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CHALLENGES FOR MIGRANT HEALTH POLICY IN THE REPUBLIC OF MACEDONIA

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Abstract

Migration Integration Policy Index (MIPEX) Health strand questionnaire (2015) was applied to analyze health policies affecting migrant integration related to migrants' entitlements to health services; accessibility of health services for migrants; responsiveness to migrants' needs; and measures to achieve change in Republic of Macedonia. Republic of Macedonia has health strand total score 38, lower than the highest score 70 in Switzerland, but much higher than the lowest score in Latvia 17 and higher than the neighboring countries Greece and Bulgaria. Republic of Macedonia is in the same score group with Turkey and Cyprus. Health care is a constitutionally-guaranteed universal right for citizens in Republic of Macedonia. As most Southeast European countries. Republic of Macedonia offers migrants legal entitlements to healthcare, but still little to adapt services to their needs. There is a need to create appropriate structures in health system accessible to refugees responsive to their needs and different cultures based on universal human rights.

Keywords: migrant, health, policy, integration, MIPEX

Introduction

Macedonia experienced several refugee crises, during which continuously expressed readiness to provide care and environment where refugee rights are fully accessible and respected. There have been evident changes in the type of immigrants coming from other countries in the Republic of Macedonia during the transition period after the break-up of Socialistic Federative Republic of Yugoslavia. With the expansion of the European Union into South East Europe, there has been a notable growth of transit and illegal migration in the Republic of Macedonia. Given the geographic position of the country, there is a high likelihood of further growth of such migratory developments (1).

Macedonia attracts immigrants mainly from Turkey, Albania and Kosovo, but also more recently people from Afghanistan and Pakistan, as well as Syrian refugees. Thousands of migrants illegally were coming from Greece in Macedonia and continued transit through Serbia to final destination in rich EU countries. However, many asylum-seekers and refugees moved on before their international protection needs have been assessed. Such movements are prompted in part by: difficulties in applying for asylum, for example at borders; inadequate or insufficient reception conditions; low recognition rates; or a lack of local integration prospects (1,2).

Largely a country of emigration, Macedonia has slowly started to become a country of transit and permanent immigration, net migration has been continuously increasing within the period 2009-2015, from 1,065 to 4,342, mainly due to immigrant-foreigners with temporary stay, but in 2016 it has decreased to 4,113. At the same time there is negative net migration of Macedonian residents which improves slightly from -510 to 2009 to -157 in 2016. (3) This is "brain drain" process when young and educated residents are temporary or permanently leaving the country.

Table 1: Migration trends in Republic of Macedonia within the period 2009-2016

Year	*2009*	*2010*	*2011*	*2012*	*2013*	*2014*	*2015*	*2016*
Immigrants	**1 857**	**2 715**	**3 211**	**3 787**	**3 991**	**4 208**	**5 358**	**4 743**
Residents	259	303	349	396	490	265	259	283
Foreigners with temporary stay	1 000	1 356	1 747	2 072	1 941	2 273	3 617	2 481
Foreigners with extended stay	598	1 056	1 115	1 319	1 560	1 670	1 482	1 979
Emigrants	**792**	**1 007**	**1 290**	**1 415**	**1 041**	**839**	**1 016**	**630**
Residents	769	923	1 143	1 330	945	740	767	440
Foreigners with temporary stay	23	84	147	85	96	99	249	190
Net migration	**1 065**	**1 708**	**1 921**	**2 372**	**2 950**	**3 369**	**4 342**	**4 113**

Source: State Statistical Office. Migrations. 2016. (3)

The main **goal** of this paper was to present and analyze health policies affecting migrant integration related to migrants' entitlements to health services; accessibility of health services for migrants; responsiveness to migrants' needs; and measures to achieve change in Republic of Macedonia.

Material and methods

Migration Integration Policy Index (MIPEX) Health strand questionnaire (2015) has been applied as the most comprehensive and reliable tool. MIPEX was first published in 2004 as the European Civic Citizenship and Inclusion Index, The MIPEX health strand was developed by Migration Policy Group (MPG), IOM and COST Action ADAPT (Adapting European Health Services to Diversity). COST is the EU Association for European Cooperation in Science and Technology. The normative framework underlying the health strand was provided by the Council of Europe's (2011) Recommendations on mobility, migration and access to health care (see http://bit.ly/rKs2YD and http://bit.ly/xF0g6U). These recommendations were formulated during a two-year process of consultation with researchers, health professionals, national and international organizations, as well as NGOs serving or run by migrants.The process of developing and piloting the questionnaire was undertaken by ADAPT, which is a network of 120 experts on migrant health working in 30 countries. Data collection was organized by the IOM, while experts and peer reviewers responsible for completing the Health strand questionnaire were members of ADAPT.

