



**Karolinska
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Preventive responses in a changing world

**How to develop prevention programs and
health systems in response to the arrival
of refugees and migrants in Europe**

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Disposition

- About Health Systems
- Migrant and Refugee Health Status
- Main Barriers in Accessing Health Care
- Special attention: Mother and Child Health & Mental Health
- Prevention Programs for Refugees and Migrants
- Policy implications
- Do we know/do enough?

The WHO Health System Framework

System Building Blocks

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS,
VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE



QUALITY
SAFETY

Overall Goals / Outcomes

IMPROVED HEALTH
(level and equity)

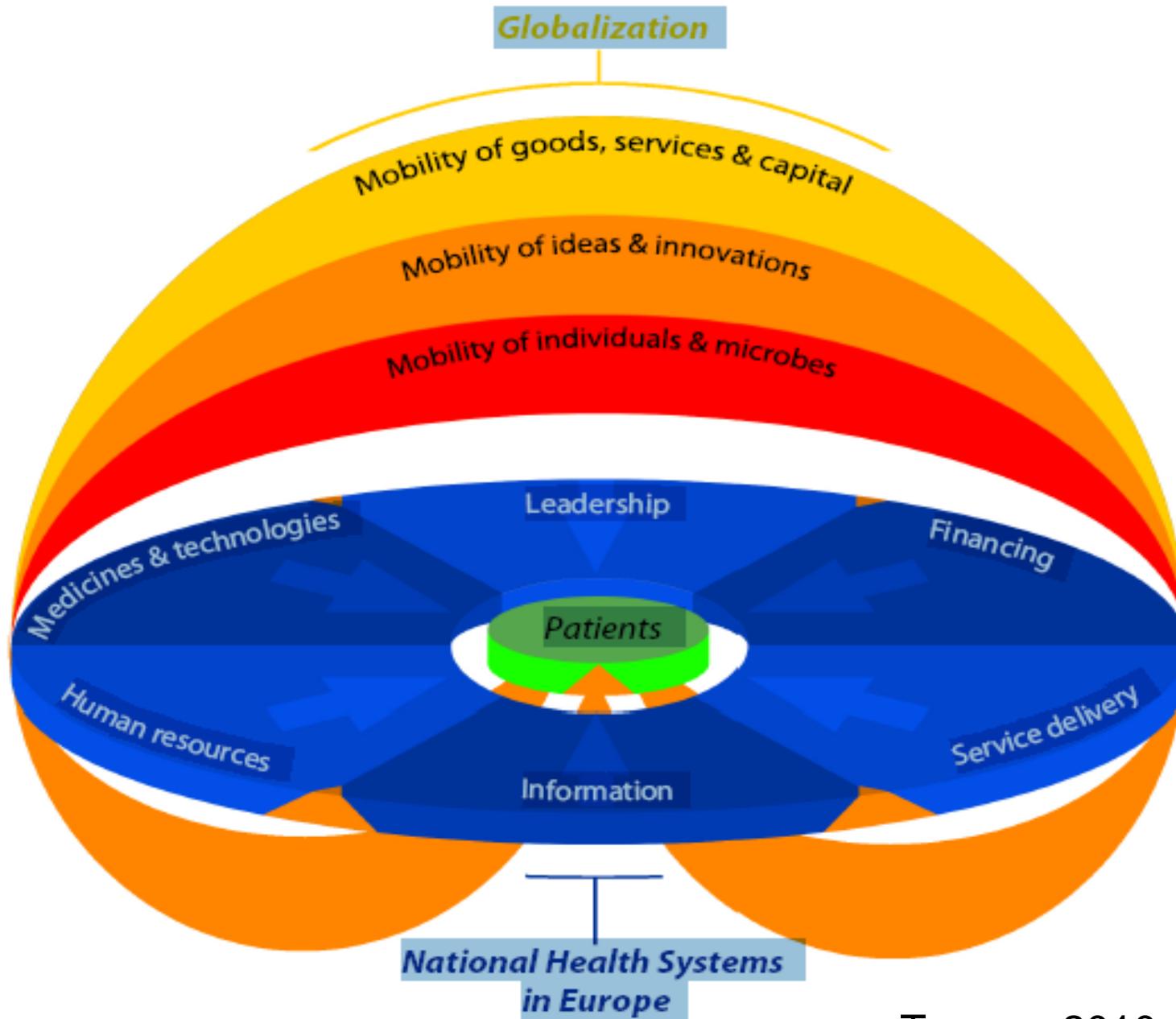
RESPONSIVENESS

SOCIAL & FINANCIAL RISK
PROTECTION

IMPROVED EFFICIENCY

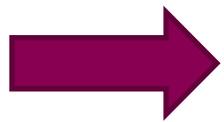
European health systems

- Core ideals of the European health care systems:
 - High quality services
 - Responsiveness
 - Efficiency
 - Universal access
- Main sources of funding:
 - Taxation, social health insurance, voluntary insurances and out-of-pocket.



Challenges

- Globalisation - an erosion of power within the nation states
- European values
 - solidarity, equity and human rights with respect to health and health care



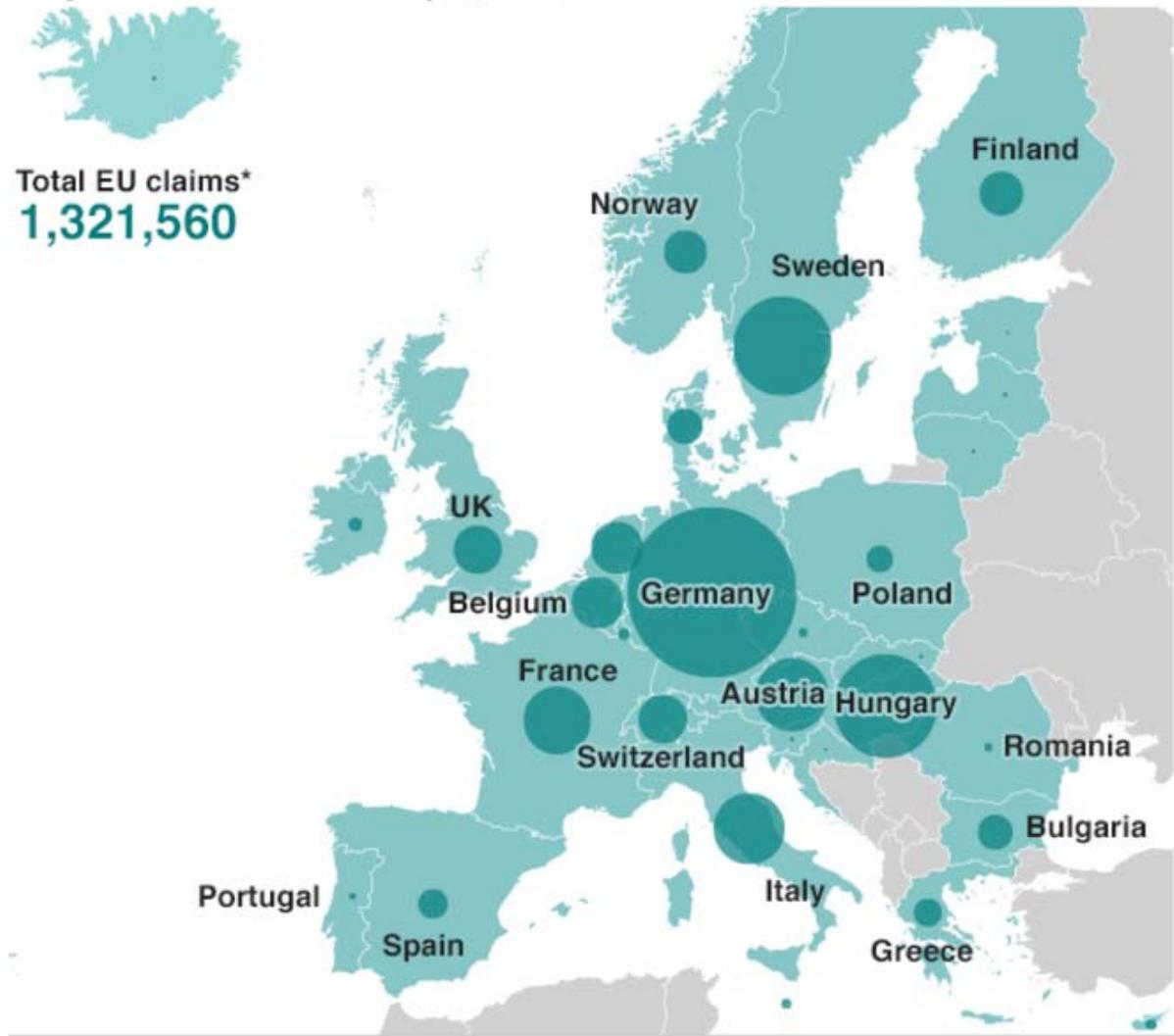
Ensure that the European values of universal coverage remain equitable in providing good, quality health care

