including acceptance of education in country of origin.

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| **click here to enter text** |

* **Access to society/ local communities**

Please describe migrants’ barriers to integration/ inclusion within your society.

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| **click here to enter text** |

* **Access to healthy living/ enabling environments**

Please describe migrants’ access to healthy living environments. Including access to housing market.

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| **Click here to enter text** |

* **Migrant status and health (Link A, See chapter 3 technical guidance)**

Please provide additional information about migrant Health and status not covered by the questions so far.

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| **Click here to enter text** |

* **Migrant status and socio-economic position (Link B, see chapter 3 technical guidance)**

Please provide additional information about migrant health and socio-economic position not covered by the questions so far.

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| **Click here to enter text** |

* **Differential exposure/vulnerability (Link C, see chapter 3 technical guidance)**

Please provide additional information about migrant health and differential exposure/vulnerability not covered by the questions so far.

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| **Click here to enter text** |

## Migrants’ access to health services

Under this heading falls research/information on health-seeking behaviour (including ‘demand-side’ barriers to accessing health care, health service utilisation, treatment adherence, and ‘health literacy’). Data on health service utilisation are always difficult to interpret, because they reflect the influence of at least three factors: migrants’ state of health, health-seeking behaviour, and the accessibility of health services.

A very useful type of outcome that could be studied is the level of unmet needs for medical services among migrants. Data on this topic is collected regularly in the survey EU-SILC, but it has two disadvantages: until recently, the questions were coded incorrectly, so that a low level of unmet needs could indicate either good health or good access to care. Secondly, the representation of migrants in the EU-SILC survey is very small and likely to be biased. Nevertheless, there is copious information about migrants’ interactions with the health system in countries with a strong focus on migrants’ health. Where these data are available, some of the findings of from this research can probably be extrapolated to other countries.

Information on this topic is provided in the MIPEX Health strand, Sections A and B.

* **Access to health care services for migrants - overview**

Please describe migrants’ rights and entitlements to health services. Including legal or regular migrants, asylum seekers and irregular migrants.

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| **Click here to enter text** |

* **Access to health care services for migrants - overview**

Please describe policies on “out of pocket” payments[[1]](#footnote-1) for migrants. Note: As Health Care Coverage varies from country to country this refers to payments not covered by insurance that the patients must cover themselves

|  |
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| **Click here to enter text** |

* **Main barriers to access to health services**

Please summarize the main barriers to access of health and care services for migrants in your country.

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| **Click here to enter text** |

## Responsiveness (quality) of health services

Information on this topic is provided in the MIPEX Health strand, Section C.

* **Health services responsiveness to migrants’ needs**

Please summarize the responsiveness of health services. Are health services responsive to the needs of migrants’? Are there examples of adaptation?

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| **Click here to enter text** |

* **Health personnel responsiveness**

Please summarize the responsiveness of health personnel. Is there any data on health personnel knowledge of or attitudes to migrants/migration?

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| **Click here to enter text** |

* **Health information**

Please summarize availability of health information for migrants in your country. For example governmental websites, official medical letters, brochures etc. Is information sensitive to migrants’ level of health literacy?

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| **Click here to enter text** |

## VULNERABLE groups

This section covers migrant groups that are particularly vulnerable in your country. Some questions might overlap with WP8 vulnerable groups.

The MIPEX Health strand provides information in Section A about special entitlements for vulnerable groups (scale A, q. 1c, 2c, 3c).

* **Vulnerable migrants – overview**

Please describe the vulnerable migrant groups in your country.

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| click here to enter text |

* **Rationale for vulnerability of migrant groups**

Please describe what makes these migrants vulnerable.

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| click here to enter text |

* **Responsive health policies to vulnerable migrants**

Please describe health policies/strategies in your country that address the needs of these groups.

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| click here to enter text |

* **Intersectoral response to vulnerable migrants**

Please describe other stakeholders than ministry of health involved in implementation of the strategies/ policies/actions on migrant health.

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| click here to enter text |

* **Interventions/ action to address the needs of vulnerable migrants**

Please describe any other actions/interactions in your country that address the needs of these groups.

