Barriers And Facilitators In The Implementation Of Inclusive Public Health Policies For Migrants

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Abstract:

The commitment to inclusion and adaptability in health systems and equitable access to quality services for migrant populations is more necessary than ever today, not only as a result of profound changes in migration patterns at a time of extreme risk, but also due to large-scale crises such as the COVID-19 pandemic. Observing the challenges and opportunities presented by the current reality, this paper analyzes the influence of key actors in the formulation and implementation of health policies for migrants, as well as their relationships, convergences, and divergences. The study was exploratory-strategic and was conducted with the participation of experts in health, migration, and public policy. The MACTOR analysis technique was applied to identify key actors, their dynamics, and the system's priority objectives. Based on these findings, a set of policies was proposed aimed at strengthening interinstitutional coordination, promoting equity in access to health, and raising awareness about migrant rights. It is expected that this work will be useful in the context of the design and implementation of inclusive and sustainable health systems that respond to the fundamental needs of migrants.

Introduction

Migration is a global phenomenon that is constantly increasing and, therefore, has also become a challenge for the definition of public health systems (HS). According to information from the International Organization for Migration (2022), more than 281 million people lived outside their territory of origin, which represents approximately 3.6% of the world's population. Migration can have direct implications for access to and quality of health services, mainly in situations where structural limitations and persistent inequalities in public HS concur (Rechel et al., 2013).

In Europe, recent waves of migration, particularly those directed towards Southeastern Europe, have tested the healthcare system's capacity to respond to more inclusive and equitable care (Woodland et al., 2021); however, responses are often partial, leaving people with migration experience exposed to barriers in accessing frontline healthcare services, mental healthcare, or preventive interventions (WHO, 2021). Current literature recognizes the numerous barriers by which migrants may have limited access to different public health services, such as legal, linguistic, economic, and cultural barriers (Bradby et al.; Giannoni et al., 2016).

On the other hand, the lack of harmonization of health policies in European territory can reinforce and widen these inequalities, especially in transit and reception areas (Biddle et al., 2021). Furthermore, facilitators for improving access to healthcare for migrants have also been documented: the existence of cooperation between the health sector, the intervention of cultural mediators, and the development of specific policies for vulnerable populations (Kotsiou et al., 2018). However, gaps persist in the literature that would allow them to go beyond the identification and prioritization of key actors and objectives to implement public policies (PP) that ensure access to healthcare in these resource-scarce contexts.

The MACTOR technique has been used in other previous studies to analyze complex systems, such as the interrelated system of strategic planning in global health (Arcade et al., 2014), but its application in health policies for migrants remains limited. Despite PP aimed at incorporating global health principles at the national level, many migrants still suffer from significant inequalities in access to health care. These inequalities are underpinned by social issues, but it must be kept in mind that such inequalities not only compromise care for migrants, but also the capacity of HS to address major public health problems more generally.

It is important to note, in this regard, that in Southeast Europe, the implementation of inclusive public health policies is uneven, reflecting a discrepancy between published policies and their implementation methods (Pop, 2023). In this regard, the importance of this work lies in identifying the barriers and facilitators to the implementation of inclusive public health policies, overcoming the difficulties or limitations of the local context. This work aims to generate knowledge applicable not only to the specific circumstances of migrants but also to the diverse situations that may arise in the context of public health. Furthermore, the findings can contribute to harmonization processes at the regional level and thus promote more cohesive, equitable, and sustainable ways of acting in the field of public health.

Therefore, the purpose of this paper was to examine the barriers and facilitators to the implementation of inclusive public health policies for migrants, using a participatory methodology based on the MACTOR technique. This technique allows for the systematization of the main actors and their strategic objectives, as well as the dynamics of interrelation (convenience or abstention, rivalry) and cooperation between them.

Some of the main contributions of this work are: the identification of structural and social barriers, such as the lack of regulatory integration, discrimination, and scarcity of resources, which are universal; the discovery of strategic facilitators that lead to formulas that favor this progress, such as international cooperation or cultural awareness; the development of practical recommendations, which seek to improve the implementation of inclusive policies, but which are also transversal to the search for sustainable and context-adapted formulas; the strengthening of the methodological basis for the use of the MACTOR technique, which facilitates the analysis of complex systems in the field of public health.

