Health Care And Migration
What Data Can Tell Us Of The Hard-Measured Impact Of Migrants On The European Health Systems?

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International Conference "*Measuring Development in Turbulent Times*"
29 November 2017, Marshal Garden Hotel, Bucharest, Romania

Presentation outline

- Motivations
- Health inequalities and migration in Europe
- The European welfare systems organization
- Conclusions: *Closing the welfare door policy?*

Motivations

- Migration and international mobility are **key challenges** for the modern societies and, together with the adaptation of welfare and, in particular of the health systems, to its new needs, need to be extensively investigated
- Worldwide around 70% of people still lack social protection coverage (ILO, 2014) and about 400 million people do not have access to health services (WHO and WB, 2015): among them the most vulnerable result being migrants (OECD, 2017)
- In the EU (28 MS), almost 57 million citizens reside outside their country of origin, counting for 10% of the total population -approximately 504 million people (Eurostat, 2017); in turn composed for 37% of intra-EU migrants and for 63% of foreign-born
- To this we should add the so-called "refugees crisis": in the last two-years 2014-2016 about 1.8 million people (IOM, 2017), mainly through the Mediterranean and the Western Balkans route, entered the EU ports in an irregular manner

Health inequalities and migration in Europe

- The classic *Economics of Migration*: the European welfare works as magnet as theorized by Borjas (1994,1999)
- The economic analysis focused on the health needs complexity and the social exclusion formulating the health inequalities and the socioeconomic determinants of health (CSDH, 2008; Marmot Review, 2010)
- The **Healthy Migrant Effect** (HME): self-selection and health comparative advantage – time travellers (Razum, 2000; Acevedo-Garcia *et al.*, 2007, 2010)
- The **Exhausted Migrant Effect** (Devillanova e Frattini, 2016): goes in the same direction of the *salmon bias effect* (Razum, 2006) and l'*unhealthy re-migration effect* (Razum *et al.*, 2000)
- The **acculturation theory** (Jayaweera e Quigley, 2010; Brand *et al.*, 2017): who is a "migrant" (Grosser *et al.*, 2016)?

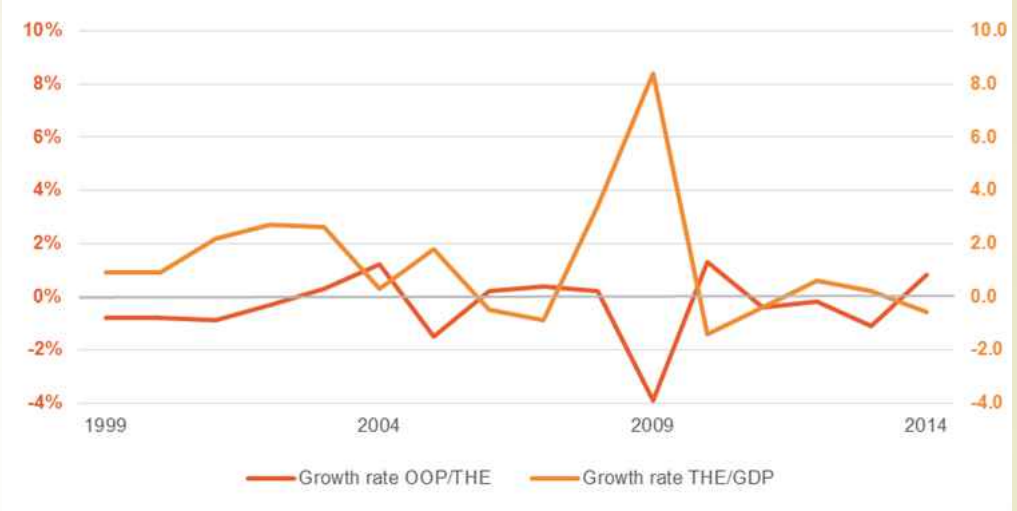
The European welfare systems organization

