



The migrant crisis and health systems: Hygeia instead of Panacea

The G20 has recently reaffirmed the importance of continuing to strengthen global health systems.¹ In 2015, more than 1.5 million migrants arrived in Europe from countries affected by economic, demographic, and environmental crises and conflicts.² These massive migrations highlight two important challenges for global public health: responsiveness and action to address factors contributing to the causes of the crises.

Although responsiveness is at the heart of the performance of health systems that would like to move towards universal health coverage³—an objective confirmed by the G20¹—health systems everywhere are neither reactive enough to the migrant crisis, nor to the moral requirement to attend to migrants with dignity.⁴ Few countries have taken official measures to build responsive health systems.² For example, in Quebec, Canada, neither has funding been allocated nor has public action been taken to provide health care for migrants who do not have health insurance. A woman without insurance will spend between CAN\$5000 and \$40000 to give birth in a public hospital, to a child who will be Canadian but will not necessarily be covered by public health insurance. In France, migrants without legal status can access health care (State Medical Aid); however, much documentation is needed and the administrative system is complex, making accessible health care a challenge.⁵ The crisis caused by the mass arrival of migrants is neither new nor surprising, and it is therefore astonishing that those responsible are unable to anticipate and adapt their health systems accordingly.

Action on the social determinants of health and social inequalities of health that migrants experience cannot be taken without the government first

acting on the root causes. However, action to address the cause of the crisis is not enough (eg, smugglers and security): the social, environmental, economic, governance, and other factors that contribute to emergence of the crisis should also be addressed. The Director of Frontex, the European agency charged with keeping watch over borders, affirmed that the challenge will persist because the causes have not been dealt with.⁶ Many countries in Africa and the Middle East do not respond to their populations' need for adequate health systems, in much the same way that they do not respond to their need for education or judicial systems.³ Action must also be taken in the migrants' countries of origin. In June 2017, a group of experts on migrants' health was convened by the M8 Alliance; however, no researchers from the migrants' countries of origin were present. The scope of the challenge is such that its resolution should involve, and coordinate with, all countries.

It is imperative to return to the foundations of public health, and prevent rather than cure, Hygeia instead of Panacea. The European Union has spent more than €11 billion since 2000 on the expulsion of migrants from Europe.⁷ But how much has been granted to countries' health systems so that they can be responsive to the right to universal health coverage? We must make a collective commitment so that the structural causes of exile are drastically reduced.

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- 7 AFP. L'Union européenne dépense des fortunes pour renvoyer les migrants illégaux. 2017. http://www.lemonde.fr/europe/article/2015/06/18/l-ue-depense-des-fortunes-pour-renvoyer-les-migrants-illegaux_4657057_3214.html (accessed July 11, 2017).