ECCMID
Migrant Health

“Health and social intervention for vulnerable migrants”
IOM, Migration Health Division (MHD) RO Brussels

Vienna, April 25th 2017

Healthy Migrants in Healthy Communities.
Migration connects individuals, their environments, their communities, and ... their health.
Reasons behind migration trends ....?

- **Globalization:** States have freed the movement of capital, goods and services, people will follow.

- **Ageing population:** By 2050, the EU will have:
  - 48 million fewer 15-64 year olds
  - +58 million more above age 65

- **Skill shortage**

- **Admission policies that attract the skilled – both students and workers**
  - Emergencies
  - **Conflicts**, Disasters
  - **Inequalities**
Our world of 2016 ............. Distribution of wealth

Population 7.4 billion

GDP $80 trillion

Data sources: IMF World Economic Outlook, WorldBank, UN World Population Prospects (2016)
Distribution of Human Resources for Health

Physicians working

Nurses working

www.worldmapper.org
Our world according to ....

...Percentage of people infected with HIV (15 - 49)

......tuberculosis

These inequalities not only contribute to the spread of the disease, but also constitute a migration factor.
Migrants ...?

50% international migrant workers
Migrants accounted for 47% of the increase in the workforce in the United States and 70% in Europe over the past 10 years.

Urbanization: >50%
Feminization: 50%

Public opinion towards migration globally is more favourable than commonly perceived with the notable exception of Europe.

Reflected in political campaigns, sensationalist media, new national laws tightened, restrictive visa regimes, which

Incite menacing public behaviour; increase the risk of marginalization, of trafficking, of abusive, exploitative unsafe working and living conditions for migrants, and limits the access to health care;

Urgent to dispel myths, stereotypes; improve public knowledge of migrant contributions;

Develop migrant-inclusive, diversity inclusive health policies
UNDESA 2015 report
Between 2015 and 2050, the excess of deaths over births in Europe is projected to be 63M -- the net number of international migrants to Europe is projected to be approximately 31 million, implying an overall shrinking of Europe’s population by about 32 million.

Many sectors of the economy would be unable to meet the demand for services.

Unreleased publications:
Migrants comprise 3.4 percent of world’s population, but contribute nearly 10 percent of global GDP (McKinsey).

Refugees can bolster a region’s economy (Harvard Business Review)
**2017** figures (as of April 19th)

43,701 arrivals: **42,464 by sea & 1,237 by land**

Estimated 962 dead/missing (>130 children)

73,164 stranded migrants and refugees
in Greece, the former Yugoslav Republic of Macedonia, Serbia, Slovenia, Croatia, Hungary and Bulgaria

In 2015 and in 2016, the EU received over 1.2 million first-time asylum claims, more than double of 2014.

Almost 1 in 3 were minors, 1/5 of which UAMs
 Mostly young working age men: Syrians, Afghans and Iraqis

60.83% of positive decisions in 2016

For Syrian nationals, the recognition rate was 98.13%, 56.76% for Afghans and 63.48% for Iraqis
65.3 million forcibly displaced by the end of 2015, as a result of persecution, conflict, generalized violence, or human rights violations.

Where the world’s forcibly displaced people are being hosted:

Mid 2016 Source countries of refugees:

- Syrian Arab Rep.
- Afghanistan
- Somalia
- South Sudan
- Sudan
- Dem. Rep. of Congo
- Myanmar
- Eritrea
- Colombia

Top hosting countries for refugees by mid 2016:

- Turkey
- Pakistan
- Lebanon
- Iran (Islamic Rep. of)
- Ethiopia
- Jordan
- Kenya
- Uganda
- Germany
- Chad

Source: UNHCR/2016
Migrant Health?

