

Portugal: assessing health-system capacity to manage sudden large influxes of migrants



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Joint report on a mission of the Ministry of Health of Portugal,
the International Centre for Migration, Health and Development and
the WHO Regional Office for Europe

Abstract

The area of migration and health is one of the topics to which the new WHO European health policy framework – Health 2020 – has drawn particular attention, along with other issues related to population vulnerability and human rights. Health 2020 provides a comprehensive framework for, as well as values and approaches to action that are much needed in public health work in the field of migration and health.

A sudden influx of migrants has occurred on several occasions in the countries of the WHO European Region over recent years, posing significant challenges to the health systems of the recipient countries and requiring basic services to be scaled up to facilitate the appropriate response to the essential needs of the migrants and to fulfil their fundamental human rights.

The unpredictable nature of the migration phenomenon calls Member States to strengthen the preparedness of their health systems to manage a potential large influx of displaced populations and to invest in emergency management capabilities and effective multisectoral coordination mechanisms. With this in mind, an assessment of Portugal's health system capacity to manage large influxes of migrants was jointly conducted by the country's Ministry of Health and WHO.

Influxes in the southern European countries in particular underlined the need to identify best practices, share experiences and enter into an efficient policy dialogue between stakeholders. Portugal is implementing measures consistent with World Health Assembly resolution WHA 61.17 of 2008 and the Global Consultation on Migrant Health of 2010 in Madrid, Spain. In several aspects, Portugal could be seen as model for migrant integration practices, although in terms of preparedness there is scope to strengthen planning and surge capacity.

Activities were conducted within the framework of WHO's Public Health Aspects of Migration in Europe project, which, sustained by a direct contribution from the Italian Ministry of Health, supports the ongoing work of the WHO European Region to strengthen national and local capacities of Member States in order to address migrants' health needs, with a focus on public health aspects.

Keywords

DELIVERY OF HEALTH CARE – organization and administration

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Abbreviations

ACIDI	High Commission for Immigration and Intercultural Dialogue
ACIME	High Commission for Immigration and Ethnic Minorities
ANPC	National Civil Protection Authority
CIT	temporary installation centre
CLAII	local immigrant integration support centre
CNAI	national immigrant support centre
CPR	Portuguese Refugee Council
EU	European Union
EU27	27 EU Member States up to 30 June 2013
GP	general practitioner
ICHMD	International Centre for Migration, Health and Development
IHR	International Health Regulations
INEM	National Institute of Medical Emergency
IOM	International Organization for Migration
JRS	Jesuit Refugee Service
MIPEX	Migrant Integration Policy Index
NATO	North Atlantic Treaty Organization
NGO	nongovernmental organization
NHS	National Health Service
OM	Portuguese Medical Association
SEF	Immigration and Borders Service
SIEM	Portuguese Integrated Emergency Medical Service
UHSA	Unidade Habitacional de Santo António (migrant detention centre)

Executive summary

In recent decades Portugal has not been affected by sudden, massive influxes of migrants, mostly owing to its geographical location. Indeed, the country is bounded to the west and south by the Atlantic Ocean and to the north and east by Spain. However, conflict and dramatic economic crises can result in new migration routes to Europe, and Portugal must be ready to respond to unprecedented migrant influxes.

Portugal strongly promoted the endorsement of World Health Assembly resolution WHA61.17 on the health of migrants in May 2008. The country was praised in 2006 for having the best migrant education policies and anti-discrimination laws of all the countries recently experiencing migrant influxes that had not historically attracted migrants. In 2009 Portugal was recognized as the country with the best legal framework for the protection of migrants' rights and was ranked second among 31 developed countries for its policies on migrant integration in 2011. This far-sighted approach may set an example for other countries in the WHO European Region.

The WHO Regional Office for Europe, in agreement with the Portuguese Ministry of Health decided to use the WHO toolkit for assessing local health system capacity to manage sudden, massive influxes of migrants in Portugal because of its prominent role in health and migration policies in Europe. It was also an opportunity to test the usefulness of the tool in a country never previously affected by such migrant events.

