

Healthy Migrants in Healthy Communities!



Assisted Voluntary Return & Reintegration , in a Migration and Health Perspective

Dr. Davide Mosca, Director, IOM Migration Health Division



LAISVĖ, SAUGUMAS IR TEISINGUMAS

Outline

- 1) Introduction: global migration and IOM work on health
- 2) Migrants' Health: current trends
- 3) Health and Travel
- 4) Assisted Voluntary Return and Reintegration of Persons with Medical Needs



1. Introduction:

i) Migration and Health in IOM

**ii) Migration and Health
Global Trends**



IOM Service Areas

**Policy, Research
& Forum Activities**



Migration & Development



Regulating Migration



Compensation



Climate
Pre

Migration Health



**Emergency & Post- Crisis
Movement, Resettlement**

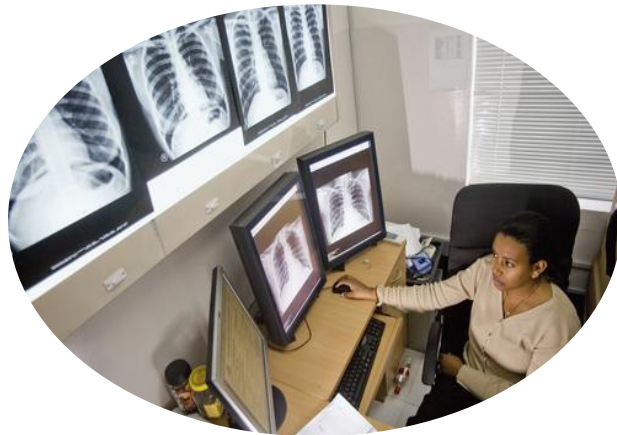


Facilitating Migration



IOM- Migration Health Division's (MHD): Programmatic Areas

Migration Health Assessment & Travel Health Assistance



- for various categories of migrants, including resettling **refugees, immigrants, temporary migrants, labour migrants and displaced persons**, either before departure, during travel, or upon arrival

Health Promotion & Assistance for Migrants



- promoting **migrant sensitive health systems** (focus especially on labour and irregular migrants and host communities) by advocating for migrant-inclusive health policies, delivering technical assistance and services, and enhancing capacities

Migration Health Assistance for Crisis Affected Populations



- IOM assists **crisis-affected populations**, governments and host communities to access care, strengthen and re-establish primary health care systems



Global Migration Trends

“A 21st century “mega-trend”

1 Billion Migrants World Wide

- **232 million international migrants (UNDESA)**
- **405 million international migrants by 2050 (World Bank)**
- **740 million internal migrants (UNDP) (includes 15 million refugees (UNHCR))**

“Current levels of immigration from developing to developed countries are paltry compared to those that the forces of supply and demand might soon create across the world. ”

Jack Goldstone,
"The New Population Bomb"
Foreign Affairs

Official figures on remittances: 514 billion UDS in 2012 (+10.77%)



Migration Forces

Large-scale migration is:

- (i) **inevitable** given the irrepressible force of demography;
- (ii) **necessary** due to labour market demands and migration's importance for the future of both ageing societies and youthful societies without jobs;
- (iii) **desirable** given that the positive contributions of migrants, such as remittances and innovation, are a major force in economic and human development

2. Migration and Health Trends

Why focus on migrant health?

1. Migrants are human beings, and have a **right to health**.
2. Migrant-inclusive health systems **improves public and global health outcomes**.
3. Healthy migrants **contribute to positive sustainable development** outcomes in countries of origin and destination