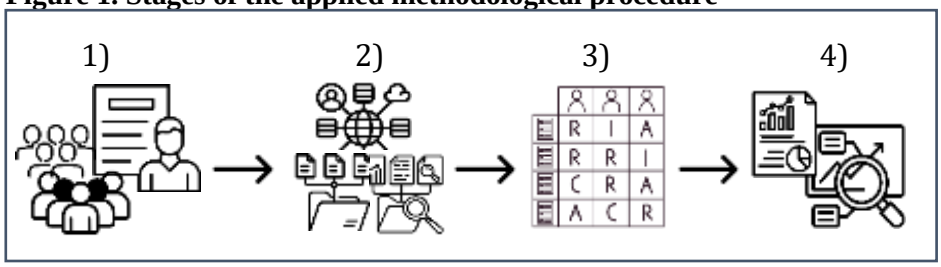
Methodology

This qualitative, exploratory-strategic study was designed to identify the barriers and facilitators inherent to the implementation of inclusive public health policies for migrants. The strategy proposed was a participatory approach, which focuses on key strategic actors in policy-making, academics, members of international organizations, and community workers, who possess extensive and applicable knowledge across contexts (Creswell & Creswell, 2017).

The MACTOR technique, as a cornerstone for mapping relationships between key actors and objectives (Arcade et al., 2014), allows for analyzing the dynamics of influence and collaboration in complex systems, establishing the bases to propose recommendations applicable to different contexts.

The methodological procedure followed four main stages, described in Figure 1.

Figure 1. Stages of the applied methodological procedure



Source: authors

Selection of experts: Purposive non-random sampling was used to select 20 international experts with experience in public health, migration policies, and with vulnerable populations. The sample consisted of six experts in charge of public policies and health policies; five academics specializing in migration and global health; five representatives of international organizations (WHO, UNHCR, Médecins Sans Frontières); and four NGO workers on health projects targeting migrants. The selection was based on their experience in the field and their ability to provide perspectives that could be extrapolated to national and international contexts.

Data collection: Data collection was carried out by combining multiple sources and methods to ensure a robust analysis. It included: a review of national and international health policies; a review of previous studies on migration and access to health; reports from international organizations; interviews with selected experts to explore their perceptions of barriers and facilitators; and participatory workshops using the MACTOR technique, in which participants analyze key actors, strategic objectives, and the system's relationship of influence and convergence.

Development of MACTOR matrices and analysis: Based on the participatory workshops, matrices were constructed, which allowed for the following: identification of strategic actors and their levels of influence; analysis of convergences and conflicts in priority objectives; creation of a map of power relations and cooperation in the different sectors; and, in turn, allowed for the derivation of conclusions applicable to contexts with migratory dynamics.

Results Report: The data obtained were triangulated to ensure their validity and reliability. The findings from document analysis, interviews, and workshops were cross-referenced using thematic coding to identify patterns beyond local settings. The findings were summarized into three levels: Universal Barriers, Strategic Facilitators, and Extrapolable Recommendations.

Results

From the literature review, eight actors emerged in the system that is part of the process of implementing inclusive public health policies for migrants. The identified actors are fundamental in the planning, execution, and monitoring of policies, and their definition is important for a better understanding of the dynamics of power, influence, and complicity in this system. Table 1 shows the actors and their roles.

Table 1. Key actors in the implementation of inclusive public health policies for migrants

Code	Actor	Role
A1	Government representatives	Responsible for formulating and approving PP, allocating resources, and coordinating strategies at the national and international levels.
A2	Representatives of international organizations	They provide technical guidance, funding, and specialized resources to strengthen the capacity of local health services.
A3	Community leaders and local organizations	They act as intermediaries between migrant communities and health services, promoting trust and equitable access to services.
A4	Health professionals	They provide direct care, adapt services to the needs of migrants, and facilitate their integration into the system.
A5	Experts in global health and migration	They conduct research, generate evidence, and advise on the development of specific policies for migrant populations.
A6	NGO representatives	They implement field-based care programs, especially in crisis contexts or with limited resources, ensuring access to essential services.
A7	Cultural mediators	They facilitate effective communication between health services and migrants, overcoming language and cultural barriers.
A8	Monitoring and evaluation managers	They evaluate the impact and sustainability of implemented policies, identifying areas for improvement.