**Myths:**
“Migrants are carriers of disease”
“Migrants are a burden on health systems”
“Generous social rights attract more migrants”

**Reality:**

- Most migrants are healthy and often underutilize services.
- Migrants are very diverse—the health profile of a migrant depends on the characteristics of the migration process at all stages.
- Conditions surrounding the migration process make migrants more vulnerable.
Vulnerabilities and the Migration cycle

Factors affecting the well-being of migrants during the four phases of the process of migration:

**Pre-Migration Phase**
- Pre-migratory events and trauma (war, human rights violations, torture), esp for forced migration flows
- Epidemiological profile and how it compares to the profile at destination
- Linguistic, cultural and geographic proximity to destination

**Movement Phase**
- Travel conditions and mode (perilous, lack of basic health necessities), especially for irregular migration flows
- Duration of journey
- Traumatic events, such as abuse
- Single or mass movement

**Return Phase**
- Level of home community services (possibly destroyed), especially after crisis situation
- Remaining community ties
- Duration of absence
- Behavioural and health profile as acquired in host community

**Arrival and Integration Phase**
- Separation from family/partner;
- Discrimination and social exclusion;
- Abuse and exploitation
- Legal status
- Language and cultural values
- Duration of stay

**At particular risk are irregular migrants, asylum seekers, refugees, children & single parent migrant families (esp. those headed by women)**

Migrants’ well-being
Migrant Health ......during the reception process?

Situation analysis reports 2013-2015
-http://equi-health.eea.iom.int/
Summary findings

Some promising examples but fast over-capacity. **Overall chronic deficiencies**: inadequate infrastructure; insufficient number & skill mix of personnel (interpreters, mediators, psychologists, social workers, health staff); lack of guidelines, referral mechanisms, multiplicity of actors; lack of sustained funding/resources, lack of preparedness

**Non compliance with Council Directive on Minimum standards on the reception of applicants for asylum**

Many financial and structural barriers arise in attempting to address long-term migration phenomena through emergency measures.

"It shouldn’t be us; we are doing it [to provide services to migrants] because no one else will do it...but it is not our responsibility. **We would like to see it to be done by the state as structured system to ensure that there is continuity**" (NGO)
**Summary findings**

**Significant support for staff continues to be needed including Training** → migration specific → first aid, occupational health, migration law, intercultural competence, psychosocial support and phenomena such as trafficking.

*It would be good to know more about migrant’s background, where they are coming from, why they are coming. It is not simply because they want to go to Malta or Italy, they are escaping from wars, from difficulties. So it would be good if staff were aware of it, more sensitive to their needs” (HP)*

“We (the nurses) are at the front line. It is normal to have cases of burnout syndrome. Is not just the amount of work but also the conditions. If I could change something I’d hire more staff”. (HP)

- ACTION TAKEN: developed and implemented practice oriented training in 5 countries for >1000 staff
Health problems are at first related to the journey hardships:
• length, geo(crossing deserts, mountains) abuse, rape and torture;
• Scaling border fences - injuries
• Arriving by boat: often suffer from hypothermia, muscle strains, skin burns (caused by fuel, sea salt, or the sun), dehydration, and anaemia.
Worsening physical and mental health of migrants due to the conditions and length of the transit and reception. Increasing number of vulnerable groups → UaM, pregnant women, women having just given birth, infants, elderly and people with disability.

Public health – overall no outbreaks; very few cases of reportable CDs., as well as Hepatitis A in migrants. Cases of chicken pox, respiratory and skin infections and gastroenteritis related to crowding and poor conditions.

Recent reports (MsF, MdM, etc) HPs continue to restress aggravation of physical and mental health due to conditions and uncertainties as to future.
MONITORING MIGRANT HEALTH?

