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Lancet Migration

Global collaboration to advance migration health

Migration & Health systems

Prof. Karl Blanchet

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Annual Meeting of the Swiss Society of Neonatology 2024

MIGRATION: A HOT TOPIC

Migration highly politicised, top of political agenda

- “Combating” irregular migration an EU policy priority since 1999
- Migration policy dominated by security and crisis approaches
- Strong deterrence-oriented agenda

EU pact on migration and asylum: increase in detention at borders; criminalization of solidarity

Use of immigration enforcement measures (detention; deportation)

MIGRATION AS A SOCIAL PHENOMENON

1 billion migrants worldwide in 2020
(UNHCR 2020)

Incl. 281 million international migrants
(3.6% of world pop)

Average age: 39 years

15% (37 million) under 20 years of age

48% are women

MIGRATION BEYOND NUMBERS AND FLOWS

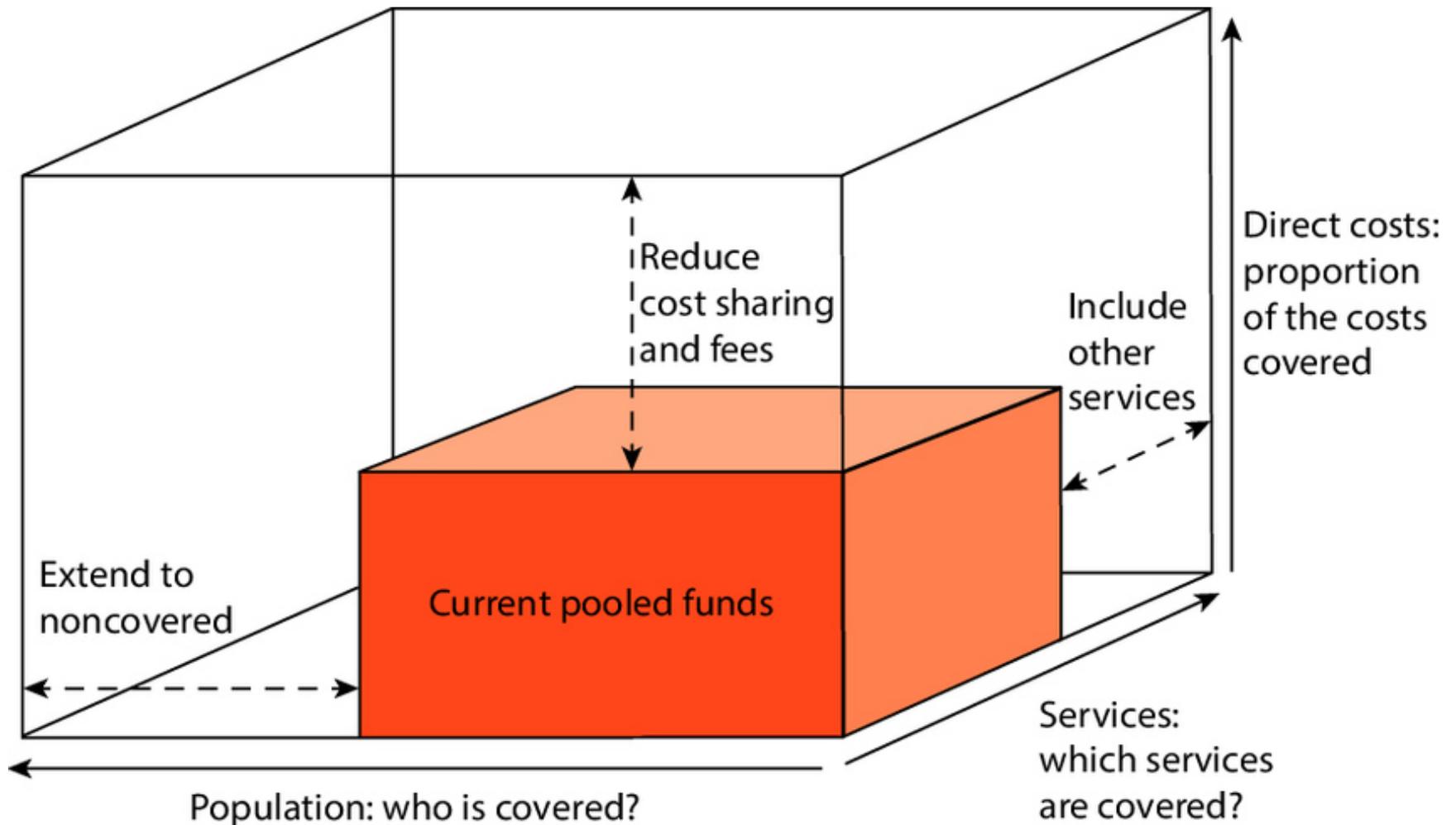
Moving away from a deterministic analysis on migration with pull and push factors

