Health status & social determinants of health of populations facing multiple vulnerability factors

Médecins du monde (MdM) – Doctors of the World International Network's Observatory of Access to Healthcare

- **Expert Group on Health Information**
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© Giorgos Moutafis – Dr Liana Mailli vaccinating a child in the polyclinic of Perama, MdM Greece

Doctors of the World – who we are & what we do

→ an independent international movement working across the world (78 countries), both at home (169 programmes) and abroad (147 programmes)

→ in Europe: asylum seekers, undocumented/ migrants, homeless people, Roma communities, elderly, destitute EU migrants or destitute nationals, drug users, sex workers

→ medical & social service delivery – data collection on persons not described in official statistics – social change through empowerment & advocacy

80% of our programmes are mobile

METHODS

- Routine data collected in MdM free centres for access to health care in 25 cities of eight European countries
- 29,400 social and medical consultations for 16,881 persons
- Common, multilingual, social and medical questionnaire gathered in a single database
- Statistics: weighted average proportion (WAP), giving the same weight to every country

RESULTS: nationalities and residence status

- 95% are migrants
- Raise in patients from the Near and Middle East between 2012 and 2013 (from 5 to 12%)
- Dominant nationalities in EL: Afghans, Greeks and Syrians
- Average length of stay in the host country = 32.5 months
- 48.6% are undocumented migrants from a non EU country
- 7.9% are EU citizens without authorisation to reside (on a total of 14.9%)
- 15.5% are asylum seekers & 38.0% have been concerned by an asylum request

© MdM Spain – room with a view in Almeria (Spain)

RESULTS: living conditions

- 62.4% live in unstable accommodations
- 34.8% esteem that their housing affects their & their children's health
- 15.6% have no one to rely on in case of needs
- 76.3% have experienced violence :
  - 77.3% of men and 42.4% of women have lived in countries at war
  - 20% of the women have suffered psychological violence
  - 10% have been sexually assaulted or molested
  - 6% of women have been raped
- About 20% of the experiences of violence occur ***after*** arrival in the "host" EU country

Giorgos Moutafis – golden dawn fascists carved their swastika in this man’s back…

RESULTS: health conditions

- 26.1% are in poor or very poor perceived health (9.7% among the general population in the EU)
- 27.6% in poor or very poor mental health
- Diagnosed health problems
  - mainly gastro-intestinal, cardiovascular, muscle-skeletal
  - and psycho-psychiatry (10.4%): anxiety, stress, psychosomatic disorders and depression
- 4 patients out of 10 required essential treatments according to physicians
- Nearly 30% of patients had a health problem that had ***never*** been treated before coming to MdM


