

## Shifting migrant health care away from an agenda of conflicts and problems toward solutions

Migrant health was an important theme at the WONCA Europe conference in Copenhagen, June 2016 – “Family Doctors with Heads and Hearts”. Later in June, the 6th European Conference on Migrant and Ethnic Minority Health (EUPHA) in Oslo focused on “Equity – the Policy Practice Gap in Health”. Emphasizing the health of migrants is vital for primary care for several important reasons. First, caring for migrants and refugees serves to fulfill human rights and to orientate our ethical compass as family physicians, through prioritizing care for the most needy.[1] Second, caring for migrants is vital in upholding social cohesion, particularly in societies with a high number of immigrants and refugees.[2] Finally, providing good health care for migrants is an economic investment over the longer term.[3]

Although attitudes towards migrants and policies regulating their health differ between European countries, we claim that an agenda of conflict and problems has to become an agenda of solutions. We suggest four specific goals for this solution-based agenda.

First, we need to expand the scope from perceived homogeneity to social cohesion.

There is no such thing as a homogeneous society – diversity exists without migrants. People differ not only by age and gender, but also by beliefs, sexual orientation, subcultures, etc. Good diversity management with social cohesion as a goal requires multi-sectorial approaches that provide not just health care, but also education and occupational opportunity. While homogeneity puts an emphasis on citizens’ rights, it needs to be understood that human rights transcend national borders. Health care policies should protect the health of all people and not only of citizens. European nations should apply the concept of Universal Health Coverage (UHC) not only internationally but also to refugees and undocumented migrants in their own countries.[4,5]

Second, we need to move from description to intervention. There is a lack of good migrant health data – particularly the health of refugees and undocumented migrants.[6,7] Yet, we need to go beyond merely describing their health situation. More analytical studies and explanatory models are needed in order to identify and understand underlying causes. This requires comparative and longitudinal research to assess the life course of migrants. We also need migrant health interventions properly adapted to health needs, based on theoretical

background and giving priority to users’ perspectives. At the same time, migrant-specific approaches may unnecessarily stress differences between population groups, and therefore, diversity-sensitive and properly assessed interventions are preferred.

Thirdly, we should strive for a comprehensive view of migration. Political attention regarding migration is highly volatile, with a current positive shift toward emphasizing the wellbeing of refugees. This is desirable but should not distract from the needs of “regular” migrants as well as the health of undocumented migrants. In the political arena as in research a comprehensive view of migration is vital. It needs to include an awareness of the risk of negatively stereotyping target groups through well-meaning research activities. We also need to understand and wisely manage negative attitudes towards immigrants and refugees. Simply saying that these views are wrong will not make them go away.

Finally, we need to carry out an agenda of solutions. How do we reduce tension around migration issues within as well as between countries? We can learn from local communities – where migrants and non-migrants have face-to-face contact and come to know each other. In those situations, both parts tend to realize that each individual carries potential.

To move from conflicts and problems to an agenda of solutions, we as physicians and scientists need to dispel fears, fantasies and myths. Nations need to work together to improve migrant health. At a time when many politicians fall short in this respect, we as physicians and scientists need to become active lobbyists, reminding politicians and other stakeholders of the need to collaborate for health for all as a true goal.[8]

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