Recognising **culture**:

- **Habitus**: cultural dynamics must never be separated from structural dynamics, and conflicts, that happen in social space (Bourdieu 1984; Stone 2005)
- **Structure** as an immaterial system of pressures and constraints mediated through a cultural orienting scheme (Sewell 1992)
- **Agency** as a temporally embedded subjective competence in interpreting and reacting to structural-based symbolic pressures (Emirbayer and Mische 1998).

A UNIVERSAL HEALTH COVERAGE PERSPECTIVE

(WHO, 2020)



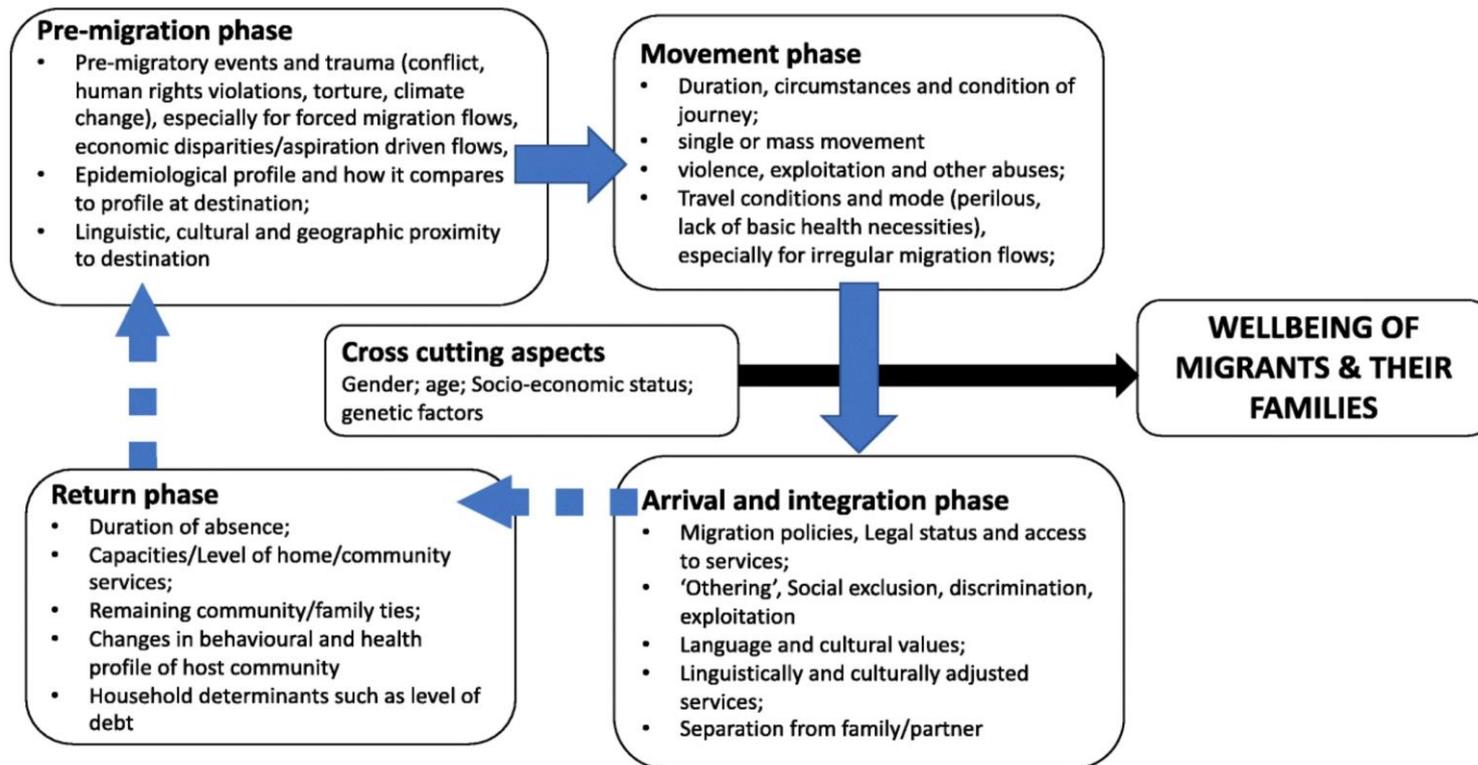
UHC: WHERE ARE WE IN EUROPE?

