How Universal is Universal Healthcare?

Perspectives from Europe

By
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Presentation Outline

• Universal policy
• Migration and Universal healthcare

• Perspectives from Norway
• Perspectives from Spain

• Summary
• Reflections and discussion
What is Universal Policy?

- Concept of universalism coined by Beveridge in 1942 as response to industrialization in post war Britain

- Through public taxation universalism extends public insurance to **ALL Citizens**, not only working or poor

- **Universalism** is the central principle in **universal policy**
Universal Health Policy

• Universal health policy an extension of universalism in social welfare policies

• Universal health coverage (UHC) entitles all people in society access to necessary health services of sufficient quality at little or no charge
Diversity and Universal Health Provision

• Diversity is the biggest challenge facing universalism in health policy

• Diversification resulting from changes in social structures and governing practices are thought to make Universalism impracticable

• In this presentation, we will focus on migration as a cause of diversity
Migration and Universal Healthcare

Three perspectives on the interrelation of migration and universal healthcare

1) Migration as a source of diversity- putting pressures on the system

2) Migration as a social determinant of health for migrants

3) Migrant policy as an indicator of the development of migrant health policy
   • Political dimension
   • Historical dimension
Migration and Universal Healthcare

1) Migration as a source of diversity
2) Migration as a social determinant of health for migrants
3) Migrant policy as an indicator of migrant health policy
   • Political dimension
   • Historical dimension
Migration and Universal Healthcare

1) Migration as a source of diversity- pressures on the system

• Migration can pose many new challenges for a nation’s healthcare and welfare systems

• Universal healthcare provisions can be efficient at targeting and treating the needs of the native population

• But not prepared to address the specific needs of particular migrant populations
Migration and Universal Healthcare

1) Migration as a source of diversity

2) **Migration as a social determinant of health for migrants**

3) Migrant policy as an indicator of migrant health policy
   - Political dimension
   - Historical dimension
2) **Migration as a social determinant of health for migrants**

- Migrants are affected by an array of challenges that impede their attainment of good health even when they are entitled to universal healthcare

- the obstacles go beyond legal restrictions

- due to lack of information, cultural and linguistic barriers
Migration and Universal Healthcare

1) Migration as a source of diversity
2) Migration as a social determinant of health for migrants
3) Migrant policy as an indicator of migrant health policy
   • Political dimension
   • Historical dimension
Migration and Universal Healthcare

3) Migrant policy as an indicator of migrant health policy (Political dimension)

• Degree of Incorporation and integration of migrants is key in health delivery and outcomes

• In Europe many countries have **migrant health policies as a part of broader integration policies**

• despite a growing Europeanization of migrant policies, differences in national policies on
  • Asylum
  • Residency
  • Citizenship

• contribute to **most** of the variation in Europe in **access and utilization of health services** between migrant groups (such as asylum seekers, undocumented migrants, and workers)
Migration and Universal Healthcare

1) Migration as a source of diversity
2) Migration as a social determinant of health for migrants
3) Migrant policy as an indicator of the development of migrant health policy
   • Political dimension
   • Historical dimension
Migration and Universal Healthcare

3) Migrant policy as an indicator of migrant health policy (Historical Dimension)

• The scope of policies and services designed to address the diverse needs of migrants across Europe also varies based on the host nations’ experience and history of migration

• Lets take a closer look
Migration History & Migrant Health Policies

• major phases of migration over the past century in Europe

1) 1950s-1970s: post war economic boom in Sweden, Denmark, Germany, France and the United Kingdom
2) 1980s-1990s: economic expansions in southern European countries- Portugal, Spain, Italy
3) 2000s +: influx of migrants to Norway, Finland, Iceland, Ireland
4) more decently- European “migration crisis” 2015

(Ingleby, 2011)

• Some argue there is a correlation between migrant health policies and the experience of migration because they reflect interventions for their migrants’ specific needs, e.g.
  • aging migrants
  • sexual and reproductive health
Migration and Universal Healthcare

• Perspectives from two European countries with universal healthcare

NORWAY

SPAIN
Norway
Quick facts about Norway

- Constitutional monarchy
- Not an EU member state
- Part of the European Economic Area (EEA)
- Population **5.3 Million**
- Highest Human Development Index (HDI) in the world
Norwegian Welfare State

• Its social democratic Welfare model is renowned in the world for
  • emphasis on citizenship rights
  • high decommodifiacion
  • low levels of inequality between poor and the rich and between men and women
  • offers comprehensive universal public services → universal health
Universal Healthcare in Norway

- Progressive taxation finances generous public services
- equal access to health & welfare National priority
- Health system covers all legal immigrants
- Undocumented migrants excluded from scheme- only emergency care
History of Migration in Norway

• Not extensive (new phenomenon)
• Migrants made up less than 2% of total population in 1970s
• In 2019 persons with immigrant backgrounds* make up nearly 18% of Norway’s population
• → Nearly 1 in 5 people in Norway!

