



## Monitoring migrant health in Europe: A narrative review of data collection practices

Bernd Rechel<sup>a,\*</sup>, Philipa Mladovsky<sup>b</sup>, Walter Devillé<sup>c,d</sup>

<sup>a</sup> European Observatory on Health Systems and Policies, London School of Hygiene & Tropical Medicine, 15-17 Tavistock Place, London WC1H 9SH, United Kingdom

<sup>b</sup> LSE Health, European Observatory on Health Systems and Policies, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, United Kingdom

<sup>c</sup> University of Amsterdam, Department of Sociology and Anthropology, Amsterdam Institute for Social Science Research (AISSR), The Netherlands

<sup>d</sup> NIVEL (Netherlands Institute for Health Services Research), Otterstraat 118-124, Post Box 1568, 3500 BN Utrecht, The Netherlands

### ARTICLE INFO

#### Article history:

Received 8 September 2011

Received in revised form

24 December 2011

Accepted 3 January 2012

#### Keywords:

Migration

Migrant

Data collection

Health information

European Union

### ABSTRACT

**Background:** Data on the health of migrants, including on health determinants and access to health services, are an essential pre-condition for providing appropriate and accessible health services to this population group. This article reviews how far current data collection systems in the European Union (EU) allow to monitor migrant health.

**Methods:** We searched the academic literature using PubMed and reviewed the results of recent EU-funded research projects on migrant health.

**Results:** Most EU member states lack information on the health of migrants, limiting the possibility for monitoring and improving migrant health. National death registers allow for disaggregation according to migrant status in 24 of 27 EU member states. Registry data on health care utilization by migrant status are available in only 11 of 27 member states, although in most cases this only covers secondary and not primary care. Only few countries collect large-scale survey data on migrant health and health care utilization.

**Conclusion:** Many EU countries need to step up their organizational and regulatory efforts to monitor migrant health if the current lack of data on migrant health should be overcome. This could be done through the inclusion of improved questions on migration in existing data collection processes.

© 2012 Elsevier Ireland Ltd. All rights reserved.

### 1. Introduction

Accurate data on the health of migrants, including on health determinants and use of health services, are an essential pre-condition for monitoring and improving health and providing appropriate and accessible health services to this population group. The need for better data on migrant health has been recognized for some time. Already in 1983, a consultation of the World Health Organization (WHO) on health and migration recommended more

in-depth studies on differences in mortality and morbidity [1]. This was further underlined by the 2008 WHO resolution on the health of migrants [2] and the European Union (EU) level consultation on “Migration Health – Better Health for All” in 2009 [3], as well as by the Council of Europe [4–6]. This article reviews current data information systems and recent research activities in the EU and how far they make it possible to assess and monitor migrant health.

### 2. Material and methods

This paper forms part of a wider study on “Migration and health in the European Union”, undertaken by the European

\* Corresponding author. Tel.: +44 20 7612 7808; fax: +44 20 7612 7812.  
E-mail addresses: [Bernd.Rechel@lshtm.ac.uk](mailto:Bernd.Rechel@lshtm.ac.uk) (B. Rechel),  
[p.mladovsky@lse.ac.uk](mailto:p.mladovsky@lse.ac.uk) (P. Mladovsky), [w.deville@nivel.nl](mailto:w.deville@nivel.nl) (W. Devillé).

Observatory on Health Systems and Policies, the International Organization for Migration, and the EUPHA Section on Migrant and Ethnic Minority Health in 2010–2011 [7]. The study aimed to draw together available evidence on key aspects of health and migration in the European Union through a series of comprehensive literature reviews.

In this paper we present findings related to data information systems and research activities on monitoring migrant health. Our concern was with data collection systems that elicited migrant status and thus allowed to distinguish between the migrant and non-migrant population. We opted for a narrative review approach, aiming to critically summarize the literature on the topic and to identify options for improving data collection on migrant health [8]. We searched PubMed using the terms “migrant(s)” AND “data”/“information”/“monitoring” in the title, the terms “asylum-seeker” and “victims of trafficking” in all fields, and the MeSH terms “transients and migrants” AND “Europe”/“European Union” in all fields. We included those hits relevant to our topic and published in English since 2000 and excluded papers not specifically concerned with monitoring migrant health, published in other languages or before 2000.