- **None** of the EU Member States have fully achieved the WHO's definition of universal health coverage for everyone on their territory, regardless of migration status.
- For several decades, European countries including Belgium (1996), Italy (1998), France (2000) and Portugal (1999): legislation to ensure that undocumented migrants residing in their countries can access necessary preventative and curative healthcare.
- In the past decade, **Finland** and **Sweden** adopted legislative changes to extend access to health care to undocumented migrants.
- During the pandemic, **Portugal** regularised the status of migrant and give access to national health insurance.
- **Ukrainian refugees** were provided a special status in EU and Switzerland.

WHO IS THE MIGRANT?

- **Migrant status:** nationality; documentation status; tourists; business-travellers; job seeker; refugees; irregular migrants; asylum seekers; internally displaced persons; migrant workers
- **Geography:** rural to urban migrants; intra-urban migration; inter-regional migration; internal migration; transnational migration; return migration
- **Temporality:** weekly/monthly commuting; seasonal migration; labour related contractual migration; short-term or protracted migration; time in transit
- **Socio-demographic status:** age; gender; family structure; economic status; education level; level of professional and occupational skills
- **Motivations/Causal classifications:** job seeking; family reunification; asylum seeking; refugee resettlement; labour migration; student migration

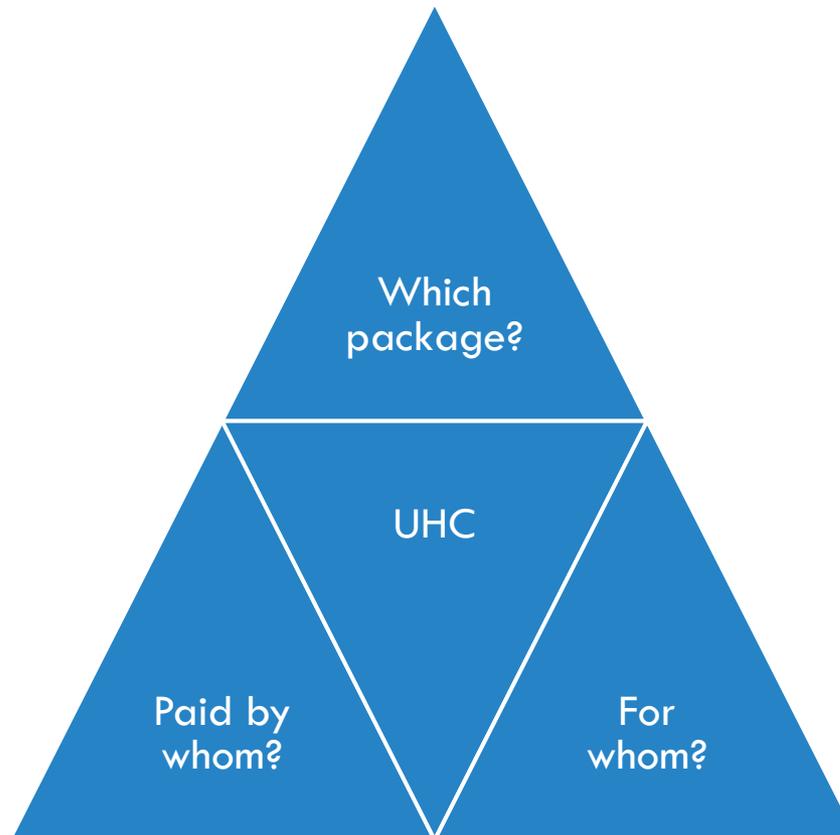
MIGRATION AS A SOCIAL DETERMINANT OF HEALTH



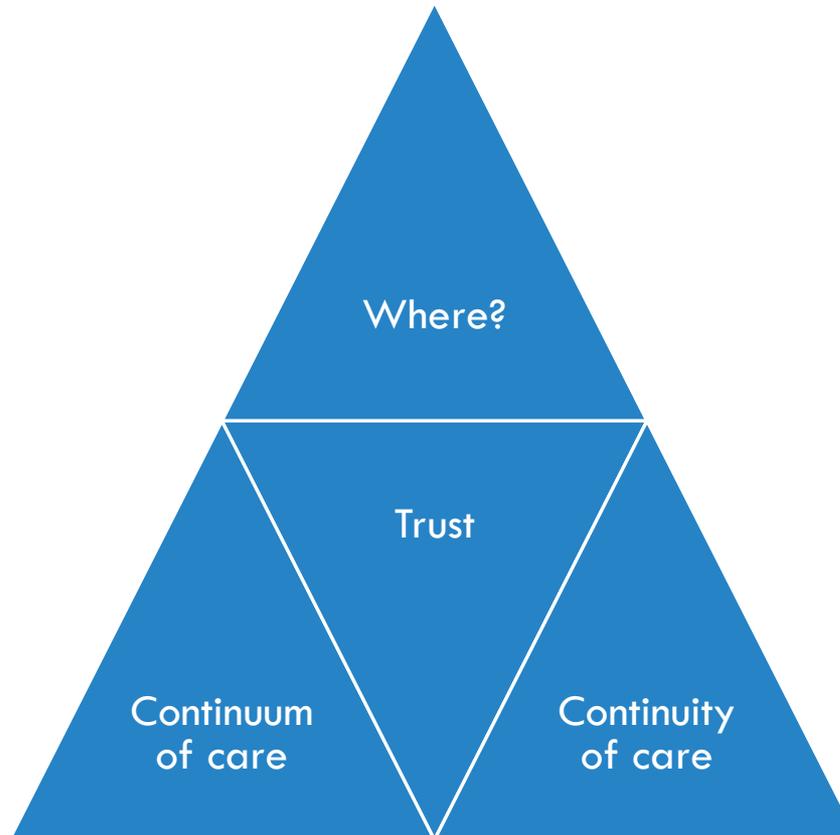
THE MIGRANTS WE DON'T SEE: UNDOCUMENTED MIGRANTS

- **An undocumented migrant or person lives in a country where their residence is not officially recognised (PICUM, 2024)**
- Most had residence permits in the past (e.g. work, study, family reasons)
- Some are born into the status
- Usually remain undocumented while they try to regularise their status
- Defined/influenced by national and EU policies and priorities about conditions of entry, work and stay (which change over time)

