

HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 64

What are the roles of intercultural mediators in health care and what is the evidence on their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European Region?



The Health Evidence Network

The Health Evidence Network (HEN) is an information service for public health decision-makers in the WHO European Region, in action since 2003 and initiated and coordinated by the WHO Regional Office for Europe under the umbrella of the European Health Information Initiative (a multipartner network coordinating all health information activities in the WHO European Region).

HEN supports public health decision-makers to use the best available evidence in their own decision-making and aims to ensure links between evidence, health policies and improvements in public health. The HEN synthesis report series provides summaries of what is known about the policy issue, the gaps in the evidence and the areas of debate. Based on the synthesized evidence, HEN proposes policy considerations, not recommendations, for further consideration of policy-makers to formulate their own recommendations and policies within their national context.

The Migration and Health programme

The Migration and Health programme, formerly known as Public Health Aspects of Migrants in Europe (PHAME), was established in 2011 to support Member States of the WHO European Region to strengthen the health sector's capacity to provide evidence-informed responses to the public health challenges of refugee and migrant health. The programme operates under the umbrella of the European health policy framework Health 2020. The programme provides support to Member States under four pillars: technical assistance; health information, research and training; partnership building; and advocacy and communication. The programme promotes a collaborative intercountry approach to migrant health by facilitating cross-country policy dialogue and encouraging homogeneous health interventions along the migration routes to promote the health of migrants and refugees and protect the health of the host community.

Evidence for health and well-being in context

The Evidence for health and well-being in context project was initiated by the WHO Regional Office for Europe in response to Member States' demand for more locally relevant health information. As part of this project, a specific initiative examines the cultural contexts of health and well-being. Awareness of cultural contexts has always been central to the work of WHO, and the importance of cultural contexts is increasingly being recognized, whether in investigating the attitudes that determine the success or failure of immunization programmes as part of the European Vaccine Action Plan or in understanding community resilience and well-being in the face of poor health and economic hardship. The initiative aims to take a more systematic approach to investigating how culture affects the perceptions of, access to and experiences of health and well-being in order to help improve health interventions and health policy-making. Supported by an expert group, the project works horizontally within the WHO Regional Office for Europe and provides technical assistance to various programmatic areas by drawing on scholarship from the humanities and social sciences to promote a more nuanced, contextual understanding of a variety of public health challenges.

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SUMMARY

The issue

Since the late 2000s, the number and proportion of refugees and migrants in the WHO European Region have substantially increased. A long-standing focus of WHO is protection of the rights of refugees and migrants, including their right to health. Despite this, refugees and migrants continue to encounter cultural and linguistic barriers in accessing high-quality health care in the Region, leading to health inequalities. A recent initiative to address these barriers, the WHO Regional Office for Europe's Cultural Contexts of Health project, includes migration as one of its four key focus areas. Since the 1990s, intercultural mediators have been increasingly introduced to improve the accessibility and quality of health care for refugees and migrants. However, little is known about the roles performed by intercultural mediators in different countries and their effectiveness in resolving the existing barriers to health care.

The synthesis question

What are the roles of intercultural mediators in health care and what is the evidence on their contributions and effectiveness in improving accessibility and quality of care for refugees and migrants in the WHO European Region?

Types of evidence

This report used a rapid review to synthesize evidence from the academic and grey literature published between August 2018 and January 2019 in Dutch, English, French, German, Russian and Spanish. A total of 87 documents were included, with 78 reporting on work from 19 Member States of the WHO European Region and nine from the United States of America and Canada. Of these, 58 studies described the various roles of intercultural mediators in health care, 29 assessed their effectiveness and 41 reported the factors that enable them to make a positive impact.

Results

Three main categories of evidence were identified in the review.

Roles of intercultural mediators in health care. The review found that intercultural mediators perform six main roles for refugees/migrants and the health-care system:

- (i) interpreting;
- (ii) bridging sociocultural gaps (culture brokerage);

- (iii) conflict prevention and resolution;
- (iv) integration into health systems, empowerment (by providing information on the available health and social services and on health-care entitlements) and advocacy (against institutional racism or discrimination);
- (v) building trust and facilitating the therapeutic relationship; and
- (vi) psychosocial support (including acting as liaison inside and outside medical settings), health education and promotion, and co-therapy (in mental health-care settings).

A general concern was that intercultural mediators are often required to undertake these tasks after limited training and in the absence of professional standards and ethical codes.

Training and certification. Intercultural mediators working in the WHO European Region were often found to lack sufficient training and formal certification because most Member States lack an accreditation process. In many countries, intercultural mediation is a precarious, temporary occupation with an uncertain income. The evidence showed that this is mainly due to the non-systematic and short-term implementation of intercultural mediation programmes aimed at providing equitable care to refugees and migrants.

Contributions and effectiveness of intercultural mediators. The review did not identify evidence on the effect of intercultural mediation on the health status of refugee and migrant patients. However, the literature indicated that intercultural mediation between health-care providers and refugee/migrant patients can:

- facilitate communication;
- improve the therapeutic relationship by enhancing intercultural understanding;
- increase patient participation in health promotion and education programmes;
- reduce the perceived level of discrimination; and
- contribute to adapting health services to the cultural characteristics and needs of refugees and migrants.

Intercultural mediators were described as being indispensable to high-quality, comprehensive health-care provision. Intercultural mediators' insufficient training, dominance in a three-way dialogue, and overemphasis on cultural differences of



patients to reinforce their role as experts on the patients' culture were identified as critical issues, which can result in disempowering patients and reinforcing the power imbalance and cultural stereotypes in the therapeutic relationship.

The analysis revealed that intercultural mediators are effective in bridging linguistic and cultural gaps. Full professionalization and strategies that guarantee access to intercultural mediators in health care for both refugee and migrant patients and health-care providers were found to be lacking.

Policy considerations

Based on the review findings, the following policy considerations to improve the equity of health services for refugees and migrants can be considered by Member States:

- establish clear and coherent definitions of the roles and responsibilities of intercultural mediators working in the health sector;
- establish professional guidelines, standards and quality assurance processes to support the recognition and full professionalization of intercultural mediation in health care;
- develop standardized training and accreditation processes to facilitate the systematic deployment of intercultural mediators;
- provide ongoing training, supervision and psychological support for intercultural mediators to build capacity and enhance the quality and consistency of their service;
- provide training for health-care professionals in the use of intercultural mediation; and
- develop and implement formal national strategies to maximise the contributions and effectiveness of intercultural mediators in the health sector, and encourage managers and health-care providers to develop a comprehensive and systematic approach to the management and integration of intercultural mediators.

This summary is based on preliminary findings and was prepared in advance of the final HEN synthesis report, which will be available in August 2019.

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