We complemented this search with a review of publicly available reports from recent EU-funded research projects of particular relevance to monitoring migrant health: Monitoring the Health Status of Migrants within Europe: Development of Indicators, Migration and Ethnic Health Observatory (MEHO) (led by Erasmus University, Netherlands), Promoting Comparative Quantitative Research in the Field of Migration and Integration in Europe (Prominstat) (led by the Bristol University, United Kingdom), and Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities (led by IOM Brussels, Belgium). We also included recent publications on migration and health of two relevant international organizations: the International Organization for Migration and the World Health Organization, as well as relevant documents from the EU and the Council of Europe.

### 3. Results

Our search yielded three publications specifically concerned with monitoring migrant health in Europe [9–11], several research papers investigating the situation in selected EU countries [12–16], a number of outputs from recent EU-funded projects [17–21], several reports from international organizations related to migration and health [1–3,22–25], and a number of relevant documents from the EU and the Council of Europe [4–6,26–29].

The information we could retrieve suggests that in most European Union (EU) countries information on the health of migrants is lacking [22,30], limiting the possibility for monitoring and improving migrant health [18]. This is due to a number of issues, including the lack of routine data collection on migrant health, either through registry data or regular surveys. In contrast to some “traditional” countries of immigration, such as Australia or New Zealand, most countries in Europe do not routinely collect health data by migrant status in health care utilization registries

or through regular surveys. Some countries, such as the Netherlands, Sweden and the United Kingdom, have significant experience in conducting population-based surveys that also contain information on migrant status, but others, such as Belgium, France, Germany and Spain, have only recently started to include such variables in health surveys. The new EU member states generally do not include indicators of migrant status in health surveys. There are also conceptual and methodological challenges in collecting data on migrant health, such as different definitions or understandings of who constitutes a migrant [18] – and how many there are in a given country [16].

#### 3.1. Conceptual and methodological challenges of data collection

Countries in the EU differ with regard to categorizations and definitions of migrants, and whether it is deemed acceptable to collect data on them. This is mainly due to different historical contexts, statistical traditions, administrative and political structures, welfare regimes and immigration histories [17].

A fundamental conceptual problem is the lack of a universally agreed definition of who constitutes a migrant [19]. Although the UN [26] aimed to establish a set of common definitions and classifications of migratory movement, data collection is still guided by national legislative, administrative and policy needs [23], and follows national definitions and classifications [1,19]. As such, countries define migrants in many different ways, e.g. by country of birth, citizenship, residency, and, less frequently, the duration of stay, and rely on self-identification [23]. This makes it very challenging to measure international migration, not to speak of monitoring migrant health.

All the different definitions of migrant status have their limitations [1,12]. Both, citizenship and country of birth, do not account for the time of arrival, and thus fail to capture the difference between newly arrived migrants and those who arrived decades ago. Citizenship also fails to account for naturalized migrants, and does not distinguish between native-born and foreign-born holders of other citizenships. Overall, country of birth seems to be a better indicator of migrant status than citizenship, as it has the advantage of being objective, stable and comparable and is not influenced by citizenship regulations, although it has the limitation of failing to distinguish between different ethnic groups from the same country of birth. Parental country of birth allows the identification of the first-generation descendants of migrants [1,12,20].

Legal obstacles to the collection of data on migrant status include concerns over data protection, necessitating informed consent of respondents. From a political perspective, in many countries collection of data on migrant status is more acceptable than collection of data on ethnicity [31]. For example, in France, in line with the republican ideology of “all citizens are equal”, routine data collection systems such as the national census only refer to citizenship and country of birth and do not ask any questions about ethnicity or religion [19]. In Germany, no “ethnic” data are collected officially [27], in part due to concerns that such data might evoke memories of the categorizations used

Download English Version:

<https://daneshyari.com/en/article/4197943>

Download Persian Version:

<https://daneshyari.com/article/4197943>

[Daneshyari.com](https://daneshyari.com)