The mission took place on 11–15 November 2013 and the assessment team consisted of two WHO experts, two International Centre for Migration, Health and Development experts and two officials from the Portuguese Directorate-General of Health.

Portuguese legislation regarding access to health care for undocumented migrants is based on three key documents (from 1990, 2001 and 2004). However, despite the active presence of innovative migrant information centres working in Lisbon and in the main municipalities of the country, some grey areas persist in immigration law. For example, different interpretations at local level of current legislation result in inconsistent administrative practices that may limit access to health services for undocumented migrants, both in normal circumstances and in cases of sudden, massive influxes of migrants.

The national disaster management system includes a health component in general terms, but sudden, massive influxes of migrants are not identified as possible emergency scenarios.

Although Portugal does not have a national plan to respond to sudden, massive influxes of migrants, the willingness to further improve the migrant integration process, coupled with already existing interministerial collaboration and coordination mechanisms represent fertile ground for enhancing the capacity for preparing and responding to such (albeit so far unlikely) events.

Introduction

Portugal, a European migrant source country, has seen steady growth in its immigrant population from the second half of the 1970s, particularly from the Portuguese-speaking countries in Africa, such as Angola, Cabo Verde, Guinea-Bissau, Mozambique, São Tomé and Príncipe, and, from the 1990s onwards, Brazil and the eastern European countries, namely the Republic of Moldova, Romania, the Russian Federation and Ukraine. Between 1990 and 2010 the proportion of international migrants (as a percentage of the Portuguese population) increased from 4.4% to 8.6% (1). More recently, the influx of migrants to Portugal seems to be decreasing. In fact, 417 042 immigrants (almost 4% of the total population) were registered as legally residing in the country as of 31 December 2012. This figure represents a reduction of almost 20 000 (or 4.5% of the population) compared to the same date a year earlier (2).

Portugal has been instrumental in promoting health and migration on the international agenda. For instance, the European Union (EU) began formally committing to address the topic of migration and health in 2007, with the Portuguese Presidency Conference on health and migration in the European Union, entitled “Better health for all in an inclusive society”. The conclusions of this initiative contributed to the Eighth Conference of European Health Ministers, promoted by the Council of Europe in Bratislava, and were noted by the EU’s Employment, Social Policy, Health and Consumer Affairs Council. Moreover, Portugal strongly promoted the endorsement of World Health Assembly resolution WHA61.17 on the health of migrants in May 2008. It should be also highlighted that Portugal received an award from the Migrant Integration Policy Index (MIPEX) (3) for best migrant education policies and anti-discrimination laws of all the new immigration countries. In 2011, Portugal was ranked second among 31 developed countries for its policies in the area of migrant integration by MIPEX for the second consecutive time. It should also be mentioned that Portugal was recognized as the country with the best legal framework in the protection of migrants’ rights in the United Nations 2009 human development report.

Indeed, some countries in southern Europe, such as Italy and Portugal, offer better coverage for undocumented migrants than do wealthier countries in central and northern Europe that have longer immigration histories. In 2010, emergency care was effectively inaccessible to undocumented migrants in nine of the 27 EU countries (EU27) and access to health services beyond emergency care (that is, primary and secondary care) was available to undocumented migrants in only four EU Member States, including Portugal (1) (Table 1).

Table 1. Undocumented migrant access to health care services across Europe

Degree of access	Countries
Access only to emergency services	Austria, Bulgaria, Cyprus, Czech Republic, Denmark, Germany, Greece, Estonia, Finland, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Poland, Romania, Slovakia, Slovenia, Sweden
Greater access to some services or for some categories of undocumented migrants	Belgium, Italy, Norway, United Kingdom
Full access under specified conditions	France, Netherlands, Portugal, Spain ^a , Switzerland

^a In Spain the situation changed in 2012 when a new law limited public coverage for undocumented migrants for emergency care, pregnancy or births (2).

Source: Björngren Cuadra & Cattacin (4).