Source: Authors

The literature review also allowed for identifying the strategic objectives that guide the implementation of inclusive policies. These objectives are designed to overcome barriers and strengthen facilitators in the care of migrants. Table 2 presents the key objectives, organized in a coded manner to facilitate their analysis within the methodological framework of this research.

Table 2. Strategic objectives for the implementation of inclusive public health policies for migrants

Code	Objective
O1	To ensure equitable access to health services
O2	To reduce administrative and legal barriers
O3	To promote intercultural training in health services
O4	To improve infrastructure and resources for inclusive services
O5	To promote community integration in health programs
O6	To strengthen interinstitutional coordination
O7	To generate evidence on the health needs of migrants

O8	To raise awareness in society about rights and challenges of migrants
O9	To ensure the financial sustainability of programs
010	To evaluate the impact of implemented policies

Source: Authors

After identifying the key actors in the implementation system of inclusive public health policies for migrants, the Matrix of Direct Influence between actors was constructed using the MACTOR technique. This matrix analyzes how actors influence one another. Figure 1 details this matrix, which shows that actors A1 (policymakers), A2 (international health organizations), and A4 (representatives of the national health system) have significant influence over the rest. On the other hand, actors A6 (representatives of civil society organizations) and A7 (migrant community leaders) have less influence but play key roles in the local implementation of policies and strategies.

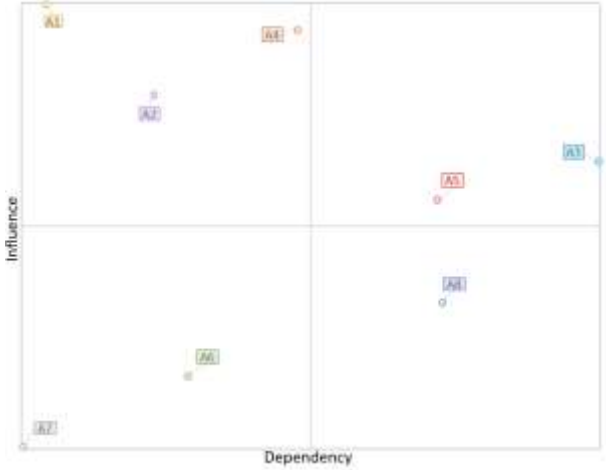
Figure 1. Matrix of Direct Influence between Actors

A/A	A1	A2	A3	A4	A5	A6	A7	A8
A1	0	3	3	3	2	2	3	2
A2	3	0	2	3	3	1	1	3
A3	2	2	0	3	2	2	3	2
A4	3	3	3	0	3	2	1	3
A5	2	2	3	2	0	2	2	2
A6	1	2	3	1	2	0	1	2
A7	1	1	3	1	2	1	0	2
A8	1	1	3	2	3	3	1	0

Source: Authors

The distribution of actors in the Plane of Direct Influence (Figure 2) shows how they are positioned according to their capacity for influence and dependency: dominant actors: A1, A2, and A4, who define policies and allocate resources; link actors: A3 (local health service representatives) and A5 (academic representatives), who connect strategic and operational levels; autonomous actors: A6 and A7, who have important community roles but less systemic power. Finally, dominated actors: A8, local groups that participate in support activities, such as awareness-raising programs, access to basic services, and guidance. Their influence and autonomy are conditioned by the availability of resources and collaboration with other actors.

Figure 2. Plane of Direct Influence between Actors



Source: Authors

The next phase involves completing the matrix of assessed positions (2MAO), which defines the relationships between actors and the objectives set. That is, it determines whether the actors have compatible or conflicting objectives and to what extent they collaborate or compete with each other. To achieve this, the experts assessed the 2MAO matrix, where values (from 0 to 4) are assigned to indicate the importance (positive or negative) of each objective (Table 2) for the actors (Table 1).