Statistics Norway:

* Persons with immigrant background are “Persons born abroad with two foreign-born parents and four foreign born grandparents, in addition to persons born in Norway with two foreign-born parents and four foreign-born grandparents.”

* Immigrants (defined as a person born outside Norway to foreign-born parents, and registered as resident in Norway in the National Population Register.

(765 108 immigrants and 179 294 Norwegian born to immigrants)
05183: Immigrants and Norwegian-born to immigrant parents, by country background and year. Immigrants and Norwegian-born to immigrant parents.

Source: Statistics Norway

Source: Statistics Norway
Characteristics of Norway’s migrants

• Norway’s migrant population is **younger than the average population**

• ~50% of them are between 20-44 years old (avg. childbearing age in women)

• Posing particular challenges for its health system, one being:
  • Reproductive health needs of migrant women

• I am interested in studying migrant maternal health within Norway’s universal health policy- i will explain why
Migrant Maternal Health in Norway

- Maternal mortality rates are low in continental Europe, but other indicators show disparities in maternal health outcomes
- This includes differences in utilization of prenatal and antenatal care by migrant women
- and a higher prevalence of unfavorable birth outcomes among them
Migrant Maternal Health

• Meaning, despite the **statutory right to maternal health services**
• there are loopholes in Norway’s universal health policy, which inadvertently contribute to **inequalities in maternal and child health outcomes between its local and migrant populations**
Inequality in a system designed for equality

• With respect to migrant maternal health:
  • National health policy in Norway tends to focus on 1,2,4 and select elements from 3
  • not much on acceptability or cultural appropriateness of services

But with growing multiculturalism there are new pressures on the health system to be suitable for people who are not ethnic Norwegians
Maintaining Universalism in the face of Diversity
Maintaining Universalism in the face of Diversity

• A decentralized approach to the governance of health service provisions gives local governments autonomy to address their population’s specific needs → i.e.
  • Go beyond what's in national policy to reach/maintain good health outcomes

• however, this can be problematic

• different patterns of migrant settlement across the country → variance in health care initiatives in terms of availability, scope and quality
Does a decentralized approach to equity impose weakness to the principle of universalism and further deepen inequality?

→ equity and equality paradox!
Access to Healthcare in Spain and the Migrant Situation
Spain

Quick Facts:

❖ Constitutional monarchy
❖ Population 46,934,632
❖ Member of EU
Historical Context

- 1978 Spanish Constitution

- 1986 General Health Law (reform of Ernest Lluch)

- 2002 Healthcare transfers to Regional Control ("Comunidades Autónomas")

- 2010- ... Economic crisis (budget cuts and counter-reform)
Features of the Spanish National Health System (SNS)

- *De facto universal* population coverage: 99%
- Non-contributory benefit and funded by taxes (100%)
- Co-payments mainly in pharmaceuticals
- The financer, the insurer and the providers are all part of the public system (100% in Primary Care, and about 70% hospitals).
- Extensive benefits package (exceptions – dentistry and optometry)
- Organization in two levels: Primary Care and Specialized Care
Satisfaction among the Population

PUBLIC HEALTH SERVICE VS PRIVATE SERVICE

If you could choose a health service, what would it be?

- Primary Care
  - Public: 68.2%
  - Private: 26.5%
  - DK/NA: 5.3%
- Specialty Care
  - Public: 56.0%
  - Private: 24.9%
  - DK/NA: 19.1%
- Hospitals
  - Public: 67.0%
  - Private: 26.3%
  - DK/NA: 6.7%
- Emergency rooms
  - Public: 64.4%
  - Private: 29.3%
  - DK/NA: 6.3%

VALUATION OF THE HEALTH SYSTEM BY CITIZENS OF DIFFERENT COUNTRIES

68.3%

Source: Prepared by the authors based on 2016 data Commonwealth Fund International Health Policy Survey of Adults.
(Available at https://www.commonwealthfund.org/publications/fundreports/2017/may/international-profiles-health-care-systems)
In 2018, January 1st, Immigrants (foreign-born) represented 14% of the Spanish population (6,386,904)

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NUMBER OF IMMIGRANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marruecos</td>
<td>825,674</td>
</tr>
<tr>
<td>Rumanía</td>
<td>593,532</td>
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<tr>
<td>Ecuador</td>
<td>404,414</td>
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<tr>
<td>Colombia</td>
<td>394,431</td>
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<td>Argentina</td>
<td>256,071</td>
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<td>Venezuela</td>
<td>255,071</td>
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<td>Reino Unido</td>
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<td>Francia</td>
<td>203,556</td>
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<td>Perú</td>
<td>201,993</td>
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<td>China</td>
<td>195,345</td>
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<td>República Dominicana</td>
<td>173,531</td>
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<tr>
<td>Bolívía</td>
<td>171,399</td>
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<tr>
<td>Alemania</td>
<td>167,901</td>
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<tr>
<td>Cuba</td>
<td>141,348</td>
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<tr>
<td>Brasil</td>
<td>131,072</td>
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<tr>
<td>Italia</td>
<td>125,297</td>
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<td>Bulgaria</td>
<td>115,456</td>
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<tr>
<td>Ucrania</td>
<td>106,109</td>
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<tr>
<td>Portugal</td>
<td>94,520</td>
</tr>
<tr>
<td>Paraguay</td>
<td>90,974</td>
</tr>
</tbody>
</table>