Among other issues addressed, resolution WHA61.17 on the health of migrants requested the WHO Director-General to analyse the major challenges to health associated with migration and to explore policy options and approaches for improving the health of migrants. To address these requests, the WHO Regional Office for Europe manages the Public Health Aspects of Migration in Europe (PHAME) project. Within the framework of the project, following repeated, sudden, massive influxes of migrants in several countries of the WHO European Region, the WHO Regional Office for Europe developed a toolkit for assessing health system capacity to manage sudden, massive influxes of migrants.

The tool has been developed in collaboration with the International Centre for Migration Health and Development (ICMHD, a WHO collaborating centre based in Geneva) through a consultative process involving experts from various European countries during the first half of 2013.

The tool was first tested in Sicily, Italy in October 2013. One month later, the WHO Regional Office for Europe, in agreement with the Portuguese Ministry of Health, decided to use the tool in Portugal because of the country’s prominent role in health and migration policies in Europe and to test the usefulness of the tool in a country as yet unaffected by a sudden, massive influx of migrants.

Scope of the mission

The mission aims were to: (1) assess the Portuguese health system preparedness for a sudden, massive influx of migrants; and (2) test the usefulness of the tool in a country never previously affected by such events.

Method

The assessment methodology implements the WHO toolkit for assessing health system capacity to manage sudden, massive influxes of migrants. It comprises site visits and semi-structured interviews, carried out with key government officials, managers of migrant centres, health staff working in migrant centres and experts of nongovernmental organizations (NGOs). The assessment tool and consequently the interviews are based on the WHO health systems framework, which addresses six key functions: leadership and governance; health care financing; health workforce; medical products, vaccines and technology; health information; and service delivery.

Site selection

Assessment locations were selected based on being sites of migrant centres and/or locations of migrant health services and/or institutions for emergency management.

Constraints

The agenda of the mission mostly focused on a series of meetings held in various offices dealing with migration health and on visiting migrant health services located in the capital city, Lisbon (Fig. 1), the centre for unaccompanied minor asylum seekers and the migrant detention centre in Porto, the Directorate-General of Health, the Immigration and Borders Service (SEF), the High Commission for Immigration and Intercultural Dialogue (ACIDI), the International Organization for Migration (IOM), the Portuguese Refugee Council (CPR), the Jesuit Refugee Service (JRS), the Ministry of Internal Affairs, the Maritime Operational Centre and the National Civil Protection Authority (ANPC).

As agreed with the Portuguese authorities, no assessments were conducted in the temporary installation centres (CITs) located at the airports in Faro and Porto and the Bobadela Reception Centre for adult asylum seekers near Lisbon. Similarly, it was not planned within the first assessment to visit the island of Madeira, which could be a site of interest for potential sudden, massive influxes of migrants from North Africa.

Fig. 1. Neighbourhood in Lisbon with a large migrant population



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Overall findings and recommendations

Type of emergency

Portugal has never been affected by a sudden, massive influx of migrants, mostly owing to its geographical location. Indeed, the country is bounded to the west and south by the Atlantic Ocean and to the north and east by Spain. The extensive Portuguese coast line (about 900 km) includes the archipelagos of the Azores and Madeira. However, the Atlantic Ocean is often very rough, and therefore not suitable for navigating small, unsafe vessels such as those usually used to transport influxes of migrants in the Mediterranean Sea. The main entry point to Portugal for migrants is the airport in Lisbon. Few irregular migrants¹ enter the country by land or by sea hidden in commercial containers (2).²

However, experience shows how any logistical difficulties can be overcome by the desperate need of migrants to escape from even more difficult situations existing in their native countries or wherever they are living, owing to conflicts or dramatic economic crises. In this context, new migration routes to Europe could be opened and Portugal must be ready to respond to unprecedented migrant events.

Leadership and governance

Findings

The Portuguese approach to immigration mostly focuses on acceptance and integration rather than control and expulsion. The integration of migrants into the national community receives sustained political consensus, which remains a guiding principle, regardless of the ruling party or coalition.