Migration: a crucial issue for health systems

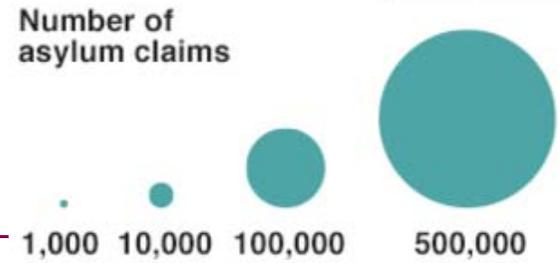
Currently nearly a quarter of a billion international migrants and more than three times this number of migrants is moving within their home country.

Abubakar et al. Lancet, 2016

Asylum claims in Europe, 2015



Total EU claims*
1,321,560



■ No data
* Map also shows claims for non-EU members Norway and Switzerland



Health effects of migration in general a weak evidence but:

- The mental and physical health effects of migration on individuals are reportedly many and varied.
- Women and child migrants are at particular risk of sexual abuse and coercion, including sexual slavery in conflict, early forced marriage and commercial sex trafficking.
- Migration can pose heightened risks for vulnerable groups, such as unaccompanied children and people with disabilities.

Abubakar et al. Lancet, 2016

Continued

- The conditions in the country of origin before migration
 - different nutritional exposures
 - higher prevalence of certain infectious diseases
 - lower quality healthcare
 - violence, war and torture
- The conditions during the migration process
 - psycho-social burdens and stress
 - separation from the family
 - hunger, violence

Spallek et al. BMC Public Health, 2010

Continued

- The effects might be substantially worsened by temporarily living and working in poor or substandard conditions or at its extreme, by being trafficked for forced labor.
- Health might be improved by moving to a region with a lower disease burden or where safety or financial opportunities are better than their country of origin.

Abubakar et al. Lancet, 2016

Health of refugees and migrants in host country

- There is limited evidence on the health status of asylum seekers and refugees.
- Access to health care varies across the WHO European Region and within national boundaries.

HEN synthesis report 44, WHO 2016

- Refugees have a high burden of malnutrition and anaemia, treatable noncommunicable diseases, which are exacerbated by lack of access to regular medication, and infectious diseases, including hepatitis A and B and parasitic diseases.

Langlois et al. Lancet 2016

Main barriers in accessing health care

The UN's Sustainable Development Goals (SDGs) have universal health coverage (UHC) as a central element to tackle global health challenges. We might thus ask the question why it is considered legitimate to block access to universal health care for migrants when this would be unthinkable for any other group of people?

Abubakar et al. Lancet, 2016

Main barriers in accessing health care

- Legal (e.g. leadership)
- Cultural and Communication issues (service delivery, human resources, information systems)
- Structural and Bureaucratic (leadership, organization)

Legal barriers

- Access to health care is shaped by legal frameworks governing the rights of refugees and asylum seekers and by the regulation of the migration process.