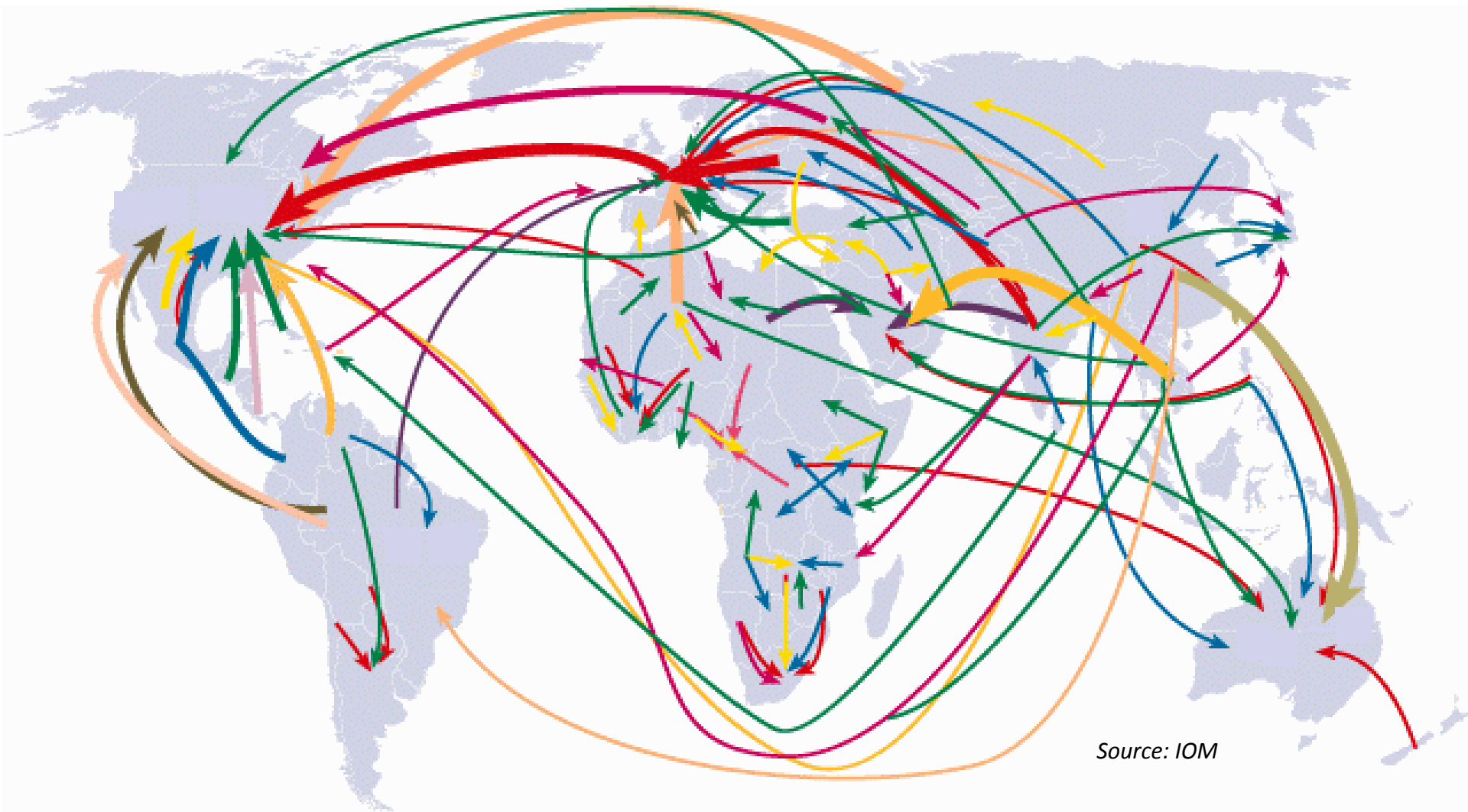


Better health, better re/integration, better migration!

