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Infographic on costs of exclusion from healthcare

The enclosed poster is being sent to organisation, agencies and workers in the field of health care for migrants and other marginalised groups who are often excluded from adequate health care. It illustrates the additional costs to the health system that can be incurred when entitlement is limited to emergency care. Such restrictions place people beyond the reach of prevention programmes and obstruct their access to care in the early stages of illness, when treatment tends to be cheaper and more effective.

The main argument for improving access to health care for marginalised groups has always been based on human rights and principles of equity. However, in recent years more attention has been paid to the economic costs of limiting coverage for these groups. These arguments are not new: the need for universal, comprehensive health care coverage has been a guiding principle of public health policy for at least half a century. This principle applies just as much to marginalised groups within a society as it does to whole countries. Despite this, irregular migrants, those who cannot afford health insurance, and those (such as Roma) who may lack the necessary documentation, are still routinely excluded from all but emergency care in Europe and beyond. Such policies are often defended on economic grounds, but as the poster illustrates, they may increase rather than decreasing health system costs.

This poster illustrates some results from the Thematic Study "Cost analysis of health care provision for migrants and ethnic minorities", designed and carried out by the Center for Health and Migration in the framework of the project "Fostering health provision for migrants, the Roma, and other vulnerable groups", led by the International Organization for Migration (IOM, Migration Health Division, Regional Office in Brussels). The study was carried out in 2014-2015, in close cooperation with IOM as well as primary health care and hospital service providers in four EU Member States: Austria, Belgium, Italy, and Spain. Researchers from the Center also participated in the sub-project on 'Economic arguments' within the COST Action IS1103 'ADAPT' (Adapting European health services to diversity).

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Explanation of results

The additional costs of indadequate care may be direct (incurred by the patient and/or the health system) or indirect (incurred by the patient or the wider society as a result of the disabilities and burdens resulting from illness). The magnitude of these costs is difficult to estimate because it depends on the particular characteristics and social situation concerned. However, illustrative costs to the health system can be calculated using the vignette method used in this study.

Vignettes are short descriptions of scenarios comprising defined core elements, which can systematically be varied to develop different hypothetical cases. Based on primary data and supplemented further with register data, desk research and expert opinion, vignettes provide robust economic results and are more generalizable than single case studies. Using pre-defined selection criteria, one case was selected from random samples collected from each health service provider participating in the study and served as a basis for the data used here. The diagram illustrates health system costs arising in different medical conditions and care settings (primary health care and hospital care).

Results from the study demonstrated that in the conditions and settings studied, timely treatment in a primary health care setting is always cost-saving when compared to treatment in a hospital setting. This is true for the direct medical and non-medical costs, as well as the indirect costs. At least 49% and up to 100% of direct medical and non-medical costs of hospitalisation can be saved in such cases, if timely primary health care is provided to those who would otherwise be denied it.

The full study will shortly be available on the websites of the Center for Health and Migration (www.c-hm.com) and the Equi-Health project (http://equi-health.eea.iom.int). Enquiries and requests for further copies of the poster should be directed to the Center at the above address.

Note

The EQUI-HEALTH project is co-financed under the EU 2012 work plan, within the second programme of Community action in the field of health (2008-2013), by a direct grant awarded to IOM by the European Commission's Directorate General for Health and Food Safety (SANTE) through the Consumers, Health, Agriculture, and Food Executive Agency (CHAFEA). Additional co-financing was provided by IOM and several additional donors. The Equi-Health project is designed and managed by the IOM Regional Office Brussels, Migration Health Division (MHD).

COST Action IS1103 ADAPT (Adapting European Health Systems to Diversity) is an interdisciplinary scientific network comprising 130 experts in 30 countries, running from December 2011 to July 2016. COST (European Cooperation in Science and Technology) is a pan-European intergovernmental framework. Its mission is to enable breakthrough scientific and technological developments leading to new concepts and products and thereby contribute to strengthening Europe's research and innovation capacities. http://www.cost.eu

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