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Health inequalities and migrants: accessing healthcare as a global human right

The World Health Organization reports that today, in 2018, there are 258m international migrants, and 763m internal migrants. Globally, approximately 65 m people are forced to leave their homes. With these vast numbers of migrants worldwide, migrant health and equity to healthcare are more important than ever. Here, migrants are defined as all individuals born outside their country of residence and, therefore, encompasses a diversity of migrants, including asylum seekers, refugees as well as documented and undocumented economic migrants, and ranges from individuals who have recently settled in their country of residence, to those who have been resident for many years.

Structural mechanisms such as social class, ethnicity, occupation, income, education, and gender lead to unequal distribution of power and health-relevant cultural resources in society. These structural mechanisms are the social determinants of health inequalities (WHO, 2010). Migration has become a social determinant of health and migrants may face barriers in accessing appropriate levels of healthcare, which are detrimental to public health and result in health inequalities. Accessing healthcare is a global human right.

Countries differ in their migration policies and the type of healthcare they allow temporary migrants to access. Migration issues, such as achieving universal health coverage (UHC) and the promotion of a safe and secure working environment for all workers, including migrants, have been included in the UN 2030 Agenda for Sustainable Development (UN Sustainable Development Goals 3 and 8) (Ang *et al.*, 2017). Whether migrants are included in UHC or whether UHC systems pertain to universal coverage for citizens of countries only is an important issue and non-inclusion of migrants in UHC can be an important barrier to accessing healthcare (Guinto *et al.*, 2015). UHC is not the only determining factor to accessing healthcare, multiple barriers to accessing healthcare systems exist for migrants including institutional, structural, economic, cultural, and social factors. Barriers to accessing healthcare for migrants are unique in each setting and for each population, and need to be contextualised, demonstrating the complexity of the issues involved. Healthcare systems need to be sensitive and appropriate to the needs of migrants.

This special issue of the *Journal of Human Rights in Healthcare* can only cover a small part of the multifaceted story of migrants and healthcare and the articles present some of the wide-ranging issues involved and the many different groups of people affected. The articles in this special issue do illustrate the enormous impacts of migration, including post-migration experiences, on migrant health and well-being. The articles in this special issue also offer a timely contribution to the complex issues involved. The articles demonstrate improvements are needed to policies to ensure migrants' rights to access to healthcare in host countries. In addition, the articles show that better policies and practices to safeguard sensitive and culturally appropriate health and social care for all migrants are urgently required.

The first article, "Rights of access to healthcare for undocumented migrants: understanding the Italian and British national health systems", delivers a worthwhile understanding of UHC for undocumented migrants in the context of the Italian and British healthcare systems. Through careful analysis of the literature and legal documents, the authors apply a human rights lens and provide a comparative analysis of health policies in both healthcare systems to explore different interpretations of universal access to healthcare. The authors aim to examine the context in which the two healthcare systems operate and offer universal access to healthcare for

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undocumented migrants. The authors decide that despite multiple potential barriers to undocumented migrants, the Italian healthcare system offers more universal and comprehensive healthcare to undocumented migrants than the British healthcare system. The authors offer as a possible legal explanation that in Italy, the right to health is recognised as a fundamental human right not only to Italian citizens, but also to migrants, irrespective of their legal status. The authors discuss that in the UK, migration rules take precedence over human rights and the right to health is not recognised as a fundamental constitutional right as it is in Italy.

The second article “Exploring community practice: Karen refugee women’s mental health”, describes an ethnographic research conducted with Karen women in Canada. The Karen is the second largest ethnic group in Burma. The study adds value to the body of knowledge for this population by exploring Karen’s women’s experiences post-migration resettlement in Canada and the social structural barriers and facilitators to the women’s mental health and well-being. The study included 12 Karen women and 26 community health and social service providers and looked at resettlement for this population through a gender lens. The stories from the women and the health workers provided challenging narratives of stress and worry during the resettlement period, with difficulty in navigating the health and social care system, compounded by gender roles. The article emphasises the need for healthy public policies and calls for community capacity strengthening to support Karen women’s mental health and well-being during resettlement as a way of building a culturally competent workforce.

The third article, “Post-migratory risk factors and asylum seekers’ mental health”, offers a critical review of the literature to explore post-migrational factors in the asylum process and their impact on asylum seekers’ mental health. The review highlights that migration puts asylum seekers at higher risk of mental health issues, and importantly that the process of asylum seeking may contribute to or exacerbate asylum seekers’ vulnerability to poor mental health. The review examines the relationship between asylum seekers’ mental health and the number of relocations and length of stay at asylum centres in the context of the human rights framework. Based on the available literature, the authors cautiously conclude there may be an association between mental health outcomes and the number of relocations and length of stay at asylum centres. The authors call for further research and urge host countries to review their asylum seekers’ processes and procedures in light of migrants’ mental health.

The fourth article, “‘The last possible resort’: Latin American migrants’ rapport with Spanish Healthcare”, offers a unique insight into the stories of 30 individuals from various Latin American countries and their experiences with accessing healthcare in Spain. This qualitative exploratory research shows participants experienced multiple barriers to accessing healthcare including, but not limited to, healthcare system organisational and administrative issues, legal prohibitions related to residency permits limiting access to healthcare, economic factors, and lack of understanding in navigating the healthcare system. Research participants shared experiences of discrimination when accessing healthcare evoking negative feelings and a lack of trust in healthcare professionals. The study offers recommendations for participatory approaches and public engagement with the aim of creating healthcare services that are sensitive and appropriate to migrants.

The fifth article, “Migrants’ health and well-being in the context of the Greek economic crisis: a narrative review”, provides a unique perspective of the health and well-being of migrants in a specific context, namely Greece which has of course experienced an increase in migration due to the influx of migrants from Syria and other conflict zones in the region, while the country has also experienced a severe economic crisis in the past decade. The narrative review of the literature adds to the extant literature and aims to comprehend the impact of the economic crisis on the health and well-being of migrants. The review demonstrates the limited research available in this unique context, makes important recommendations for further research and practice, and emphasises the importance of understanding the processes through which migrants’ health and well-being is affected.

The sixth and final article, “Repercussions of precarious employment on migrants’ perceptions of healthcare in Greece”, makes an important contribution to the scarce literature on migrant workers. The research conducts in-depth interviews with 227 Bangladeshi, Filipino, Nigerian, Pakistani, and Palestinian migrant workers in Greece, and explores migrant workers’ perspectives of health and access to healthcare. The research demonstrates structural

challenges resulting in difficult living and working circumstances for these migrant workers. The research suggests a workforce that is invisible particularly to social protection and left vulnerable to exploitative practices. The research describes multiple barriers to accessing healthcare for these migrant workers, underpinned by social conditions. The article offers an important insight into the spiral of poverty, social exclusion, and ultimately inequity in accessing healthcare for migrants.

This special issue validates that still limited research is available regarding the health and well-being of migrants and that more research into the health consequences of migration and access to healthcare for migrants is urgently needed. This special issue represents then also a call to arms for researchers to continue efforts in investigating this important topic.

I hope you will enjoy reading the articles in this special issue. I would like to express my sincere appreciation to all the reviewers and authors involved in the creation of this special issue, all your hard work is invaluable. A special thanks is owed to the Editor of the journal, Dr Theo Gavrielides, for his support of the special issue.

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Further reading

WHO (2018), "Refugee and migrant health", WHO, available at: www.who.int/migrants/en/ (accessed 1 July 2018).