

# Summary: *Migration mainstreaming* in the context of health care

## *Terminology*

The term *mainstreaming* is used to refer to an integrated and comprehensive approach aimed at creating equality of opportunity in a given area, or within society as a whole. This means that a certain way of thinking and acting is integrated into the *mainstream*, in other words into all policies, programmes and projects. *Mainstreaming* thus means fitting into the *mainstream*; in other words, equality has to be introduced and be firmly established as an angle which must be taken into account when actions are decided upon, implemented and evaluated.

## *Definition*

The Council of Europe has defined gender *mainstreaming* as

“the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policy-making”

The definition given by the CE, which is today recognised as the reference, in particular as far as gender is concerned, contains the following important principles which also apply in areas other than gender:

- a *change of paradigm* when analysing a situation; considering the same reality, but perceiving it differently;
- a *strategy aimed towards a target*: equality of opportunity is the main principle laid down by *mainstreaming* ;
- a *strategy with regard to procedures* demanding practical and structural changes in the way in which things are done;
- an *integrated, cross-sectoral and comprehensive approach* aimed at raising awareness and marshalling efforts in the various areas;
- a *top-down approach*: mainstreaming can only take root if the relevant political and/or institutional players with decision-making powers are fully involved;
- a *perspective that looks at results*: improving the quality and effectiveness of the policies and actions (programmes/projects) being instigated;

## *Why migration mainstreaming ?*

If we want the principle of equality of opportunity in health matters to become a reality for the migrant population, and to remain so in the long term, it must be seen in a broad perspective, in structural terms and including the largest possible number of actors. *Migration mainstreaming* (henceforth *MiM*) is an approach

which makes it possible to achieve this target by accepting that concern for equality of opportunity for the migrant population should be present in all aspects of policy, strategy and action in the area of health care.

### ***What form does migration mainstreaming take?***

*MiM* is a long term strategy covering the whole range of activities. It aims to ensure that all those involved in health care – whether they come from the area of politics, administration or society – should include migration as a dimension in their thinking and in their actions, when planning, implementing and evaluating the programmes, projects and measures they are involved in.

The main aim of *MiM* is to guarantee that the migrant population should benefit from the criteria and conditions of equal opportunity in health care, a concept which can be defined as *equality of opportunity for the migrant population* in health care (henceforth *EOM*).

*MiM* is not opposed to the existence of specific measures (positive discrimination) promoting equality of opportunity in health care. *MiM* is not a replacement either for specific measures aimed at the migrant population, nor for the instruments for implementing them; rather, it complements them.

*MiM* involves a *dual strategy*: on the one hand, the provision of horizontal equality, meaning that the migrant population and the indigenous population enjoy identical health care services. On the other, the establishment of vertical equality, which implies that the migrant population has access to different health care services in as far as their needs are different from those of the indigenous population.

### ***Obstacles in the way of migration mainstreaming***

*Conceptual difficulties*: there is a mistaken idea that mainstreaming would replace existing (comprehensive or specific) actions, whereas in reality it complements other measures. In the same way, a lack of clarity about the cross-cutting between migration and other aspects of diversity in society (gender, age, socio-cultural etc) can also pose a major conceptual problem.

*Difficulties in acceptance*: *MiM* implies that the migration dimension should be integrated into the entire range of procedures and structures. This may run counter to the existing work culture and the organisational set-up.

*Difficulties arising from a lack of resources*: a lack of knowledge about the migration factor and its impact on health and on discriminatory practices in the matter of health care presents the first major difficulty. In addition, there is a lack of suitable instruments and tools to implement *MiM* as well as a lack of human and financial resources.

### ***Prerequisites for migration mainstreaming***

*MiM* implies a certain number of essential preconditions which must be fulfilled:

- the existence of a legal basis to promote equality in health care;
- a manifestation of willingness to deal with the issue and sensitivity towards it;
- training designed to create understanding of the concept of *mainstreaming* ;
- institutional organisation, responsibilities, assignments and staff skills;
- the availability of the relevant resources (material, financial, human).

## ***Establishing migration mainstreaming***

### *Method*

The so-called “four-stage method” developed for *gender mainstreaming* can be used to establish *MiM*. It consists of the following stages:

- stage 1: *analysis* of the situation. The aim is to detect and analyse inequalities in health between the migrant population and the Swiss population, as well as the structures and obstacles hindering the migrant population’s access to health care services;
- stage 2: *defining the targets* to be reached. The aim is to formulate and set specific and verifiable targets in the area of *EOM* ;
- stage 3: *implementation*. Programmes and projects are checked from the standpoint of *EOM*, and amended to ensure that they contribute to the aims of equal opportunity;
- stage 4 : *evaluation*. Checking results and progress with regard to the targets set by *EOM*.

Using this method, it is important to establish *MiM* at the three following levels.

### *Institutional level*

*MiM* can only become firmly ingrained in the structures and work procedures of an institution if the necessary framework has been created for *MiM* to be implemented (e.g. responsibility and resources have been determined). The main idea is to stimulate the development of a mindset that thinks in terms of *EOM* so that this eventually becomes an automatic reflex influencing all decisions, all projects and all measures in the area of health care. Making *MiM* part of the institutional structure does not necessarily mean establishing parallel structures and procedures, but rather implanting it within the existing organisational structures and procedures.

### *Programme level*

Establishing *MiM* at programme level means integrating the migration dimension in the analysis, target setting, implementation and evaluation phases of the programmes, so that they contribute to the *EOM* target.

### *Project level*

Establishing *MiM* at project level means ensuring that a certain number of factors, such as inequality in health care affecting the migrant population, access to the project, and the involvement of migrants should be taken into account both when elaborating and selecting projects, and also in assessing how far these projects are sensitive to the migration dimension.

### ***Instruments for mainstreaming***

Establishing *mainstreaming* requires a certain number of instruments whose aim is to ensure that the *EOM* perspective is firmly rooted as a cross-sectoral task in the work of the relevant professionals. By “instrument” we mean the entire range of tools which make it possible to set up *MiM* systematically, such as the overall guidelines, reference frames and check list.

These generic instruments can be divided into four main types, using different kinds of tools or techniques:

- analytical instruments with which the situation can be assessed using such tools as research or health statistics, for example.
- instruments for organisational and institutional development, using tools connected with such things as personnel management, the development of working processes and procedures, continuous training and internal communication;
- instruments for information, training and raising public and professional awareness, using training and the media;
- instruments for networking, consulting and for involving the relevant players, including techniques of political and administrative lobbying and public participation.