- Health Assessment

Lack of standardized health assessment of migrants → limited assessment of migrant's health and responsiveness in provision of adequate level of services

Gaps in Data collection and continuity of care

Health services tend to be provided by/via different, and often unrelated entities throughout the reception process: at first reception, in detention, and in and outside open centres

- Equi-Health Report on HA and data collection published on website
Monitoring MH

Recommendations validated at National and at Regional stakeholder consultations

- **Leadership of MoH and involvement of the public health system** at the local level in continuity with the first arrival, transfer, detention / reception centre

- **Systematize and unify health assessments and data collection**;

- **Sharing of health-related data locally, nationally, and at EU level**;

**ACTION**
HANDBOOK for Health professionals:

• providing guidance for Health Assessment of newly-arrived refugees and migrants in the EU/EEA

Available in 9 EU languages and in Arabic


Personal health record and electronic platform E-PHR:

• with the support of the EC and the contribution of ECDC

• Intended as unified instrument for the voluntary assessment of health status of refugees and migrants and the provision of personal health record (PHR) for those arriving to the EU/EEA

To ensure appropriate health care provision, continuity of care and data flow, as well as support cross border cooperation.

WEBSITE: http://re-health.eea.iom.int/
The e-PHR is easy to fill and allows progressive updating of status by HPs within and between centers/settings and countries.

Continue with subsequent health encounter.

ESCMID eLibrary © by author
Sample screen shots – medical forms

At the moment 2 URL links available:

- FOR TRAINING AND DEMO: http://rehealth.westeurope.cloudapp.azure.com/
- FOR FIELD IMPLEMENTATION
35 cases with 81 vaccines recorded in total. 25 vaccines out of these administered on site (Greece and Croatia)

- 2 TB cases lab confirmed
- 5 HIV, 2 Syphilis lab confirmed

<table>
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<th>Country</th>
<th>Lab_HIV</th>
<th>Lab_Syphilis</th>
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<td>SIGMACILLINA 1.200.000</td>
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<td>1</td>
<td>THE PATIENT MUST FOLLOW A ANTITUBERCULOSIS THERAPY FOR 6 MONTHS (UNTIL MAY): BENADON RIFINAH, BENADON</td>
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<tr>
<td>IT</td>
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<td>NULL</td>
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<td>NULL</td>
<td>rays of the chest any lung micronodule in non-active lesions outcomes. requested sputum exam for AFB and Mantoux. taken over by reaparto of infectious diseases. refuses gastric probe</td>
<td></td>
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1586 E-PHR (Italy, Croatia, Greece Oct 2016 to March 2017)
First Data Sets - sample figures

1586 E-PHR (Italy, Croatia, Greece Oct 2016 to March 2017)
Service provision during the reception process?
SCOPING STUDY: INFECTIOUS DISEASE HEALTH SERVICES FOR REFUGEES AND ASYLUM SEEKERS IN EUROPE 2016

To collect information on the **availability and provision** of communicable disease services to refugees and asylum seekers [so called mixed migration flows] in six EU MS covering three stages of the migration journey (country of arrival, country of transit and country of destination). Partnership with University of Heidelberg and National Institute for Infectious Diseases “L. Spallanzani” (INMI)

**Target countries**
- Greece and Italy (EU MS with the highest number of newly arrived migrants)
- Croatia and Slovenia (EU MS with a high number of transiting migrants [at the time of proposal conceptualization])
- Austria and Sweden (EU MS representing migrants’ final destination.

**Methodology**
- Desk review
- Adaptation of research tools
- Key stakeholders semi-structured interviews (telephone/video conference) with
  - a/ first line staff involved in the provision of communicable diseases services to asylum seekers and refugees
  - b/ a representative of a national health authority responsible for ID protection
- Two distinct migrant groups of interest (migrants and refugees)

27 semi-structured interviews (Greece 6; Italy 5; Croatia 5; Slovenia 4; Sweden 4; Austria 3)

59.3% (16) of the respondents are female
### Selected Findings

<table>
<thead>
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<th>Question</th>
<th>Importance</th>
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<td>EQ1:2</td>
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<td>EQ1:4</td>
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#### EQ1:1 Evidence-based recommendations for the performance of health entry assessment examinations

#### EQ1:2 Central information and communication platforms for the exchange of best practices

#### EQ1:3 Nation-wide recommendations for the coherent recording and transfer of health-related data

#### EQ1:4 EU level recommendations for the coherent recording and transfer of health-related information

#### EQ1:5 Evidence-based decision guidance for risk assessment of diseases

#### EQ1:6 Central professional interpreting services (contactable by telephone)

#### EQ1:7 Central professional cultural mediation services (contactable by telephone)

#### EQ1:8 Professional group-specific trainings and courses for skilled professionals in migration health
Policies related to services for migrants ...