Concerning health care, Article 64 of the Portuguese Constitution provides that all residents – including foreign citizens – are entitled to general health care irrespective of their economic, social and cultural conditions.³ In the Constitution, the National Health Service (NHS) is defined as “universal and general and, with particular regard to the economic and social conditions of the citizens who use it, [it] shall tend to be free of charge”.⁴ All citizens, including regular migrants,⁵ pay a small fee to access NHS services, excluding children up to 12 years of age, pregnant women, patients with 60% or more disability and patients in a situation of proven economic failure, as well as dependants of their household. Public health services cannot refuse to provide assistance for any reasons related to a person’s nationality, lack of economic means or legal status.

Immigrants without a residence permit, or who find themselves in an irregular situation under the immigration legislation in force, still gain access to the NHS by presenting a document from the civil parish in which they live, certifying that they have been living in Portugal for more than 90 days.

Immigrants that cannot prove residence of longer than 90 days can still access NHS services free of charge in the following cases:

- urgent and vital health care;
- communicable diseases that pose a danger or threat to public health (tuberculosis or AIDS, for example);
- maternal, reproductive and child health care, including access to family planning consultations, voluntary termination of pregnancy, monitoring and surveillance of women during pregnancy, childbirth and childcare, and health care provided to newborns;
- immunization, according to the national immunization programme in force;
- irregular migrant children up to 12 years old;
- foreign citizens in a family reunification situation, when someone in the household has proven social security contributions;
- patients in a situation of proven economic failure, as well as dependants of their household.

¹ Irregular migration is defined by the IOM as “Movement that takes place outside the regulatory norms of the sending, transit and receiving countries ... From the perspective of destination countries it is illegal entry, stay or work in a country, meaning that the migrant does not have the necessary authorization or documents required under immigration regulations to enter, reside or work in a given country”. However, the term “illegal migration” tends to be restricted to cases of smuggling and trafficking of migrants (5).

² According to the SEF annual report on immigration, borders and asylum (2), 12 undocumented migrants were found on board various vessels in 2012.

³ This right is protected by regulation, according to the Administrative Order of the Ministry of Health No. 25360/2001.

⁴ Article 64, No. 2 of the Constitution of the Portuguese Republic.

⁵ Regular migration is defined by the IOM as “Migration that occurs through recognized, legal channels” (5).

Access to health services is organized through the assignment of a temporary code at first contact with health centres.

According to several members of health staff working in migrant centres interviewed during the mission, the complexity of the administrative procedures and the possibility of having to pay for services limit access to the NHS for many undocumented migrants. A growing body of international literature confirms that immigrants face individual, socio-cultural and administrative barriers when using health services in Portugal (6).

Regarding asylum seekers, Law No. 27/2008 of 30 June 2008 establishes the conditions and procedures for granting asylum or subsidiary protection by transposing into the national legal framework Council Directive 2004/83/EC of 29 April 2004 and Council Directive 2005/85/EC of 1 December 2005. The aforementioned Law No. 27/2008 also provides a simplified legal framework for receiving asylum seekers and specifies the minimum standards for treatment in the reception of asylum seekers and refugees, in particular regarding health care and legal aid.

In essence, asylum can be requested upon arrival to Portuguese territory. Asylum seekers have the right to receive an answer regarding their application within 60 days. In terms of health care, asylum seekers have the same entitlements as Portuguese nationals.

The ACIDI is a public institution established in 2007 by Decree-Law No. 167/2007 of 3 May 2007.⁶ It falls under the Cabinet of the Prime Minister and carries out a wide range of activities (Fig. 2) to promote and support the welcome and integration of immigrants through interministerial strategies.

Fig. 2. Daily activities in the ACIDI



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The ACIDI has dedicated particular attention to the development, implementation and monitoring of public immigration policies in collaboration with academia and research centres. The ACIDI Immigration Observatory, created in 2003, promotes dialogue between academia and policy-makers relating to the integration of migrants in Portugal.

The institution is responsible for coordinating and monitoring the implementation of the National Plan for Immigrant Integration, agreed with the Presidency of the Council of Ministers. The plan is drafted and revised every three years and consists of a series of interministerial political measures with indicators and goals aimed at the best possible integration of immigrants in Portugal.