HEN synthesis report 44, WHO 2016

- Evidence suggests that foreign status, legal status (documented versus undocumented), employment status and socioeconomic status all have an impact on the health and quality of life of migrants.

HEN synthesis report 43, WHO 2016.

- It is not unusual for refugees and migrants to be denied access to health care in high income and middle income countries on the basis of their immigration status or legal obstacles.

Abubakar et al. Lancet, 2016

Cultural and communication barriers

- Immediate conditions after arriving: separation from family, racism, language and comprehension problems leading to social exclusion.
- Conditions that can influence health status years or generations later: different cultural and traditional ways of life, racism, lower educational status and social standing, continuing language problems.

Spallek et al. BMC Public Health, 2010

- Health and welfare services are constructed around a particular biomedical definition of good health; where this differs from how refugees conceptualize health, appropriate care may be very hard to achieve. (Refugees conception of health can differ from those of professionals.)

HEN synthesis report 44, WHO 2016

Structural and bureaucratic barriers

- Lack of information and familiarity with laws and rights regarding health care, occupational health and safety regulations, restrictions to direct access.
HEN synthesis report 43, WHO 2016
- Location of services and lack of low cost transportation possibilities.
- Lack of social insurance systems.
HEN synthesis report 44, WHO 2016
- Host countries often impose waiting periods before they grant refugees access to health-care services which delays care.

Langlois et al. Lancet 2016

Mother and Child Health

- There is evidence of serious unmet needs among refugee and asylum-seeking women in terms of elevated perinatal mortality.

HEN synthesis report 44, WHO 2016

- Maternal mortality tends to be higher among refugees and migrants however the ratios slowly converge with the ratios of the host population.
- Studies on children's participation in routine health screening tests (e.g. dental problems, general health) show lower participation rates among refugees and migrants.

Spallek et al. BMC Public Health, 2010

Continued

- Women do not receive the antenatal care to which they are entitled for a number of reasons:
 - lack of language support, HEN synthesis report 44, WHO 2016
 - transport difficulties
 - childcare problems and having no accompanying partner or friend
 - poor health and being too exhausted and stressed.

- Displacement complicates the delivery of maternal and obstetric care increasing the risk of unsafe childbirth and maternal and neonatal morbidity and mortality

Langlois et al. Lancet 2016

Mental Health

- Refugees often have acute mental health problems and trauma symptoms, notably depression and post-traumatic stress disorder (PTSD), related to organised violence, torture, human rights violation, resettlement, and traumatic migration experience.

Langlois et al. Lancet 2016

- Risk factors associated with poor mental health amongst refugees and migrants include; being a woman, older age, having experienced trauma and lacking social support.
- Unmet mental health needs among children, particularly unaccompanied minors and those exposed to violence suggest that their needs are not often distinguished from those of adult refugees.

HEN synthesis report 44, WHO 2016

Prevention programs: a refugee and migrant perspective

- Access to existing prevention programs is lower in the immigrant population due to the barriers in accessing health care.
- Rather than well integrated in public health systems many prevention projects are conducted by local associations (e.g. NGOs, charitable organizations) which usually have constraints in terms of geographic coverage or funding and they are often not evaluated externally.
- Refugees and migrants is a heterogeneous group with very different cultural and traditional backgrounds, generalized solutions are therefore unlikely to work.

Spallek et al. BMC Public Health, 2010

Prevention programs: *immigrant-sensitive*

- Refugees and migrants are expected to adapt to the existing health system and be able to be a part of existing prevention programs through information, education and empowerment without changing the programs themselves.
- Advantages: Broad coverage of needs, sustainability, integrating effects and ability to consider different and multiple needs at the same time.
- Disadvantages: Less adaptability to specific situations or health needs and slow implementation.