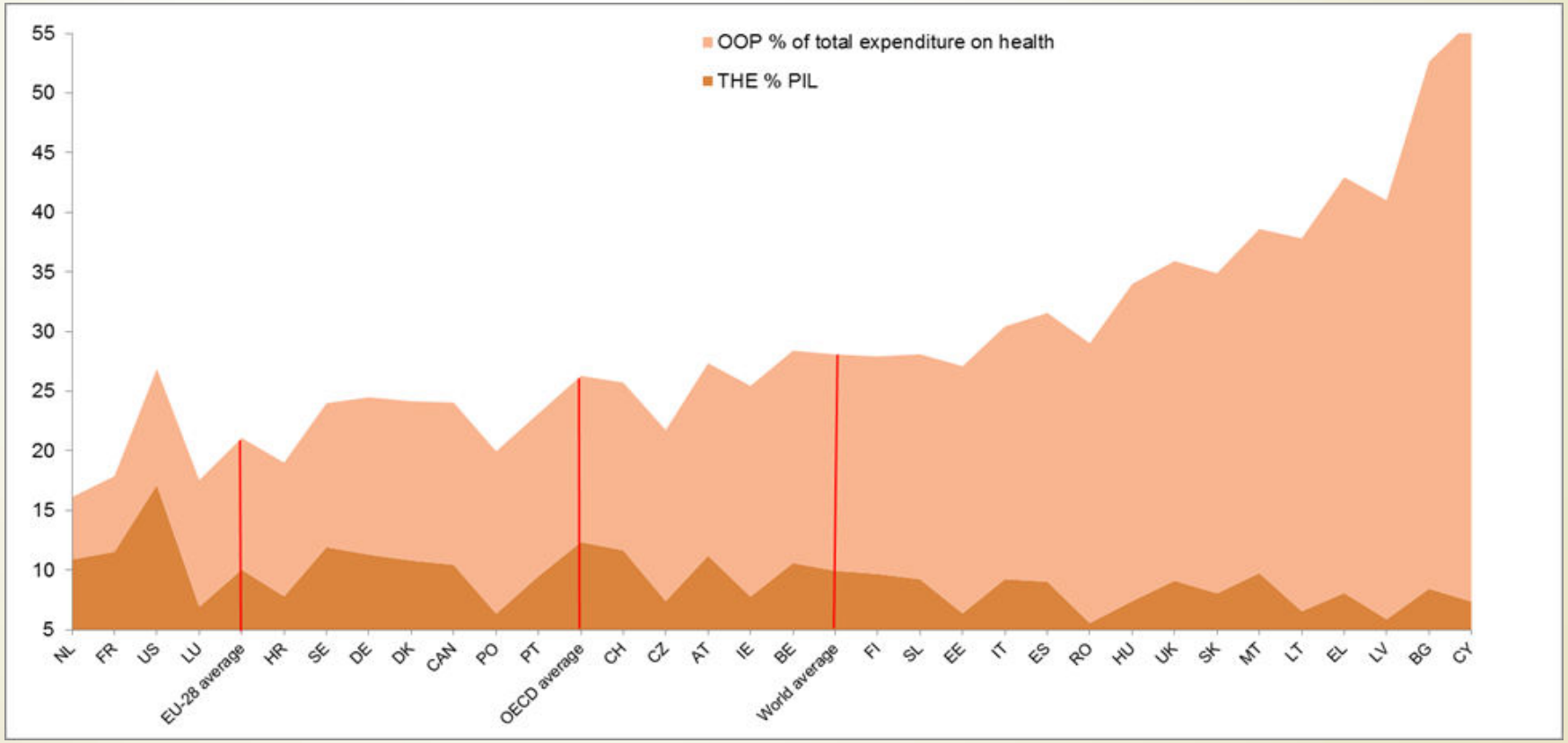
- The health coverage granted by the country of residence, together with other factors, contributes to determine the individual health status
- The famous division made by Esping-Andersen (1990) among countries on the basis of their welfare systems and mechanism to health systems financing is central (Thomson *et al.*, 2009):

Country	Anglo-Saxon (liberal)	Bismarckian (conservative)	Southern (family oriented)	Eastern (post-socialist)	Scandinavian (social democratic)
National Health Service (NHS)	IE e UK		ES, IT, MT e PT		DK, FI, NO e SE
Social Health Insurance (SHI)		AT, BE, CH, FR, DE, LU, NL		CZ, HR, EE, HU, LT, PO, RO, SK and SL	
Out-of-pocket payment (OOP)			CY e EL	BG e LV	

- The total health expenditure, as a proportion of GDP, has increased over the past decades in most EU countries: for the whole EU has risen from the 7.30% in 2000 to 9% in 2009 (OECD, 2012), while the share of OOP out of THE presents high variability among MS(Cylus *et al.*, 2012)

