Impact of the Systemic Crisis on Migrant Population: The Spanish Case

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Current Systemic Crisis in Spain: Impact on Social Determinants of Health

Budget cuts in the health care and social system

Limitation of health care entitlements

Increase of unemployment rates
Deterioration of living and working conditions
Increase of mortgage evictions
Reduction of household budget

Preliminary findings: impact on access to health care and health

Knowledge from Former Economic Crises

- Complex and multidimensional relationship between economic crises, health care and health, in general and in relation to infectious diseases.

- Impact of economic crises on social determinants of health, especially in social vulnerable population groups, among them migrants.

- Impact on mental and physical health.

- Increase of infectious disease incidence.
  - Some studies: Decrease of infectious disease incidence or absence of significant effects.

Impact of the current systemic crisis on the living conditions, access to health and health of migrant population in Spain, in general and specifically in relation to infectious diseases?

Methodology
Methodology

- Review of available **statistical data** on migration flows, unemployment rates and living conditions of migrants, as well as incidence / prevalence of infectious diseases in Spain.

- Analysis of the **legal** and **policy framework** regulating access to health care for migrant population.

- Review of **bibliography** on systemic crisis, social determinants of health and health in the international and Spanish context, with a specific focus on migrant population and infectious diseases.
Results
Migration Flows: Spain

Population Spain

Migration Balance Spain 2009 - 2013

Impact of the Crisis on Migrant Population in Spain: Unemployment

Unemployment Rate Spain 2006 - 2013

2006:
Total: 8.45%
Spanish N.: 7.98%
Other EU N.: 9.36%
Other Non-EU N.: 12.10%

2013:
Total: 26.1%
Spanish N.: 24.44%
Other EU N.: 30.29%
Other Non-EU N.: 40.44%

INE, Instituto Nacional de Estadístico 2014a, own elaboration
Impact of the Crisis on Migrant Population in Spain: Reduction of Household Budget

**Average Household Budget Spain 2006 - 2013**
*(per person and year)*

2006:
- Total: 11.104,41 €
- Spanish N: 11.372,52 €
- Other N: 8.544,72 €
- Others: 10.088,46 €

2013:
- Total: 10.694,68 €
- Spanish N.: 11.174,98 €
- Other N.: 7.473,36 €
- Others: 7.469,69 €

INE, Instituto Nacional de Estadística 2014b, own elaboration.
Impact of the Crisis on Migrant Population: Limitation of Access to Health Care

Reorganization of the Spanish National Public Health System in the current moment of systemic crisis:

- Budget cuts
- Reduction of health care human resources
- Privatization of health care services
- Increase of drug copayment
- Regulation of services portfolio
- Limitation of access to health care

Royal Decree-Law 16/2012
Royal Decree-Law 16/2012
Health Care Entitlements

**Previous situation**

- Access to health care based on the principle of **universalità**.

- Equal access to health care for all people living in Spain, regardless of their nationality or administrative status.

- Health care entitlement by means of inscription in the **register of inhabitants**.

**Real Decree-Law 16/2012 (RDL 16/2012)**

- Access to health care based on the principle of assurance.

- Population of Spanish / other EU nationalities and non-EU nationalities with residence / working permission:
  - Access to health care regulated by means of the condition of ‘assured’ or ‘beneficiary’.

- **Undocumented migrants**
  - Limitation of access to emergencies, pregnancy, birth and after birth care.

- Minors of non-Spanish nationalities: Full access to health care.
Royal Decree-Law 16/2012: Reactions

Questioning of the RDL 16/2012 by professional associations and civil society organizations:

- Human Rights principles.
- Bioethical concerns.
- Risks for individual and public health.
- Lack of cost-efficacy.
- Contradiction with existing laws.

Demanding full access to health care for all people living in Spain, regardless of their nationality, administrative status and employment situation.
Consideration of reports submitted by State parties under articles 16 and 17 of the Covenant. Concluding observations of the Committee on Economic, Social and Cultural Rights. Spain, 6 June 2012.

19. The Committee is concerned at the amendments introduced by Royal Decree-Law No. 16/2012 of 20 April 2012, in particular to the Aliens’ Act of 2009, which curtail the rights of immigrants in an irregular situation to have access to public health services (art. 12). The Committee recommends that the State party ensure that, in accordance with the Committee’s general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant) and the principle of universal health care, the reforms adopted do not limit the access of persons residing in the State party to health services, regardless of their legal situation. The Committee also recommends that the State party assess the impact of any proposed cuts on the access of the most disadvantaged and marginalized individuals and groups to health services.
Autonomous Regions providing access to health care for undocumented migrants.

Autonomous Regions applying the limitation of access to health care established by the RDL 16/2012, with exceptions.

Autonomous Regions applying the limitation of access to health care established by the RDL 16/2012.

Autonomous Regions providing full access to health care for undocumented migrants.

Autonomous Regions providing access by means of specific programmes.

Autonomous Regions applying the limitation of access to health care established by the RDL 16/2012, with exceptions (chronic diseases, mental health, public health risk).

Autonomous Regions applying the limitation of access to health care established by the RDL 16/2012.
Impact of the Crisis on Migrant Population in Spain: Health Status

- Health status and health care use of migrant population.

- Specific impact of the crisis on social determinants of health in case of population with a previous situation of social vulnerability, among them migrants.