Results

The immigration process in Republic of Macedonia is quite different and that pushed the Government to action by implementing new policies. Continuous cooperation with national and international institutions, especially with the UN Refugee Agency, contributed to establishing integration policies that incorporate respect for cultural and social differences, human rights and respect for human dignity. Macedonia has ratified the main ILO and UN conventions. In 2008, the government adopted the first national migration policy and national strategy on integration of refugees and foreigners 2008-2015(4), providing a national policy framework to implement an integration process targeting recognized refugees and persons under humanitarian/subsidiary protection and other vulnerable categories. In 2009, the National Plan of Action (NAP)(5) was adopted by the Government outlining the activities for integration of refugees and foreigners within six-core components, as per the strategy. These policy and operational documents specify activities across sectors relevant to support the refugee integration.

Health care is a constitutionally-guaranteed universal right for citizens in Republic of Macedonia (6,7) and is financed by compulsory health insurance and from the central budget through Ministry of Health (MOH) vertical programs. Compulsory health insurance is based on solidarity, equity and equality providing universal coverage with basic benefit package (horizontal and vertical equity) and defined by Health Insurance Law (HIL)(8). Compulsory health insurance payroll contributions from the salaries are paid to the Health insurance fund for a defined package of benefits (HIL). In principle, these benefits may be supplemented with private insurance, but this practice is still limited. Risk sharing system is equitable but access to this system is unequal (1).

Foreigners (or legal migrants) in Macedonia are covered by the same risk-sharing system for health care but are subjected to additional requirements such permission to stay, paid employment. Entitlement to health servicemen including right to health insurance is regulated with Law on Foreigners (9)and with the Health Insurance Law.Systematic use of out-of-pocket payments exists for all. Migrants with access to compulsory health insurance are obliged to pay co-payments at the same level as nationals.

Health care of asylum seekers is regulated with Law on Asylum and Temporary Protection (LATP) (10) and with Health Insurance Law compulsory health insurance with right to basic benefit package, covers asylum granted persons, under subsidiary protection and asylum seekers. Ministry of labour and Social Policy covers the costs of health services at the point of use.

Undocumented migrants have no access to the same system as nationals, they have private insurance or payment of full costs of the services. Emergency care in life threatening situations should be provided without patient documentation.Migrants that entered

the country illegally are transferred to the Transition centre of the Ministry of Interior (MOI) in Gazi Baba (Skopje) where health services are organized in collaboration with Red Cross. The costs for health services during their stay at this centre are paid by Government through MOI. If they seek asylum they become asylum seekers and are being transferred to asylum Reception Center in Vizbegovo, Skopje, where have the same entitlements to health care as asylum seekers. The sanitary conditions and health care provisions, including psychosocial support in these centers, are poor, posing a threat to the health of migrants which number is growing (1).

MIPEX Health Strand and four dimensions on health

Republic of Macedonia has health strand total score 38, lower than the highest score 70 in Switzerland, but much higher than the lowest score in Latvia 17 and higher than the neighboring countries Greece and Bulgaria. Republic of Macedonia is in the same score group with Turkey and Cyprus (11). Health care is a constitutionally-guaranteed universal right for citizens in Republic of Macedonia. Like most of the Southeast European countries, Republic of Macedonia offers migrants legal entitlements to healthcare, but still little is done to adapt services to their needs. (1)

Although the law may grant migrants certain entitlements to healthcare coverage, administrative procedures (e.g. requirements for documentation or discretionary decisions) often prevent them from exercising these rights in Macedonia. The complexity, bureaucracy and delays characterizing immigration procedures, combined with the extent of informal employment, are the major obstacles to immigrants' access to care in Macedonia, as a large share remains uninsured. The precarious socio-economic condition of many also gravely restricts their access to health care services, mainly to specialized services and secondary care (1).

