Health Systems Response to Migrant Health
Elements of a Health System

Vision: **Equity**, Population Health

Inter Sectoral Policy Development

Health Systems Financing

Human Resource Development

Research for Development:

*Capacity Building for Planning*

Evidence Based Resource Allocation

*Integrated health information systems:*
  *data for decision making*

**Equitable access to treatment, services and programs**

Community Interventions and
Health Promotion Programs

Evidence based Decision Making
*(Clinical and Community based)*

Strong and vibrant civil society

Transparent and Accountable Public/Private Sector
Vision: Equity

• **Addressing the determinants of health** such as literacy, income and employment which are likely inequitably distributed in any country and more so for migrants

• We need to consider the role that literacy, poverty, employment play in terms of health status of migrants
There is a need to review health systems financing as it relates to access for migrants.

There is considerable variations between countries in provision and accessibility of treatment, for eg. HIV.

Data are scattered.
World Health Expenditure Data (% of GDP)

Issues of human resource development need to be addressed from both countries of origin and European destination countries.

What are the key issues of access and equity for migrants?
Strategies that have been used

- **National code of practice**
  - UK code of practice on international recruitment
- **Multilateral code of practice**
  - Commonwealth code of conduct
- **Bilateral agreements**
  - UK / South Africa
World distribution of health workers (2006)

Why Are Health Workers Migrating?

- Factors that drive migration also drive the mobility of health workers: the role of private sector and international organizations: for eg., the doctor is the driver / the maid is the orthopedic surgeon
- ….one hundred percent of graduating class in Guyana had tickets to leave the next day
- Increasing concern for the economic, social and health systems in countries of origin
• There is a problem of variability of data and definitions for migrants

• Need to enhance national and international surveillance and information systems optimizing the exchanges between communities of origin, transit destination and return
Capacity Building for Planning
Evidence-Based Resource Allocation

• If it is important that primary and secondary care planning processes are reinforced through a culture of social justice, equity and evidence for migrants

• **Capacity** to utilize reliable, valid data for decision making for resource allocation to improve and enhance migrant health needs to be strengthen

• Capacity development at the municipal level or district level for **effective planning and resource allocation** targeted at priority areas is needed for these shifts in resources to occur to address migrant health needs
• Evidence-based planning and resource allocation within a health systems context relies and requires an integrated health information system (institutionally-based and population-based (surveillance and community/household))

• Data on migrant health is missing and not integrated
Services and programmes need to be fairly or equitably distributed to ensure that access is fair, ie affordable, available and appropriate for migrants.

Also need to strengthen access to community based programmes and services targeted to the specific needs of migrants.
Basing intervention and promotion programs in the community enhances the opportunities for better access and availability for migrants and the cost effectiveness of such approaches suggests they should be promoted.

“Resourcing” of such programmes allows for a more equitable distribution and likely a resulting positive health impact for migrants.
It is essential that decision makers, whether at the policy level or the programme or clinical level have the information, knowledge, and analysis that will inform their decisions with regard to migrant health.

Need to create an environment in which evidence and KT are accepted and institutionalized in the area of migrant health?
• We should no longer accept the evidence around the average or mean but rather the “end of the curve” to reflect those “at the margin”, for example migrants, in terms of effectiveness evidence?

• This is at the heart of the equity, effectiveness and access issue for migrants

• How can we determine whether an intervention works at the margins if we do not collect such evidence?
The active participation of civil society in the design, implementation and monitoring/assessment of programmes for migrants is an essential element of a successful public health/primary care strategy.
A responsive, transparent and accountable public and private sector which will support, embrace and sustain the policies, activities and programmes which address the health of migrants is key.

Mutual trust and progress will only be achieved if these elements are strong and visible within the public and private sector.

Principles of social justice and equity can be embedded in a health system if civil society is vigilant.
Strategies
Migration: INTERSECTORAL COLLABORATION IS KEY

Need for coherence

Interact with related policy domains