

Earlier treatment would cut spending on migrant healthcare in the EU: FRA study

While the issue of migrants at the EU's borders is currently at the top of the European agenda, once in the EU irregular migrants often find themselves cut off from health screening and preventive treatment. However, new research by the EU Agency for Fundamental Rights (FRA) suggests that Member States would spend less on migrant health by treating them earlier, rather than waiting until they require emergency treatment.

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In the first such research to investigate the cost-effectiveness of providing access to healthcare for irregular migrants, FRA used economic analysis based on a decision tree model to estimate the expenditure necessary for timely access to screening and medical care for irregular migrants, compared with the cost of emergency treatment. The research examined the situation in Germany, Greece and Sweden for two of the most common healthcare issues in the EU: hypertension and prenatal care.

- Based on available data, providing regular healthcare to hypertensive patients could:
 - generate savings of approximately 9% over the space of one year, rising to 13% after five years and 16% over a lifetime
 - help prevent more than 300 strokes and more than 200 heart attacks per 1,000 migrants in each country
- Improved prenatal care could generate savings of up to 48% in Germany and Greece and as much as 69% in Sweden over the space of two years.

As documented by FRA's earlier report on [*access to healthcare for migrants in an irregular situation*](#), varying legal frameworks and practical barriers lead to substantial differences in healthcare services provided to irregular migrants around the EU. With many countries reducing their spending on social welfare in the wake of the financial crisis, FRA's findings are particularly relevant. Combined with the fact that adequate healthcare is necessary in order to meet EU Member States' fundamental rights obligations, this is a powerful argument to improve healthcare provision for irregular migrants throughout the EU.

The three countries covered by this research project were chosen because of their geographical spread, the very different financing models for healthcare funding and public authority involvement in healthcare provisions, and the fact that all three have sizeable communities of migrants in an irregular situation. The medical issues selected are common health needs among irregular migrants. However, broader research covering a greater number of countries and health issues is needed for more conclusive analysis.

This statement is available in English, French, German, Greek and Swedish.

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