Figure 3 details the results of the 2MAO matrix assessment, showing that A1 strongly favors ensuring equitable access (O1), overcoming barriers (O2), and improving infrastructure (O4), reflecting their role in implementing inclusive PP. On the other hand, A2 strongly favors improving infrastructure (O4), financial sustainability (O9), and impact assessment (O10). This demonstrates their interest in ensuring the functioning of HS and the veracity of their sustainability.

A3 are largely in favor of equitable access (O1), intercultural training (O3), and community integration (O5), thus agreeing with embracing their role as intermediaries between communities and HS. A4 are in favor of infrastructure improvements (O4) and intercultural training (O3), which are essential elements for adapting services to the needs of the migrant population. A5 are particularly supportive of evidence generation (O7) and impact assessment (O10), thus contributing to the design of data-informed policies.

A6 are particularly supportive of community integration (O5) and social awareness (O8), highlighting their role in crisis contexts or in direct care. A7 are particularly supportive of intercultural training (O3) and awareness-raising (O8), demonstrating a commitment to eliminating cultural and linguistic barriers. A8 are particularly interested in impact assessment (O10) and financial sustainability (O9), elements that guarantee the effectiveness and continuity of the implemented policies.

Figure 3. Matrix of Actors and Objectives (2MAO)

A/O	O1	O2	O3	O4	O5	O6	O7	O8	O9	O10
A1	3	3	2	3	2	3	2	2	3	3
A2	2	2	1	3	1	3	3	2	3	3
A3	3	2	3	2	3	2	1	3	1	2
A4	3	2	3	3	2	2	2	2	1	2
A5	2	1	3	2	2	1	3	2	2	3
A6	2	2	2	2	3	2	2	3	2	2
A7	3	2	3	2	3	1	1	3	1	2
A8	2	1	1	2	2	3	2	2	3	3

Source: Authors

Although there is no significant explicit conflict between the different actors and objectives, since no negative values are observed that show that some type of actor disagrees with a particular objective, this does not mean that tensions cannot exist, since friction could arise, such as divergent objective priorities, or in other words, since all actors are positively aligned with the objectives, some of them could be more relevant for some actors than for others.

This may be evident in the case where A1 aligns interests toward financial sustainability (O9) and infrastructure (O4), but A3 may also align on community integration objectives (O5). These frictions could lead to disagreements regarding resource allocation. A6 may prioritize alignment with the objectives of equitable access (O1) or awareness-raising (O8), but their influence on infrastructure or financing objectives would be limited; this discrepancy could lead to gaps or disagreements in coordination.

Furthermore, a power imbalance may arise, as actors such as A1 and A2, with strategic decision-making roles, may have a disproportionate impact on the direction of policy. This could limit the

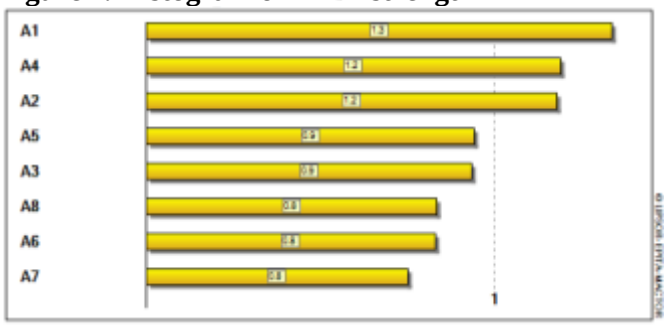
ability of other actors, such as A6 and A7, to influence critical areas such as awareness-raising (O8) or cultural integration (O3). It may also be the case that actors with aligned objectives, such as A4 and A7, may face difficulties in coordinating without clear structures for collaboration, especially in areas such as intercultural training (O3).

Potential conflicts, such as operational and cultural barriers, should also be considered, as the actors may have different approaches to implementing objectives, especially in areas such as O5 (Community Integration) and O8 (Awareness Raising). This could lead to conflict over methods or strategies. Competing interests in funding should also be considered, as although the actors favor O9 (Financial Sustainability), competition for limited resources can create tensions between local (A3, A6) and international (A2, A5) actors.