**Migrants Integration Policy Index (MIPEX)**

- **148 policy indicators**: labor market, education, political participation, long term residence, access to nationality, anti-discrimination, family reunification (http://www.mipex.eu)

On average, policies just halfway favourable for integration.

Few countries base integration policy changes on hard facts.
Collaboration between IOM, the COST/ADAPT Network and the Migration Policy Group (MPG)

**Added value:** provides a detailed and comprehensive overview, using the same indicators in every country

**Method:** MIPEX questionnaire covers 4 main elements (*38 indicators*) and four dimensions:
- Entitlement to health services
- Policies to facilitate access
- Responsive health services
- Measures to achieve change


30 EU MS country reports are drafted for consultation with national stakeholders available at _equi-health.eea.iom.int_
1. Ingredients of Entitlements?

- Is entitlement unconditional, conditional, or nonexistent?
- Are all services covered, only emergency care plus a few others, or only emergency care?
- How many exemptions are there for vulnerable groups, or conditions posing a public health threat?
- Does entitlement depend on documents that are difficult to produce?
- Is administrative discretion involved?

A score of 100 = complete parity with nationals

- UDM's
- Asylum seekers
- Legal migrants
Migrant workers
Degree of entitlements

Requirements related to employment or length of stay; obliged to take out private insurance/pay their own medical bills.
Degree of entitlements as asylum seekers

Entitlement score - asylum seekers
Degree of entitlements
Irregular migrants

Legal entitlements to coverage and administrative barriers for irregular migrants

- No coverage
- Some conditions
- No conditions

Conditions of Coverage

- Emergency only
- More than emergency, less than nationals
- Same as nationals

Extent of Coverage

- No actual coverage in 5 countries as treatment must always be paid for in full.

Administrative Barriers

- Two barriers
- One barrier
- No barriers
2. POLICIES TO FACILITATE ACCESS

Information for service providers about migrants’ entitlements
Information for migrants concerning entitlements and use of health services (3)
Health education and health promotion for migrants (3)
‘Cultural mediators’ or ‘patient navigators’ to facilitate access for migrants (2)
Reporting undocumented migrants / sanctions against helping (2)
Availability of qualified interpretation services for patients with inadequate proficiency in the social language(s)

- Interpreters are available free of charge to patients (15)
- Interpreters are available but patients must pay all (or a substantial part) of the costs (5)
- No interpretation services available (11)

Training and Education of Health Service Staff

- At national level (3)
- At local or organizational level (16)
- Neither of these (12)
MHD, RO Brussels

**D. MEASURES TO ACHIEVE CHANGE**

- Data collection
- Support for research
- “Health in all policies” approach
- Whole organisation approach
- Leadership by government
- Involvement of stakeholders and Migrants’ contribution to health policymaking

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**Migrant integration health policies**

**Policies and Collection of Data**

<table>
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<tr>
<th>Collection of Data on Migrant Health</th>
<th>Information is never included</th>
<th>Inclusion of data is optional</th>
<th>Inclusion of data is mandatory</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>14</td>
<td>10</td>
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</table>

Data on migrant status, country of origin or ethnicity is included in medical databases or clinical records.

<table>
<thead>
<tr>
<th>Leadership by Government on Migrant Health</th>
<th>No policy measures</th>
<th>Ad hoc policies</th>
<th>Policy measures planned and introduced</th>
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<tbody>
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<table>
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<tr>
<th>Policies of Stakeholder involvement</th>
<th>None</th>
<th>Through ad hoc cooperation</th>
<th>Through structural cooperation</th>
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<td>13</td>
<td>16</td>
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<table>
<thead>
<tr>
<th>Migrants’ contribution to Policymaking</th>
<th>Not explicitly consulted</th>
<th>Through ad hoc cooperation</th>
<th>Through structural cooperation</th>
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<td></td>
<td>20</td>
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Migration Health ...?
A recognition that migration is a Social Determinant of Health (SDH)