MdM Greece

Pregnant women and children

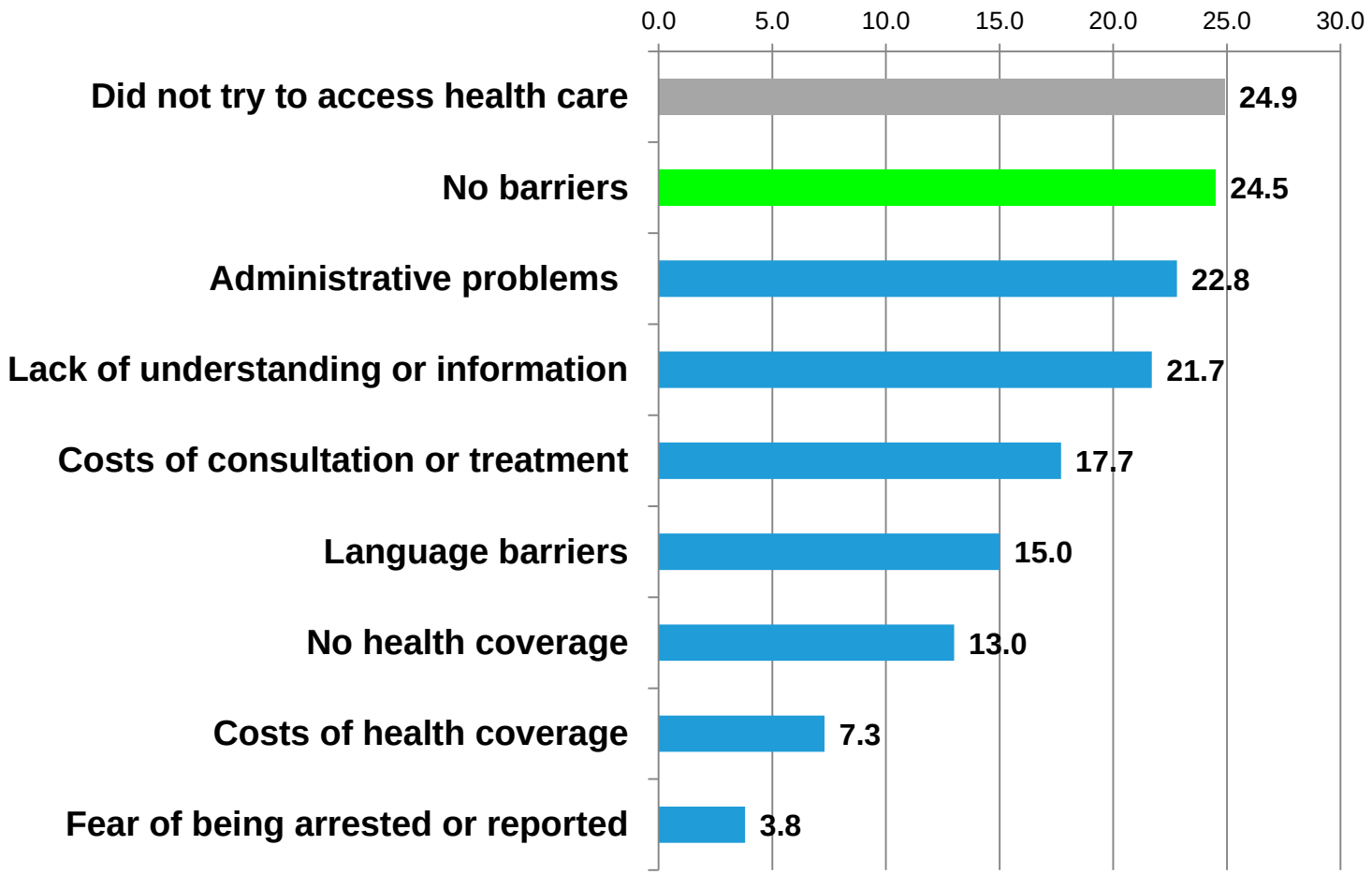
- **Pregnant women**
  - 30% have nobody to rely on in case of needs
  - 89.1% < poverty threshold of the host country
  - 63.7% have no residence permit
  - **83.5% have no health care coverage**
  - **65.9% had no access to prenatal care**
  - 42.8% had received late prenatal care- among those who had access (i.e. after the 12th week)
- **Children**
  - Only 50% are vaccinated against tetanus
  - 70% are not vaccinated (or don't know if they are) against HBV, measles, and/or whooping cough