Spallek et al. BMC Public Health, 2010

Prevention programs: immigrant-specific

- Designing and creating specialized preventive programs targeting refugees and migrants.
- Advantages: Flexible programs, highly specific for designated target group and quick implementation.
- Disadvantages: High costs, feasible only for the largest or highest risk groups and therefore leave out a variety of health needs.

Spallek et al. BMC Public Health, 2010

Prevention programs: the middle road (“Diversity management”)

- A blended immigrant-sensitive and immigrant-specific approach in order to design and implement to sustainable yet effective prevention programs.
- Reduce access barriers through continuous consideration of the health needs of refugees and migrants in all of the activities of the health system, including prevention programs.
- Short-term programs addressing specific sub groups at risks such as women, children and adolescents can be implemented if needed.

Spallek et al. BMC Public Health, 2010

Policy implications

- Ensuring entitlements and access to services for all groups of migrants throughout their migration trajectory. Provision of full health coverage for all pregnant women and for children regardless of immigration status.
- Providing information to migrants on the health system, including promoting health literacy.
- Adjustment of health care provision to improve service utilization (for example longer appointment times, transport provision).

HEN synthesis report 44, WHO 2016

- Providing targeted health promotion based on evidence good practice
- Ensuring adequate psychosocial and work environment support to local staff engaged in health care provision for migrants.

European Journal of Public Health, 2016

Continued

- Ensuring that provisions for migrants are incorporated into overall health system planning and strategies.
- Strengthening health information systems to ensure coordination and data sharing.
- Working intersectorially (e.g. with the judiciary, education and employment sectors) and promoting cooperation, making necessary structural changes based on a multi-stakeholder approach.

European Journal of Public Health, 2016

- Supporting safe and healthy migration also needs financial investments. The health-care system might need additional resources or adaptations to manage large population changes.

Abubakar et al. Lancet, 2016

Case: Adjustment of primary care

- Linguistics needs include:
 - documentation of the language and literacy level of all patients,
 - provision of interpreters and communication with the patient in the language they understand best
 - longer appointment times to allow for interpretation and explanation
 - simplified labelling of prescriptions for easier understanding
- Mobility of asylum seekers creates needs for:
 - enhanced access to medical records
 - provision of copies of written material for patients when they are referred to secondary care

HEN synthesis report 44, WHO 2016

Continued

- Specific health service needs include:
 - testing for HIV and sexually transmitted infections for high-risk groups,
 - catch-up immunization for patients within 1 year
 - screening for issues such as homelessness and history of torture
- Staff expertise through:
 - the provision of interpreters
 - enhanced cultural competency training,
 - enhanced intersectoral working

HEN synthesis report 44, WHO 2016

Do we know/do enough?

”The global health community has become lazy, self-regarding, and conceited. It is no longer shocked by the injustices it sees. As it talks among itself, it is tipping into fatal irrelevance. ”

-Richard Horton, Editor of The Lancet

Horton, Lancet 2016

Research needs

- There is a lack of quality, reliable data across the stages of migration (pre, during, post).
- This has a large negative impact on the ability of prevention programmes to be successful, especially considering immigrant-specific programmes.
- It is not possible to address health problems at the appropriate scale and with the appropriate cultural tools if we do not have an understanding of the immigrant landscape.
- Therefore we need good data, potentially acquired from more creative sources than traditional ones.

Reversing the inverse care law including knowledge generation for action

- The Lancet and University College London`s (UCL) Institute for Global Health are launching a joint UCL-Lancet Commission on Migration and Health. The Commission will provide evidence on current issues in migration and health.

Abubakar et al. Lancet, 2016

- WHO Draft resolution: Strategy and action plan for refugee and migrant health in the WHO European Region.

EUR/RC66/Conf.Doc/4

European health systems for the future

*New world view based on global responsibilities,
interdependence and partnership.*

- Step up the policy dialogue on health systems
- Ensure social and financial risk protection
- Improve efficiency and equitability
- Take advantage of social and technological innovations
- Contribute to improved global health