Data analysis and discussion

Figure 4 shows the histogram of MIDI strength, which revealed that the strongest actors are A1, A4, and A2, followed to a lesser extent by A5 and A8. This strength stems from the fact that A1 makes strategic decisions regarding the formulation of PP and the allocation of resources; A4 adapts and provides essential services for migrant care; and A2 provides financing and technical guidance, strengthening local capacities. These actors have a high influence on the system, positioning themselves as key pieces in achieving the objectives related to the integration of migrants in the HS.

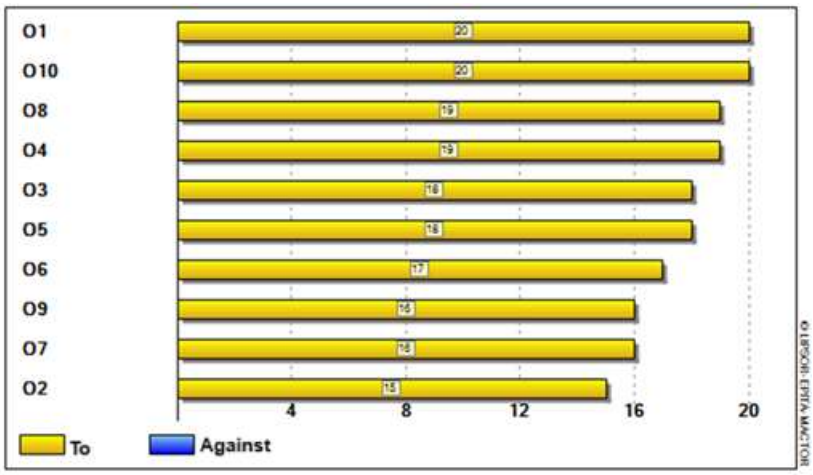
Figure 4. Histogram of MIDI strength



Source: Authors

Figure 5 shows the histogram of actors' involvement with the objectives of the 2MAO position matrix. As can be seen, the most highly valued objectives were: O1 (Guarantee equitable access to health services), O10 (Evaluate the impact of implemented policies), O8 (Raise awareness about the rights and challenges of migrants), and O4 (Improve infrastructure and resources for inclusive services). Furthermore, there is no conflict between the objectives, suggesting that they are compatible and can be achieved simultaneously without negative interference between them. According to Sabini and Alderman (2021), the absence of conflicts between objectives facilitates project planning and execution, as it allows for an efficient and coherent allocation of resources to maximize the impact, in this case, of the health system on the care of migrants.

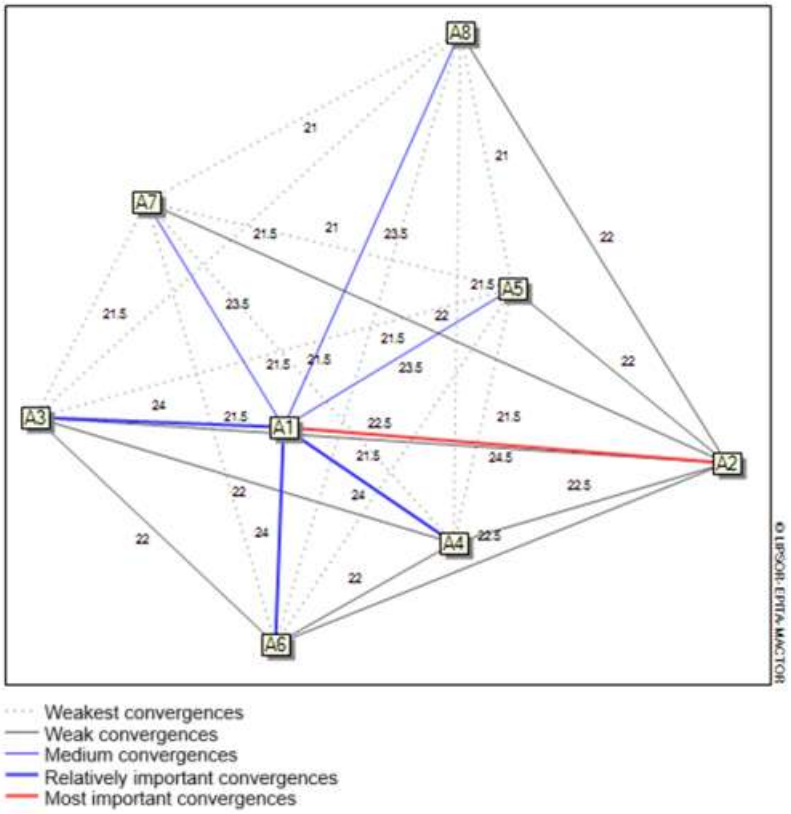
Figure 5. Histogram of actors' involvement in 2MAO objectives