Source: Instituto Nacional de Estadística www.INE.es
Access to Healthcare for Immigrants

BEFORE APRIL, 2012

**Organic Law 4/2000**

“Foreigners in Spain, who are registered in the municipal population census in which they reside, have the right to healthcare under the same conditions as Spanish citizens”

In addition,

- Emergency assistance for any foreigner who is in Spain
- Foreigners under 18: same conditions as Spaniards
- Foreign pregnant: healthcare during pregnancy, childbirth and postpartum
Access to Healthcare for Immigrants

AFTER APRIL, 2012

Royal Decree-law 16/2012

- **Insurance model**: “insured” and “beneficiary” based on work contributions.

- **Exclusion of all undocumented immigrants**
  (exceptions: emergency assistance, foreigners under 18, foreign pregnant women)

- **Copayment**:
  Pharmaceuticals: e.g retirees
  And ALSO: non-urgent transportation of patients, ambulatory orthopedic and prosthetic materials, dietetic products or non-essential benefits
Access to Healthcare for Immigrants

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EXAMPLES OF PEOPLE EXCLUDED BY THE SYSTEM

- Persons hadn’t been able to renew their documentation
- Persons whose asylum applications had been denied
Access to Healthcare for Immigrants

WHAT IS HAPPENING NOW?

- Civil and Health professionals opposed 2012 law with protests

- *Royal Decree Law 7/2018*. Real change?

- But is the right to health simplified only to legal access to health care?

  Social Determinants of Health
Summary

• We have presented two cases to illustrate some debates on the universality of universal healthcare in Europe
  • A social perspective from Norway
  • A legal perspective from Spain

• Although these examples are not representative of the whole European experience with challenges facing their universal health policies, they offer a representation on some of the key debates and shortcomings surrounding universal health policies.
Central Argument

• The central take away from our presentation is that the **right to health** goes beyond timely and physical availability and accessibility.

• It is a complex field in which **multi-sectoral and disciplinary cooperation** is required at every level of policy making, both local and national, for the appropriate responses to migrant health issues.

• Furthermore, cooperation is needed from policy makers, practitioners, and service users to contribute to knowledge expansion and progress in enhancing health policy.
Discussions and Reflections

• What is the future of universal health policy?

• What are some recommendations you have for policy makers in addressing the challenges associated with universal health policy?

• Is the role of universalism in social policy declining?

• How much inequality can a universalist welfare state tolerate in its pursuit of equity?

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# Immigrants and Norwegian-born to immigrant parents

## Immigrants and Norwegian-born to immigrant parents, by country background. 1 January 2019

<table>
<thead>
<tr>
<th></th>
<th>Immigrants and Norwegian-born to immigrant parents, total</th>
<th>Immigrants</th>
<th>Norwegian-born to immigrant parents</th>
<th>Immigrants and Norwegian-born to immigrant parents in per cent of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>944 402</td>
<td>765 108</td>
<td>179 294</td>
<td>17.7</td>
</tr>
<tr>
<td>The EU28/EEA, USA, Canada, Australia and New Zealand</td>
<td>389 496</td>
<td>347 446</td>
<td>42 050</td>
<td>7.3</td>
</tr>
<tr>
<td>Asia, Africa, Latin America, Oceania except Australia and New Zealand, and Europe except the EU28/EEA</td>
<td>554 906</td>
<td>417 662</td>
<td>137 244</td>
<td>10.4</td>
</tr>
<tr>
<td>EU28/EEA countries</td>
<td>375 188</td>
<td>334 068</td>
<td>41 120</td>
<td>7.0</td>
</tr>
<tr>
<td>European countries outside EU28/EEA</td>
<td>80 294</td>
<td>61 898</td>
<td>18 396</td>
<td>1.5</td>
</tr>
<tr>
<td>Africa</td>
<td>131 700</td>
<td>96 054</td>
<td>35 646</td>
<td>2.5</td>
</tr>
<tr>
<td>Asia including Turkey</td>
<td>316 485</td>
<td>236 748</td>
<td>79 737</td>
<td>5.9</td>
</tr>
<tr>
<td>North America</td>
<td>11 897</td>
<td>11 054</td>
<td>843</td>
<td>0.2</td>
</tr>
<tr>
<td>South and Central America</td>
<td>26 534</td>
<td>23 067</td>
<td>3 467</td>
<td>0.5</td>
</tr>
<tr>
<td>Oceania</td>
<td>2 304</td>
<td>2 219</td>
<td>85</td>
<td>0.0</td>
</tr>
</tbody>
</table>
• Despite much progress in policy, practice and research, immigration as a source of diversity continues to pose many complex challenges to Norway’s (convoluted) universal health system