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* **Documentation/ evaluation of initiatives/interventions**

Have any of the actions/ interventions been evaluated or documented

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| click here to enter text |

## PHASE 2: Analysis and recommendations

*To be completed after the CA, before 15th of august.*

The central question that the CAT must cover and should be borne in mind when addressing this section is ; ***What are the main issues that need to be addressed in order to make your country's health system more equitable for migrants in respect of [data & research, governance, intersectoral action, access, quality, vulnerable groups***]"? .

* Short analysis of Country Assessment – addressing policy practice gaps

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| **Click here to enter text** |

* Explain the rationale for suggested feasible actions

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| **Click here to enter text** |

* Explain the rationale for suggested complex actions

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| **Click here to enter text** |

Suggested action promoting **equity in health for migrants**

Name of action **Click here to enter text**

Feasible/complex action **Click here to enter text**

|  |  |
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| **Brief describe the rationale for selecting the main actions.**  **Click here to enter text** | |
| **Implementation level**  National  Regional  Local  Other **Click here to enter text** | **Approach**  Comprehensive cross government strategy  Isolated cross government action  Comprehensive institutional strategy  Isolated institutional action |
| **Ministry(ies) /Department(s) involved**  Economy  Education  Health  Housing  Labour Health  Social policies/Welfare  Transports  Urban planning  Other **Click here to enter text** | **Role of the health care sector**  Advocacy  Coordination  Evaluation  Implementation  Monitoring  Planning  None  Other **Click here to enter text** |
| **Target**  Social Gradient  Gap between highest and lowest SES  Society as a whole  Group Specific / vulnerable groups | **Other inequalities considered**  Geographical  Gender  Ethnic  Other **Click here to enter text** |
| **If group specific, which one (or more)?**  Unaccompanied minors  Elderly migrants  Undocumented migrants  Labour migrants  Family reunification  Children of migrants  ROMA  Unemployed  Asylumseekers  Other **Click here to enter text**  Other **Click here to enter text** | **Social inequalities in health**  Directly and explicitly addressed  One of the objectives of the policy  Considered as one of the outcomes of the policy  Indirectly addressed through action on the SDH  Not considered |
| **Monitoring and evaluation**  Evaluation and monitoring on the impact on health inequalities  Evaluation and monitoring on the impact on health without considering inequalities  Evaluation and monitoring on the impact on SDH with an equity focus  General evaluation without a focus on equity  Action/Policy not monitored or evaluated  Do not know | |

Suggested action promoting **equity in health for migrants**

Name of action **Click here to enter text**

Feasible/complex action **Click here to enter text**

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| **Brief description**  **Click here to enter text** | |
| **Implementation level**  National  Regional  Local  Other **Click here to enter text** | **Approach**  Comprehensive cross government strategy  Isolated cross government action  Comprehensive institutional strategy  Isolated institutional action |
| **Ministry(ies) /Department(s) involved**  Economy  Education  Health  Housing  Labour Health  Social policies/Welfare  Transports  Urban planning  Other **Click here to enter text** | **Role of the health care sector**  Advocacy  Coordination  Evaluation  Implementation  Monitoring  Planning  None  Other **Click here to enter text** |
| **Target**  Social Gradient  Gap between highest and lowest SES  Society as a whole  Group Specific / vulnerable groups | **Other inequalities considered**  Geographical  Gender  Ethnic  Other **Click here to enter text** |
| **If group specific, which one (or more)?**  Unaccompanied minors  Elderly migrants  Undocumented migrants  Labour migrants  Family reunification  Children of migrants  ROMA  Unemployed  Asylumseekers  Other **Click here to enter text**  Other **Click here to enter text**  Other **Click here to enter text** | **Social inequalities in health**  Directly and explicitly addressed  One of the objectives of the policy  Considered as one of the outcomes of the policy  Indirectly addressed through action on the SDH  Not considered |
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Suggested action promoting **equity in health for migrants**