⁶ Prior to 2007 the work of the ACIDI had been coordinated since 1996 by the High Commission for Immigration and Ethnic Minorities (ACIME).

In 2004 the ACIME created two national immigrant support centres (CNAIs) in Lisbon and Porto, respectively, to propose integrated interventions, in collaboration with representative immigrant associations, social partners, and various public administration agencies and services. The centres have been recognized as so-called one-stop shops for best practice.

The CNAIs provide a number of governmental and support services under one roof, with services provided directly by socio-cultural mediators. The Lisbon CNAI involves six government agencies across five different ministries; namely, the SEF, the Working Conditions Authority, the Ministry of Solidarity, Employment and Social Security, the Regional Health Administration, the Regional Directorate of Education and the Central Registry Office. At the time of writing, the CNAI in Lisbon had a daily average of 500 service users.

A network of 86 local immigrant integration support centres (CLAIs) – providing local information services and a direct link to the CNAIs – reinforces the two CNAIs.

In Portugal, the Ministry of Internal Affairs is responsible for immigration matters. The SEF is a security service under the Ministry of Internal Affairs, with administrative autonomy, and forming part of the internal security policy of the country. The objectives of this service are to control the movement of people at borders, the permanence and the activities of foreigners in Portugal, as well as examining, promoting, coordinating and implementing measures and actions related to these activities and to migratory movements.

The SEF manages the only dedicated centre for temporary detention of migrants in Portugal, the Unidade Habitacional de Santo António (UHSA) in Porto (Fig. 3), along with several transit zone sites (CITs) located at airports, which are used for the short-term detention of undocumented migrants and asylum seekers entering the country. The section on service delivery towards the end of this report provides further details about these centres.

Fig. 3. Migrant detention centre in Porto, Portugal



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The Portuguese Integrated Emergency Medical Service (SIEM) is managed by the National Institute of Medical Emergency (INEM), works closely with the Ministry of Health and is organized in a similar way to many other medical emergency services in other European countries.

The Portuguese civil protection structure is organized at the municipal, regional and national levels, with the aim of preventing and attenuating the effects of serious accidents or disasters, paying specific attention to fires and earthquake preparedness. The ANPC assumes a primary role in the planning, coordination and implementation of the civil protection policy. The ANPC is thus a central service, operational in nature and endowed with administrative and financial autonomy under the auspices of a responsible government member within the Ministry of Internal Affairs. Emergency drills are regularly organized. However, sudden, massive influxes of migrants were never considered as a possible emergency scenario. During the mission, it was possible to visit the ANPC situation room in Lisbon. The room is fully equipped with the latest information and communication technologies to support operations and facilitate emergency preparedness and response coordination. In case of serious accidents or disasters, a nationwide incident

command system is in place. The ANPC organizes weekly interministerial coordination meetings to share information on ongoing activities. Ministry of Health representatives are invited to attend when health matters are on the agenda. During the mission, we also visited the situation room of the Maritime Operations Centre. The centre is located within the North Atlantic Treaty Organization (NATO) compound in Oeiras, near Lisbon. Among other activities, the centre provides an operational coordination hub for sea operations, including search and rescue. A recent drill coordinated by the centre involved staff from the Ministry of Health because public health threats associated with undocumented migrants were included in the exercise scenario. However, the exercise did not provide for the presence of health staff during the rescue operations.

Portuguese civil society is particularly active in addressing the needs of undocumented migrants. NGOs and religious institutions play a crucial role in facilitating migrants' access to the NHS.

Current Portuguese legislation regulating migrants' access to health care services is based on three central documents (Law No. 48/90 of 24 August 1990; Health Ministry Decree 25360/2001 of 16 November 2001; and Decree-Law 67/2004 of 25 March 2004). Nevertheless, the current administrative procedures regarding access to health care for undocumented migrants are subject to different interpretations at local level. Thus, despite the active presence of innovative migrant information centres in Lisbon and in the main municipalities of the country, some grey areas persist in the country's immigration law. For example, it was reported during the interviews carried out on the mission that the Ministry of Health's administrative circulars and instructions on immigration matters can result in inconsistent administrative practices that in turn may limit access to health services for undocumented migrants, both under normal circumstances and in the case of sudden, massive influxes.