- Observation of a deterioration of mental health in migrant workers in situation of unemployment.

- Need for further studies on the impact of the current crisis on migrant population.
Impact of the Crisis on Infectious Disease Incidence in Migrant Population: HIV

Data from 11 of the 19 Spanish Autonomous Regions / Autonomous Cities (Asturias, Balearic Islands, Canarian Islands, Catalonia, Ceuta, Galicia, Extremadura, Madrid, Navarra, Basque Country, La Rioja).

HIV Incidence Spain 2007 - 2012
(according to geographic origin, number of cases, source: ICSIII 2013b)
Impact of the Crisis on Infectious Disease Incidence in Migrant Population: HIV

HIV Incidence Spain 2007 - 2012
(according to geographic origin; % of the total number of cases; source: ISCIII 2013b)

HIV Incidence Spain 2007 - 2012
(% of each population group; source: ISCIII 2013b)

Centro Nacional de Epidemiología, Instituto de Salud Carlos III, 2013b; own elaboration.
Prospective Studies

- Prospective study on HIV incidence in undocumented migrants (Pérez Molina, Pulido Ortega, GESIDA 2012)
  - Estimation of health risks and health care costs related to the limitation of access to health care in undocumented migrants with HIV+ status by means of the RDL 16/2012.
  - Potential consequences: Higher health care costs and public health risks.

- Other prospective analyses related to the impact of the systemic crisis on infectious disease incidence (Hoyos et al. 2013; Montaner 2012, Váquez et al. 2014).
Findings: Trends in Infectious Diseases


- **Lack of clear effects** of the current systemic crisis on infectious diseases.
  - Lack of increase of mortality related to infectious diseases in general.
  - Decrease of TB and HIV incidence and mortality.

- Some **signs of deterioration** which need further monitoring and confirmation:
  - Increase in mortality in renal diseases (already before 2008).
  - Increase of morbidity in some specific diseases (septicemia, respiratory and intestinal infections, influenza, bronchitis) and age groups, trends initiated partly before 2008.
  - Increase in the Syphilis and Gonorrhoea incidence (trends initiated before 2008).

- Risk of long-term effects => Need for further monitoring
Findings:
Characteristics of the Population Excluded by the RDL 16/2012

- Analysis of chronic and infectious disease incidence, use of health care services and pharmaceutical costs of population potentially excluded from access to health care by the RDL 16/2012, among them migrants, in Catalonia (Álamo-Junquera, Sala, Millet, et al. 2014).

- Findings:
  - Lower chronic morbidity, use of health care services and pharmaceutical costs in potentially excluded population.
  - Higher infectious morbidity in the 5 most frequent notifiable diseases.

⇒ Public health risks related to RDL 16/2012.
⇒ Relevance of further research.

Álamo-Junquera, Sala, Millet, et al. 2014.
Methodological Reflections: Systemic Crisis, Migration and Infectious Diseases

- Limitations regarding data availability and comparability.
- Disaggregated data (by nationality or region of procedence) available online only for HIV and Tuberculosis.
- Differences in the total number according to information source.

  Difficulties already mentioned in former studies.

- Intervening factors and long-term effects.
- Heterogeneity within infectious diseases.
- Critical revision of assumptions regarding migrant population.

Caro-Murillo, Castilla Catalán, del Amo Valero 2010; Llácer, Fernández-Cuenca, Martínez-Navarro 2014; Pérez, Rodríguez-Sanz, Domínguez-Berjón et al. 2014
Recommendations

- Improvement of epidemiological long-term monitoring.

- Equal access to health care, regardless of nationality, administrative status and employment situation.

- Need for proactive health, social and labour policies, taking into account the social determinants of health and counting on the participation of different social actors.

- Importance of primary health care, health prevention and health promotion measures.

- Relevance of an active engagement of professional associations in the defense of the Public Health System.

Conclusions
Conclusions

- Need for **monitoring** the long-term impact of the systemic crisis on the health and access to health care of migrants in Spain.

- Importance of **active health, social and labour policies** to prevent and mitigate the impact of the current systemic crisis on social determinants of health, access to health care and health.

- Relevance of an **equal access to health care**, regardless of nationality, administrative status and employment situation.

We call on all European governments to take **concrete steps to protect the health of migrants and ethnic minorities in Europe** and, specifically, to demonstrate that they will live up to their obligations under the International Covenant on Economic, Social and Cultural Rights and the European Social Charter to ensure the right of everyone to the **enjoyment of the highest attainable standard of physical and mental health**, and in particular to their **obligation of refraining from denying or limiting equal access to healthcare for all persons**, including undocumented migrants and minorities, highlighted in the General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, so as to **recognise the contribution that everyone, including migrants and ethnic minorities, make to the social and economic development of Europe**.

Thank you and questions


Real Decreto-ley 16/2012, de 20 de abril, de medidas urgentes para garantizar la sostenibilidad del Sistema Nacional de Salud y mejorar la calidad y seguridad de sus prestaciones. BOE, Boletín Oficial del Estado Nº 98, 24 de abril de 2012.

Real Decreto 1192/2012, de 3 de agosto, por el que se regula la condición de asegurado y de beneficiario a efectos de la asistencia sanitaria en España, con cargo a fondos públicos, a través del Sistema Nacional de Salud. BOE, Boletín Oficial del Estado Nº 186, de 4 de agosto de 2012.


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