Entitlements

- Wide discrepancies exist for legal migrants, despite the EU's declared aim to harmonize their entitlements. Entitlements for asylum seekers also show wide variations. Coverage for undocumented migrants remains a controversial issue in most countries. In many countries, administrative barriers prevent undocumented migrants from exercising their legal entitlements

Access policies

- Multiple methods and languages are not used to inform all categories of migrants about entitlements and the use of health services neither in Macedonia
- Cultural mediators or trained patient navigators are provided to a certain degree in 18 countries in Europe. In Macedonia there are only Roma mediators.

Responsive services

- Services are not adapted to the needs of migrants in Macedonia
- Language support is not provided where necessary in Macedonia, like in most Central and Southeast European countries
- Migrants are not involved in information provision, service design and delivery in Macedonia.
- Staff is not prepared for migrants' specific needs in Macedonia.

Mechanisms for change

- Active measures promoting change and promising efforts are missing, with little policy support to achieve change.
- There is no research and data needed to address migrants' specific health needs in Macedonia.
- Action plans on migrant health have been developed in 22 countries including Macedonia.

Currently the few studies available in Macedonia can only provide indications of minorities' mostly Roma health problems and not an accurate picture of the state of health of migrants(12, 13, 14).

Discussion

The country's policies for societal integration are just below the European average and slightly better than other countries in the region, such as Serbia, Bosnia and Herzegovina, Croatia and Bulgaria. The country's anti-discrimination legislation could contribute the most to the integration of future immigrants, as in other countries with similar laws in Central and Eastern Europe (1, 15) .

The main barriers to health care for some mobile groups are caused by the considerable variation of national regulations, laws and policies which regulate the entitlements to health services for refugees, asylum seekers and un-documented migrants in EU Member States (16). Specifically, for undocumented migrants, current regulations and legislations in EU Member States do not guarantee access to health care and tend to become more restrictive (17).

Other barriers refer to language, cultural differences in concepts of health and disease, the expression of symptoms and to the recognition of the need to seek treatment and the presence of racism. In many cases migrants and refugees when referring to health concerns involve cultural factors that make them hesitant to seek health care. It is evident that problems arise primarily from difficulties of adapting to a new climate when confronting health problems and dealing with health professionals. Cultural competence needs to be developed in relation to social and health care (18).

There are differences in migration integration policy between countries in Europe. Attention to migrants' health needs is fairly recent in integration policies. On one end, health systems are usually more 'migrant-friendly' in countries with a strong commitment to equal rights and opportunities. On the other end, health systems are rarely inclusive or responsive in countries with restrictive integration policies, such as in most of Central and Southeast Europe. Targeted migrant health policies are usually stronger and services more responsive in countries with greater wealth, more immigrants and tax-based as opposed to insurance-based health systems. Most Southeast European countries offer migrants legal entitlements to healthcare, but make little effort to adapt services to their needs (1, 11).

People will continue to move between countries and continents, irrespective of laws and patrol boats, of oceans and deadly perils. So there is a need to create appropriate structures accessible to refugees and societies that accommodate people's free movement and share resources more fairly, based on universal rights and duties (19). This can only be achieved if all European countries share responsibility for integrating migrants in their societies (20).Cross-border collaborations can face multiple logistical barriers, and developing solutions requires the commitment of many actors.

Effective health care delivery to migrant and minority groups in Macedonia is compromised by the absence of cultural sensitive services such as interpreters, cultural mediators, health and social care professionals trained on multicultural approaches. Communication barriers seem to be important, not only regarding access to health as such, but mostly in respect to information, negotiation and communication with health care administrators and providers. In Macedonia there are only Roma mediators. Migrants are not involved in information provision, service design and delivery (1).

Conclusion

Measures regarding immigrants' healthcare and broader welfare issues remain closely tied to the general framework of immigration policy. Thus any initiatives addressing migrants' access to and accessibility of care would not alone be enough. There is a need for a coherent migration policy to address the status of undocumented immigrants and rejected asylum seekers, as well as a series of conflicting issues, including labour market regulation to reduce the number of uninsured migrants.

The integration of migrants into their host societies promotes equal opportunities for migrants and nationals, thereby fostering economic development in countries of origin and destination.It is necessary to create appropriate structures in health system accessible to refugees responsive to their needs and different cultures based on universal human rights.

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