Trend of total and private health expenditures





The European welfare systems organization

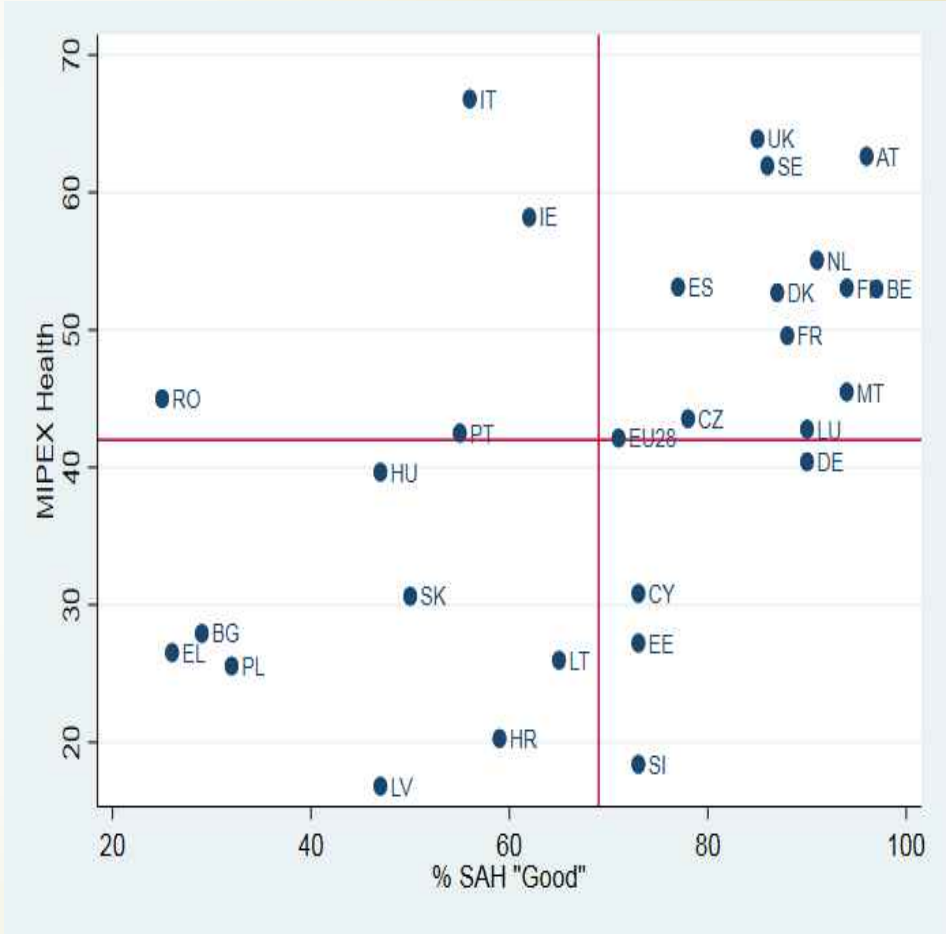
- Given the intersectionality of migrants disadvantages, it's important to study the different integration models adopted by EU MS based on the *Migrant Integration Policy Index* - MIPEX (Meuleman and Reeksen, 2008)

Countries	National Health Service (NHS)	Social Health Insurance (SHI)	Out-of-pocket payment (OOP)
Assimilationist	IE	FR, DE, LU, CH	
Exclusionist	DK, MT	AT, CZ, EE, HU, LT, PO, RO, SL, SI	BU, CY, EL, LV
Multicultural	ES, FI, IT, NO, PT, SE, UK	BE	

- Countries with OOP and exclusionist policies have lower % public HE, and ethnic minorities can suffer major health problems (higher risk of mortality and lower level of well-being)
- Countries with NHS and multicultural policies, ask to their citizens lower % of OOP taxes contribution granting wider depth of health coverage
- Assimilationist countries suffer health discrimination (associated to a poorer health outcome) for the first generation of migrants, but non among their descendants → fragmented European scenario and high variability among EU MS

The European welfare systems organization

- On the axis of the orders are reported the health policies evaluations to support or not the migrants in the EU SM, while on the ascites the percentage of people in the same countries to the question *"How do you evaluate the overall quality of your healthcare system?* " replied " *Good* "
- Some country clusters are emerging: according to the economic and financial peculiarities of their health systems, we show the empirical evidence in adapting to the new health questions of migrant citizens, bringing the empirical evidence of some case studies (Germany, Italy, UK and Spain in the EU vs. USA, Canada)



Conclusions
Closing the welfare door policy?

- **Impact on the European public finances**: there is no evidence that in Europe legal migrants, especially the highly qualified ones, are net beneficiaries of social transfers by the state, even though there is a "residual dependence" on transferring to non-contributory character and self-selection of migrants more likely to approach countries with more generous welfare systems (Preston, 2014; Boeri, 2009, *et al.*, 2002)
- **Migratory flows effects**: is mitigated by characteristics such as (Rowthorn, 2008): (i) age pyramid and aging process, albeit still low; (ii) the time spent in the destination country; (iii) fertility and mortality rates; (iv) the degree of integration into the labour market
- Rechel *et al.* (2013) and Davies *et al.* (2010), using European datasets, found that health discrepancies between migrants and non-migrants disappear after control over their socio-economic position. So, the future problem will not be to verify the economic-financial effects and impacts on welfare systems, rather than **to equip the welfare systems** themselves to a **heterogeneous population** in the levels of income and wealth

Thanks for your attention!

Comments and observations are more than welcome to:

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