CHALLENGES FOR HEALTH SYSTEMS FROM A HEALTH POLICY PERSPECTIVE



CHALLENGES FOR HEALTH SYSTEMS FROM A HEALTH PROFESSIONAL PERSPECTIVE



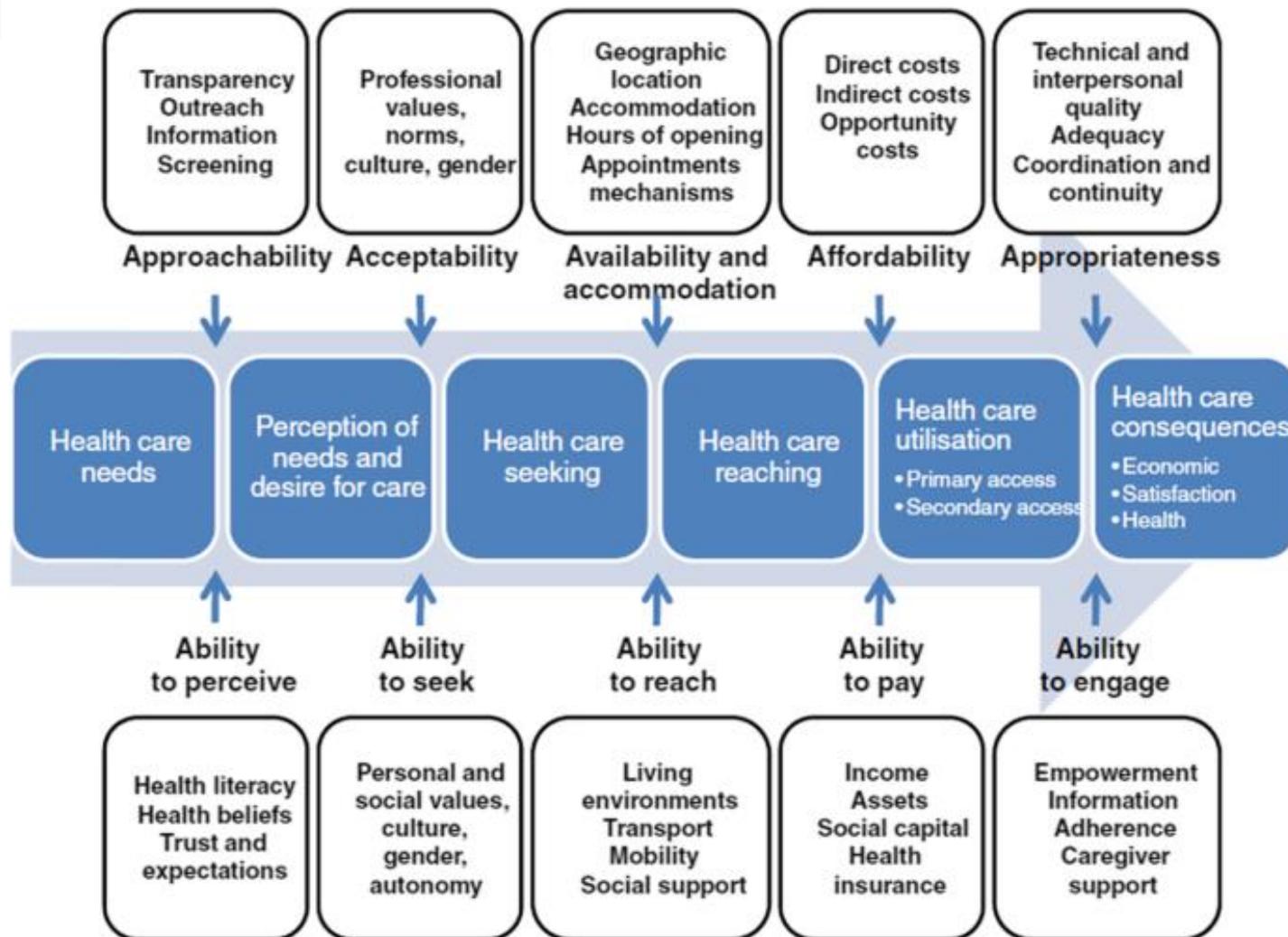
HEALTH SYSTEM BARRIERS

- Limited access to accurate information about healthcare services and rights
- Navigating the complex legal and administrative systems of their host countries.
- Language, cultural and social factors
- Discrimination or stigma from healthcare providers
- Encounter cultural barriers that prevent them from seeking care
- Social isolation or lack of social support networks
- Financial constraints

HEALTH SYSTEM BARRIERS

- Structural factors, such as geographical location and the availability of healthcare facilities
 - Overcrowded healthcare systems and long wait times for appointments
 - No medical history
 - Forms of racism or xenophobia
- *Results: many migrants may delay seeking healthcare until their condition becomes more severe, leading to worsened health outcomes and increased healthcare costs*

BARRIERS TO HEALTHCARE



(Schwarz et al. 2022)

CONTROL CRIMINALISATION THROUGH 'REPORTING OBLIGATIONS' CRIMINALISATION THROUGH 'REPORTING OBLIGATIONS'

HEALTH SYSTEM CRIMINALISATION THROUGH

- In some countries, there is an obligation for civil servants to inform migration authorities when they encounter an undocumented migrant.

- Belgium, Bulgaria, Estonia, Croatia, Lithuania, Poland, Slovenia and Germany require civil servants to inform about persons residing without authorisation (Swedish parliament research)
- **Germany:** social welfare office has legal obligation to report undocumented patients seeking planned care.

ORGANISATIONAL CRIMINALISATION THROUGH 'REPORTING OBLIGATIONS' CRIMINALISATION THROUGH 'REPORTING OBLIGATIONS'

HEALTH SYSTEM CRIMINALISATION THROUGH

• A complement to mainstream health services

'REPORTING OBLIGATIONS'

- Community-based interventions
- Outreach
- Use of community champions
- Flexibility to create new mechanisms of integration and continuum of care

THE LANCET *Regional Health* Europe

Series Launch Addressing migration and health inequity in Europe

*Co-chaired by Bernadette Kumar and Karl Blanchet,
co-Chairs of the Lancet Migration European Regional Hub*



Tuesday, 28th May
12:45 - 13:45 CET



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We are a global collaboration to advance migration and health

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