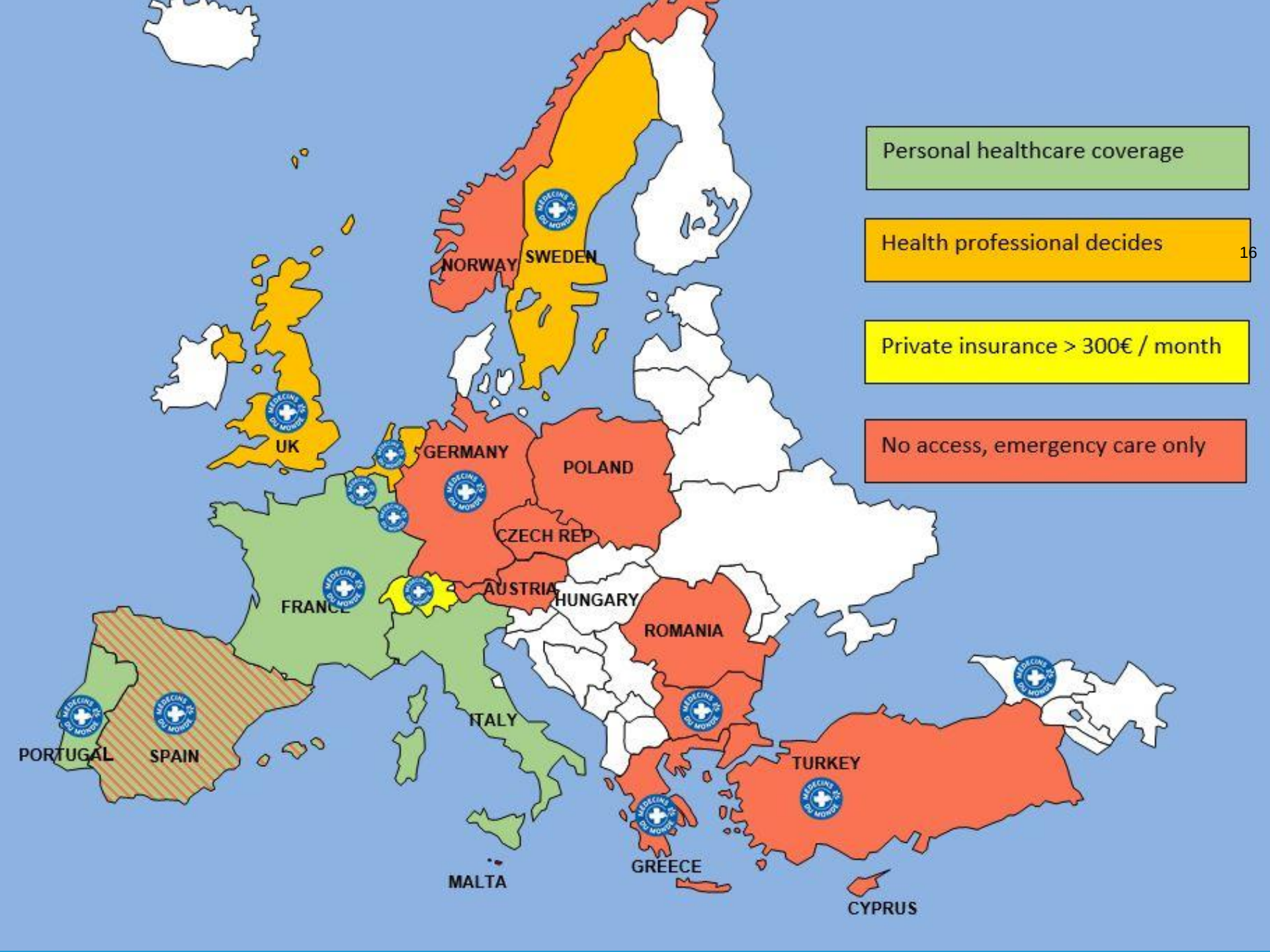
os Moutafis

RESULTS: barriers to health care

- 64.5% without any health coverage at the time of the consultation…
- Financial barriers = 25,0%
- Administrative barriers = 22.8%
- Poor understanding or lack of knowledge of rights and system organization = 21.7%
- Language barriers =15.0%
- As a result, 22.1% have given up seeking care or treatment in the last 12 months

Barriers to health care




Personal healthcare coverage
Health professional decides
Private insurance > 300€ / month
No access, emergency care only
NORWAY
SWEDEN
UK
GERMANY
POLAND
CZECH REP
AUSTRIA
HUNGARY
FRANCE
ROMANIA
ITALY
PORTUGAL
SPAIN
TURKEY
GREECE
MALTA
CYPRUS

The myth of migration for health / healthcare tourism

- Migrants consult very late: average length of stay is near 3 years
- Only 13.6% of patients had a condition that they knew about before migrating
- Poor understanding or lack of knowledge of individual rights and of the rules of the system is a major barrier (21.7%)
- Of the reasons for migration, **health reasons represented only 2.3%**
  - economic survival (47.2%), political, religious, ethnic or sexual orientation (24.2%), to join or follow someone (14.6%), to escape from war (6.9%), etc.

CONCLUSIONS & REMARKS

- Population groups that face many vulnerability factors are exposed to living conditions that are devastating for their health, and face many barriers to healthcare
- Barriers have increased since the crisis and austerity measures
- These groups face a **permanent circle of invisibility**: difficult access = hardly any data = little research = little policy attention = barriers remain
- Risk that data without context is interpreted by policy makers in a stigmatising way (e.g. “migrants as vectors of infectious diseases”)

OUR DEMANDS
Universally accessible healthcare systems

- Universal public health systems built on solidarity, equality and equity, open to everyone living in all EU Member States, rather than systems based on a profit rationale
- Coherent infectious disease policies across Europe, i.e. without excluding anybody – cf. ECDC recommendations
- The protection of seriously ill migrants who cannot access adequate healthcare in their country of origin (cf. Parliamentary Assembly of the Council of Europe)
- **In order to achieve more universal access, groups facing multiple vulnerability factors need to be rendered more visible in national and international health data collection systems.**