Migration...cross-cutting

- i.e. anti-migrant sentiment/xenophobia
- i.e. lack of social protection, incl. access to health services, health insurance, migrants in detention
- i.e. migrants legal status, restrictive immigration, labour policies

General socioeconomic, cultural and environmental conditions
Living and working conditions
Social and community influences
Individual lifestyle factors
Age, sex & hereditary factors

MIGRATION
The international community has widely acknowledged that migration carries a positive and development potential: the 2030 Agenda calls for orderly, safe, and responsible migration and mobility of people, including through implementation of planned and well-managed migration policies (10.7).

Yet Health often remains a marginal theme in the migration discourse. Health is missing for example among the “elements for inclusion within the Global Compacts.

IOM believes it is critical that both Global Compacts adequately and specifically address health issues.
1. to prepare, in full consultation and cooperation with MS, and in cooperation with IOM and UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the 70th WHA (2017);

2. to make every possible effort [...], to ensure that health aspects are adequately addressed in the development of the Global Compact on refugees and the Global Compact for Safe, Orderly and Regular Migration, in close collaboration with relevant organizations[...]

4. to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as IOM and UNHCR a draft global action plan on health of refugees and migrants, to be considered by the 72nd WHA, through the Executive Board at its 144th session (2019)
...Migrants’ health...?

Three Interrelated arguments:

1. **Migrants have a right to health**
   - We need action to ensure this right upheld, and that Universal Health Coverage and equitable access to quality health services is provided, regardless of migratory status.

   We developed in this respect *an expert consensus on health care provision for migrants in irregular situation*. Synthetizing **Human right, public health and economic arguments** *(backed by also a study on cost of non provision of health care)* for further endorsement/sign off at equi-health.eea.iom.int
...Migrants’ health...?

2. Including migrants in health systems improves public and global health outcomes

- ensure that appropriate policy frameworks and programmes are in place to offer health services equally sensitive to the needs of migrants and the communities in which they live...

  Tools such as MIPEX health can contribute in that direction
3. Healthy migrants contribute to social and economic development

- The realization of SDGs, every country is to report on, with main tenant Universal Health Coverage, and Member Stated Commitment to “leave no one behind” would require continued efforts to ensure the health of migrants is indeed accounted for and reported on.

- Pursuing the SDGs health targets, including Goal 3, 5 & 10 will help address multiple economic, social and environmental determinants of the well-being of refugees and migrants
MIGRATION HEALTH: A UNIFYING AGENDA

To ensure health of MMPs are made an integral part of human and sustainable economic development
Calibrated along the Sustainable Development Goals (SDGs)

Monitoring Migrant Health, Evidence, Research and information dissemination
Advocacy for conducive, cross-sector Policy and Legal Framework Development
Direct Services & Capacity Development to create Migrant Sensitive Health Systems
Strengthening multi-sector and inter-country Coordination and Partnerships

GLOBAL HEALTH
To promote preventive and curative health approaches to reduce disease burden for migrants and host communities
Calibrated along Universal Health Coverage (UHC), Primary Health Care (PHC), and Health System Strengthening (HSS) concepts and Global Health Security (GHS)

VULNERABILITY & RESILIENCE
To reduce vulnerability and enhance resilience of migrants, communities and systems
Calibrated along the Social Determinants of Health (SDH) and equity in migrant health

DEVELOPMENT
To ensure health of MMPs are made an integral part of human and sustainable economic development
Calibrated along the Sustainable Development Goals (SDGs)

http://www.iom.int/migration-health/second-global-consultation
An example of “good practice” ...?
How we thought over 28 centuries ago ...

“Disguised as foreigners coming from other lands, the Gods indeed, in many forms, visit the cities to measure, to check... the equity of humans.”

Homer

THANK YOU FOR YOUR ATTENTION
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ROBrusselsMHUnit@iom.int