Source: Authors

Regarding the convergence between actors, according to Mariani et al. (2022), collaboration between actors facilitates the identification of opportunities to improve service delivery and overcome barriers, in this case, in HS, especially in contexts involving vulnerable populations such as migrants. Figure 6 shows that, in the case of this study, the most important convergence occurred between A1 (Government representatives) and A2 (Representatives of international organizations), highlighted in red. This alliance is essential to coordinate efforts, combine resources, and ensure that the policies and strategies implemented are effective and sustainable over time.

Figure 6. Graph of convergence between actors of order 2



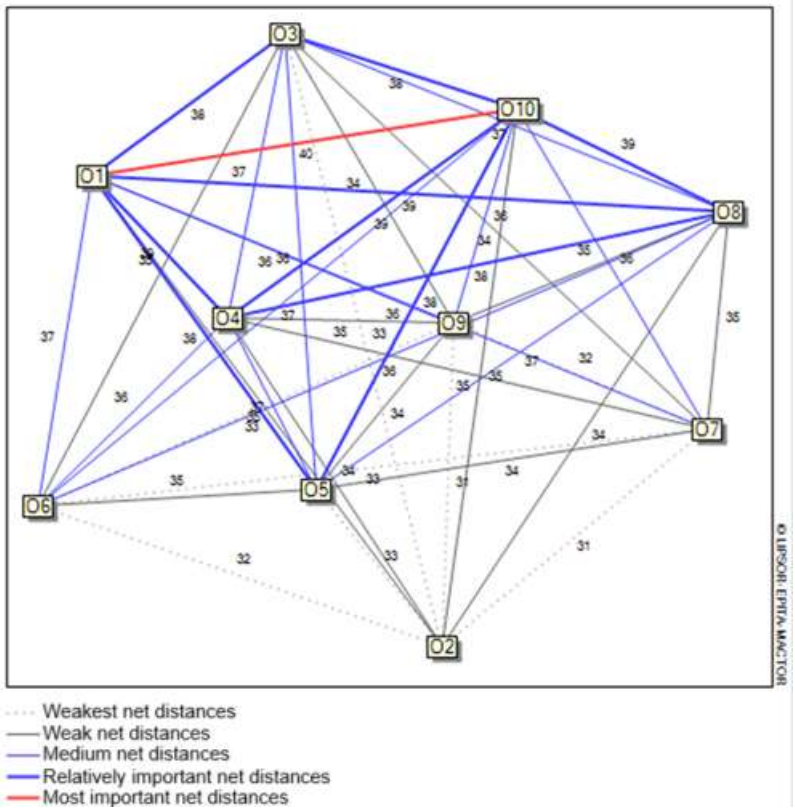
Source: Authors

A1 and A2 show the highest degree of convergence. Quantitatively, this is the result of their converging elements, such as the ability to ensure equitable access to health services and strengthen interinstitutional governance. This allows for offering a value-added proposition for migrant care and incorporating their respective complementary roles: A1 can establish PP or prioritize strategies or allocate resources; A2 can add value in technical aspects and specialized financing or introduce specialized resources in the use of public relations, thus contributing to the implementation of solutions for migrant care.