Name of action **Click here to enter text**

Feasible/complex action **Click here to enter text**

|  |  |
| --- | --- |
| **Brief description**  **Click here to enter text** | |
| **Implementation level**  National  Regional  Local  Other **Click here to enter text** | **Approach**  Comprehensive cross government strategy  Isolated cross government action  Comprehensive institutional strategy  Isolated institutional action |
| **Ministry(ies) /Department(s) involved**  Economy  Education  Health  Housing  Labour Health  Social policies/Welfare  Transports  Urban planning  Other **Click here to enter text** | **Role of the health care sector**  Advocacy  Coordination  Evaluation  Implementation  Monitoring  Planning  None  Other **Click here to enter text** |
| **Target**  Social Gradient  Gap between highest and lowest SES  Society as a whole  Group Specific / vulnerable groups | **Other inequalities considered**  Geographical  Gender  Ethnic  Other **Click here to enter text** |
| **If group specific, which one (or more)?**  Unaccompanied minors  Elderly migrants  Undocumented migrants  Labour migrants  Family reunification  Children of migrants  ROMA  Unemployed  Asylumseekers  Other **Click here to enter text**  Other **Click here to enter text**  Other **Click here to enter text** | **Social inequalities in health**  Directly and explicitly addressed  One of the objectives of the policy  Considered as one of the outcomes of the policy  Indirectly addressed through action on the SDH  Not considered |
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Suggested action promoting **equity in health for migrants**

Name of action **Click here to enter text**

Feasible/complex action **Click here to enter text**

|  |  |
| --- | --- |
| **Brief description**  **Click here to enter text** | |
| **Implementation level**  National  Regional  Local  Other **Click here to enter text** | **Approach**  Comprehensive cross government strategy  Isolated cross government action  Comprehensive institutional strategy  Isolated institutional action |
| **Ministry(ies) /Department(s) involved**  Economy  Education  Health  Housing  Labour Health  Social policies/Welfare  Transports  Urban planning  Other **Click here to enter text** | **Role of the health care sector**  Advocacy  Coordination  Evaluation  Implementation  Monitoring  Planning  None  Other **Click here to enter text** |
| **Target**  Social Gradient  Gap between highest and lowest SES  Society as a whole  Group Specific / vulnerable groups | **Other inequalities considered**  Geographical  Gender  Ethnic  Other **Click here to enter text** |
| **If group specific, which one (or more)?**  Unaccompanied minors  Elderly migrants  Undocumented migrants  Labour migrants  Family reunification  Children of migrants  ROMA  Unemployed  Asylumseekers  Other **Click here to enter text**  Other **Click here to enter text**  Other **Click here to enter text** | **Social inequalities in health**  Directly and explicitly addressed  One of the objectives of the policy  Considered as one of the outcomes of the policy  Indirectly addressed through action on the SDH  Not considered |
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### ANNEX

**Useful Sources of Data for the six topic areas**

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| --- | --- | --- | --- |
|  | **Type of information** | **SOURCES OF INFORMATION** | **FROM MIPEX** |
| 1 | Data and research | **Sociological and demographic data on migrants**: national databases and research reports.  **Migrants’ state of health:** national and international epidemiological data and research,  **Migrants’ interaction with the health system:** national and international research | **Policies on data and research:** scale D, q. 19, 20.  **Background information on the country and its migrants:** MIPEX Country reports. EURO STAT, World Bank bilateral Matrix 2017 |
| 2 | Governance | National policy documents, White papers or publications on migrant health policy (action plans, etc.) | **Policies on leadership by government, whole organisation approach:** scale D, q. 23, 22.  **Coordination of stakeholders:** scale D, q. 24 |
| 3 | Social determinants of health | International and national research on social determinants of migrants’ health | **Policies on intersectional action (the HiaP approach)**: scale D, q. 21 |
| 4 | Access to health services | Other research on entitlements and migrants’ interactions with the health system | **Policies on entitlements, non-financial barriers:** scales A & B |
| 5 | Quality (responsiveness) of health services | **Patient Registers**  **Ombudspersons**  **NGOs** | **Policies on responsiveness of services:** scale C |
| 6 | Vulnerable groups | Other research on vulnerable groups | **Policies on special exemptions from restrictions on entitlement:** scale A, q. 1c, 2c, 3c |

1. Definition: “defined as direct payments made by individuals to health care providers at the time of service use.” https://www.who.int/health\_financing/topics/financial-protection/out-of-pocket-payments/en/ [↑](#footnote-ref-1)