The national disaster management system includes a health component in general terms,⁷ but sudden, massive influxes of migrants are not identified as possible emergency scenarios.

Recommendations

- 1 The central administration of the health system should consider further simplifying, clarifying, standardizing and monitoring the implementation of administrative procedures for free access to basic NHS services for undocumented migrants, taking into consideration possible sudden, massive influxes.
- 2 The Directorate-General of Health should consider promoting the inclusion of sudden, massive influxes of migrants within the possible scenarios of the national health contingency planning.
- 3 The ANPC should consider including sudden, massive influxes of migrants in scenario exercises.

Health workforce: medical products, vaccines and technology

Findings

The number of physicians per 1000 population in Portugal is currently above the EU27 average. However, general practitioners (GPs) and nurses are relatively few compared to other European countries (7). Notably, to comply with the Memorandum of Understanding between the Portuguese Government and the troika,⁸ expenditure cuts amounting to a total of €670 million were demanded from the Portuguese health care system. Specific targets for expenditure cuts included drugs, prescriptions and the workforce. Incomes of public sector employees (including health professionals) were cut in 2011 and 2012. In addition, citizens' co-payments for primary care and user charges were increased, although the latter were capped at €50 per hospital visit (8). In primary care the co-payment is €5 for a medical consultation with a GP and €4 for a nurse consultation. In hospitals, a basic urgent care episode costs €15.50.

Data from the Portuguese Medical Association (Ordem dos Médicos - OM) show that the number of registered foreign doctors in Portugal represented 9.3% of the country's practising physicians in 2011. The majority of them are Spanish, with doctors from Latin America and former Portuguese colonies in Africa making up the rest.

The implementation of the influenza pandemic preparedness plan, developed in line with the WHO recommendations, has promoted the adoption of human resources surge mechanisms that, according to Ministry of Health officials, could be quickly adapted to respond to sudden, massive influxes of migrants.

⁷ A comprehensive assessment of the health system capacity for crisis management has not yet been conducted in Portugal. However, this was not the aim of the mission.

⁸ The troika is the entity consisting of the European Commission, the European Central Bank and the International Monetary Fund.

Data on the number of cultural mediators are not available, although mediators were present in almost all migrant services visited during the mission.⁹

In 2009 the ACIDI launched the project Intercultural Mediation in Public Services, which has permitted the integration of cultural diversity management into the public administrative services of various sectors, including health, education and social services. The project comprised training, supervision and monitoring components. One of the project outcomes was the elaboration of a training manual in intercultural mediation, and the ACIDI Intercultural Trainers' Network was subsequently established. The network comprises a decentralized team of almost 40 trainers providing sessions to raise awareness on immigration and intercultural mediation.

Medical products, vaccines and modern medical technology are widely available in Portugal. Rapid stock mobilization mechanisms are also in place.

Several NGOs and religious institutions have systems in place for collecting medicines donated by pharmaceutical companies, pharmacists and private donors. Those medicines are distributed after a medical consultation with the migrants at the organizations' own medical centres.

Immunization is free for migrant children and follows the Portuguese immunization calendar.

Recommendation

- 1 The Directorate-General of Health should consider incorporating health management for sudden, massive influxes of migrants into health staff training topics.

Possible area of technical collaboration

WHO could provide support to the Directorate-General of Health to develop training modules on the health management of sudden, massive influxes of migrants.

This would contribute to providing leadership for improving health and eliminating health disparities in the context of international migration through the provision of multidisciplinary courses that bring together research findings, policy and practice implications.

Health information

Findings

Portugal has experience in setting up syndromic surveillance systems, for instance in cases of mass gatherings (9), disease outbreaks and other situations of international public health concern under the International Health Regulations (IHR) (10).

The ACIDI Immigration Observatory gathers, processes and makes available information on the issue of immigration in Portugal in the form of regular research study publications, newsletters, theses and working papers (11). The Portuguese health system performance assessment carried out by the WHO Regional Office for Europe in 2008 and 2009 highlighted critical gaps in health information in Portugal that may limit the potential to develop health system policies and strategy on the basis of sound evidence (12).