Considering what was established by Betts and Collier (2017) and McAuliffe and Triandafyllidou (2021), it is worth mentioning that collaboration between governmental and international actors ensures that care strategies are comprehensive, sustainable, and culturally sensitive, maximizing their impact on migrant communities. On the other hand, Figure 7, which shows the net distances between the objectives, shows that O1 and O10 gain relevance between them. This result shows that they are priority objectives, but for their implementation, different strategies must be created for each of them.

In this sense, ensuring equitable access involves eliminating legal, administrative, and cultural barriers that limit access to health services, while evaluating the impact of policies requires the implementation of robust monitoring and analysis systems to measure results and adjust strategies as necessary. According to Kluge et al. (2020), balancing divergent and complementary objectives is critical to contributing to the construction of more effective, responsible, and sustainable HS.

Figure 7. Graph of net distances between objectives



Source: Authors

The net distance between O1 (guarantee equitable access to health services) and O10 (evaluate the impact of implemented policies) is considerable, as it constitutes one of the major obstacles to implementing inclusive health policies. This distance may suggest that, although actions can be

implemented to guarantee equitable access, such actions may prove fruitless if the results and impact of interventions are not rigorously monitored. As Wahlbeck et al. (2008) point out, guaranteeing equitable access involves addressing the structural and cultural barriers that hinder access to essential services.

For their part, Kovats et al. (2003) emphasize that impact assessment is essential for making precise adjustments and maximizing positive effects for vulnerable populations. To close this distance, strategies are needed that emphasize both the elimination of barriers and the creation of robust health policy monitoring systems to ensure effective and sustainable policies. The analysis using the MACTOR technique allowed for the identification of health policies that facilitate and guide the design and implementation of inclusive care systems. Table 3 below shows some of the policies that can be developed based on the analysis's findings.

Table 3. Proposed policies to improve migrant health

#	Policy	Objective
1	Universal and equitable access policy	To ensure that all migrants, regardless of their legal status, have access to basic health services without discrimination.
2	Intercultural training for healthcare personnel	To implement regular intercultural training programs that enable health professionals to care for migrants sensitively and effectively.
3	Elimination of administrative and legal barriers	To simplify procedures and regulations to facilitate migrants' access to essential health services.
4	Promoting interinstitutional coordination	To establish cooperation mechanisms among government organizations, international organizations, NGO, and community leaders to address the needs of migrants.
5	Creation of multicultural health centers	To create specific centers that provide comprehensive services adapted to the languages and culture of migrant communities.
6	Raising awareness in society	To develop campaigns that raise awareness about migrants' rights and their social contribution to reduce social discrimination, promote social inclusion, and foster social cohesion.
7	Continuous evaluation of policies and programs	To periodically monitor and evaluate the impact of established, efficient, and effective policies and programs.
8	Promotion of mental health and well-being	To develop specific programs for the mental health of migrants that include psychological support and stress and trauma management.
9	Innovation in healthcare technology	To create applications and/or digital platforms that facilitate access to information on health services and contribute to digital health literacy.
10	Sustainable financing	To guarantee financial resources for the implementation of policies and programs aimed at the migrant population, creating synergies with international actors.

Source: Authors

These policies not only strengthen local HS but also ensure an inclusive and human rights-centered approach to migrants.

Conclusions

This research analyzed the actors and their influence on improving access to healthcare for migrant populations. Following a literature review and data analysis, eight key actors were identified as relevant to this system, in addition to the objectives associated with ensuring inclusive and equitable health services. Therefore, the results reflect the potential key actors: A1, A2, A3, A4, and A5. Although health policies and strategies establish the framework for care, these actors play a fundamental role in advocating for the implementation, coordination, and sustainability of these actions.

The key actors showed a high degree of convergence regarding their interests and objectives, which demonstrates that both their missions and goals are relevant to improving access and equity in health services for migrants. In this line of argument, the proposed policies must include these key actors for their implementation, given that no significant conflicts have been found regarding the common objectives and that, in addition, the actors have compatible objectives that are achievable simultaneously.

Based on these results, policies are defined based on the needs identified in the analysis of actors, taking advantage of opportunities for convergence and cooperation. The results are expected to be useful for managing and implementing strategies that strengthen social services and the inclusion of migrant populations.

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