Various multilingual health information and promotion materials published by governmental bodies and NGOs were available in almost all migrant services centres and organizations visited during the mission.

Recommendation

- 1 The Directorate-General of Health should consider promoting syndromic surveillance refreshment training for health staff working in key public health institutions, including health staff belonging to other ministries involved in the management of national emergency operations.

⁹ The CNAI in Lisbon has more than 80 cultural mediators of 11 nationalities.

Health financing

Findings

It was not possible to collect detailed information about the availability of funds to cover preparedness and response activities in cases of influxes of migrants.

According to several health workers in various migrant service centres and organizations, the current economic crisis sometimes results in restrictive interpretations of undocumented migrants' rights to access NHS services.

Service delivery

Findings

Portugal has one dedicated immigration detention centre, the UHSA in Porto, which is managed by the SEF and falls under the authority of the Ministry of Internal Affairs. The centre has capacity for 30 adults and six children. At the time of the visit, 12 adults were detained, waiting to be repatriated. Overall, hygienic conditions appeared to be in line with minimum standards. The NGO Doctors of the World and the JRS provide primary health care (Fig. 4) and psychosocial support consultations on a weekly basis. When necessary, migrants are escorted to the referral health centre or hospital. The most frequent health needs relate to dental health and mental health. The centre covers the health costs, including medicines, laboratory tests and hospital care.

Fig. 4. Doctors of the World testing for diabetes



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Portugal's migrant detention infrastructure also includes several CITs located at airports, which are used for the short-term detention of undocumented migrants and asylum seekers entering the country. During the mission, it was possible to visit the CIT in Lisbon airport, which has capacity for 56, distributed across two wings. The hygienic conditions appeared to be in line with minimum standards, but there was a lack of windows in the dormitory area and a shortage of space when fully occupied. The main concern relates to length of detention, which could reach 60 days. The airport health post – run by the Portuguese Red Cross – provides initial medical assistance to the migrants detained in the CIT, but when necessary, migrants are escorted to the referral health centre or hospital.

CNAIs and CLAIIs provide information to documented and undocumented migrants about access to the NHS. Civil society organizations, NGOs and religious institutions have established parallel medical services whereby, alongside basic health care, medicines, food and clothes are provided. Some of them pay the bills when undocumented migrants need special treatment or diagnosis. The JRS and the CPR are particularly active in this respect. Through a 2006 Memorandum of Understanding between the Ministry of Internal Affairs, the IOM and the JRS, JRS-Portugal provides social and psychological services, as well as legal counsel to detainees. The Bobadela Reception Centre for asylum seekers is located near Lisbon and is run by the CPR.

Recommendation

- 1 The ACIDI should consider mapping sites that can be used as shelters, and nongovernmental resources that can be mobilized in case of sudden, massive influxes of migrants.

Testing the assessment tool

Findings

The overall structure of the assessment tool – based on the WHO health systems framework – is adequate to assess the situation even in a country never affected by a sudden, massive influx of migrants.

However, the number of questions could be reduced and questions could be regrouped to assess the situation in countries in which such influxes are considered to be unlikely.

Conclusions

In several aspects, Portugal could be used as a model for immigrant integration. However, during assessment interviews it was reported that current legislation may limit undocumented migrants' full access to basic health care services. Emergency management structures are in place, but sudden, massive influxes of migrants are not considered a possibility.

The assessment mission represented an opportunity to further stimulate dialogue and collaboration between the Ministry of Health and the Ministry of Internal Affairs.

Although Portugal would be unprepared to respond to sudden, massive influxes of migrants, the willingness to further improve the migrant integration process, coupled with the already existing interministerial collaboration and coordination mechanisms, represent fertile ground for enhancing the capacity for preparing for and responding to such (albeit so far unlikely) events.

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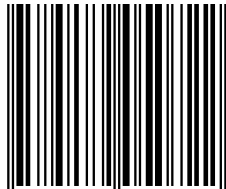
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