Global Migration Dynamics

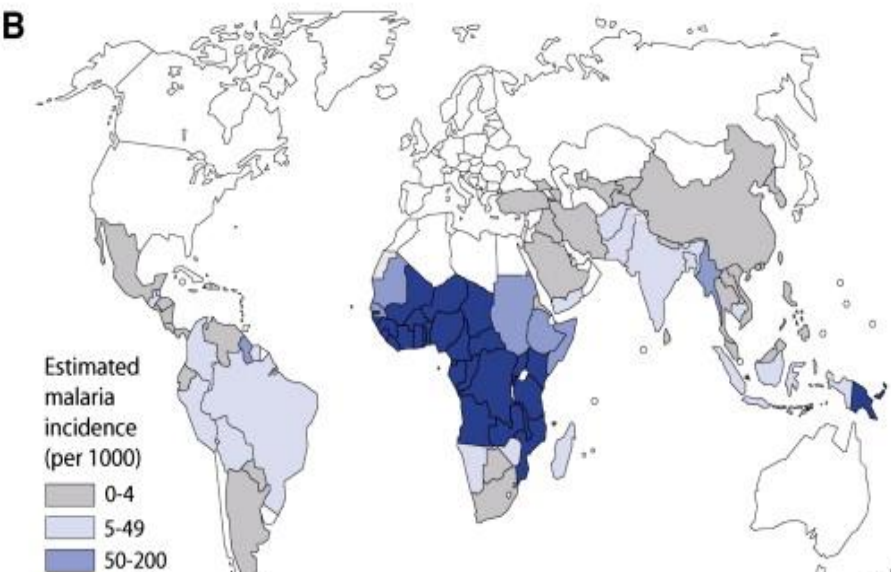
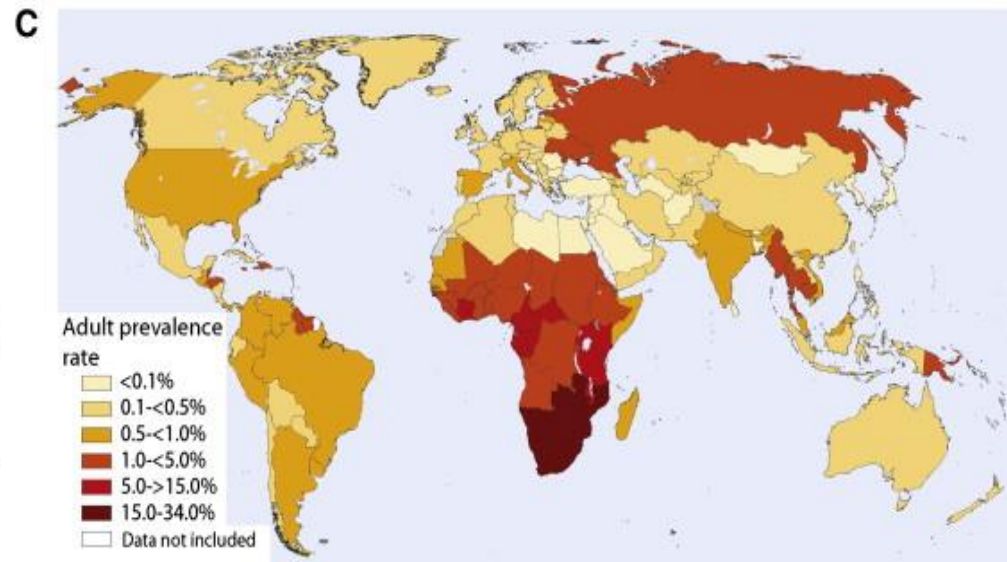
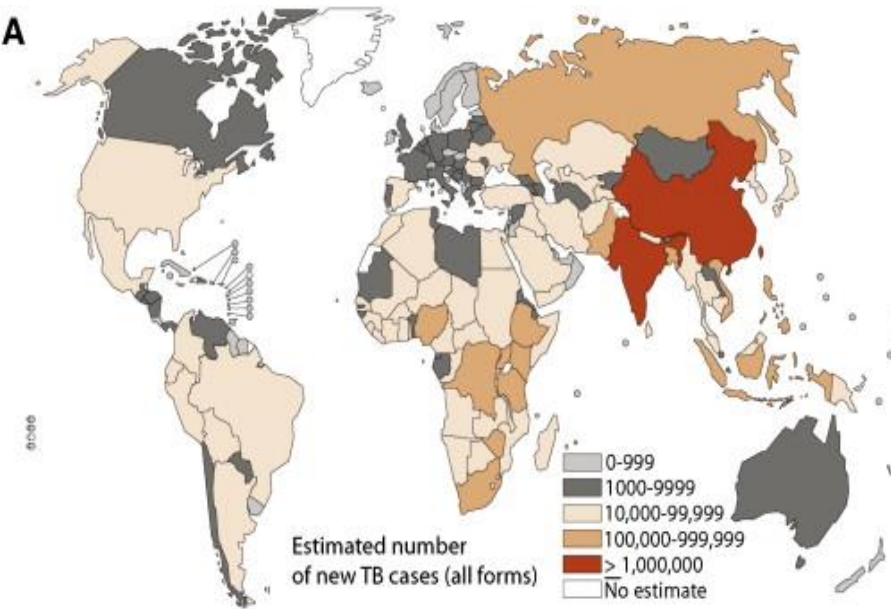
1 billion people on the move world-wide

→ Migration bridges disparities



Source: IOM

Distribution of HIV, TB and Malaria in the World



D

Pathogen	Characteristics	Diagnostic Tests
TB <i>Mycobacterium tuberculosis</i>	<ul style="list-style-type: none"> Latent infections difficult to diagnose Large group of infected individuals Exacerbated by HIV/AIDS 	Microscopy, skin test new IgA tests
HIV Human Immuno-deficiency Virus	<ul style="list-style-type: none"> Increased risk of other infections Can be transmitted during childbirth Multiple strains 	ELISA, Western-Blot Rapid Tests
Malaria <i>Plasmodium</i>	<ul style="list-style-type: none"> Diagnosis often based on symptoms Emergence of drug-resistant strains 	Microscopy, Rapid Tests

What the health and migration problem is?

- Conditions surrounding the migration process can make migrants vulnerable to ill health
- This is aggravated by existing inequalities in accessing health services
- Negative outcomes for migrants and communities i.e. health costs of migration



Migration Health Myths persist

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 usually **underutilize services**
- Migrant populations are **very diverse**, the **health profile** of a migrant depends on the **characteristics of the migration process** at all stages



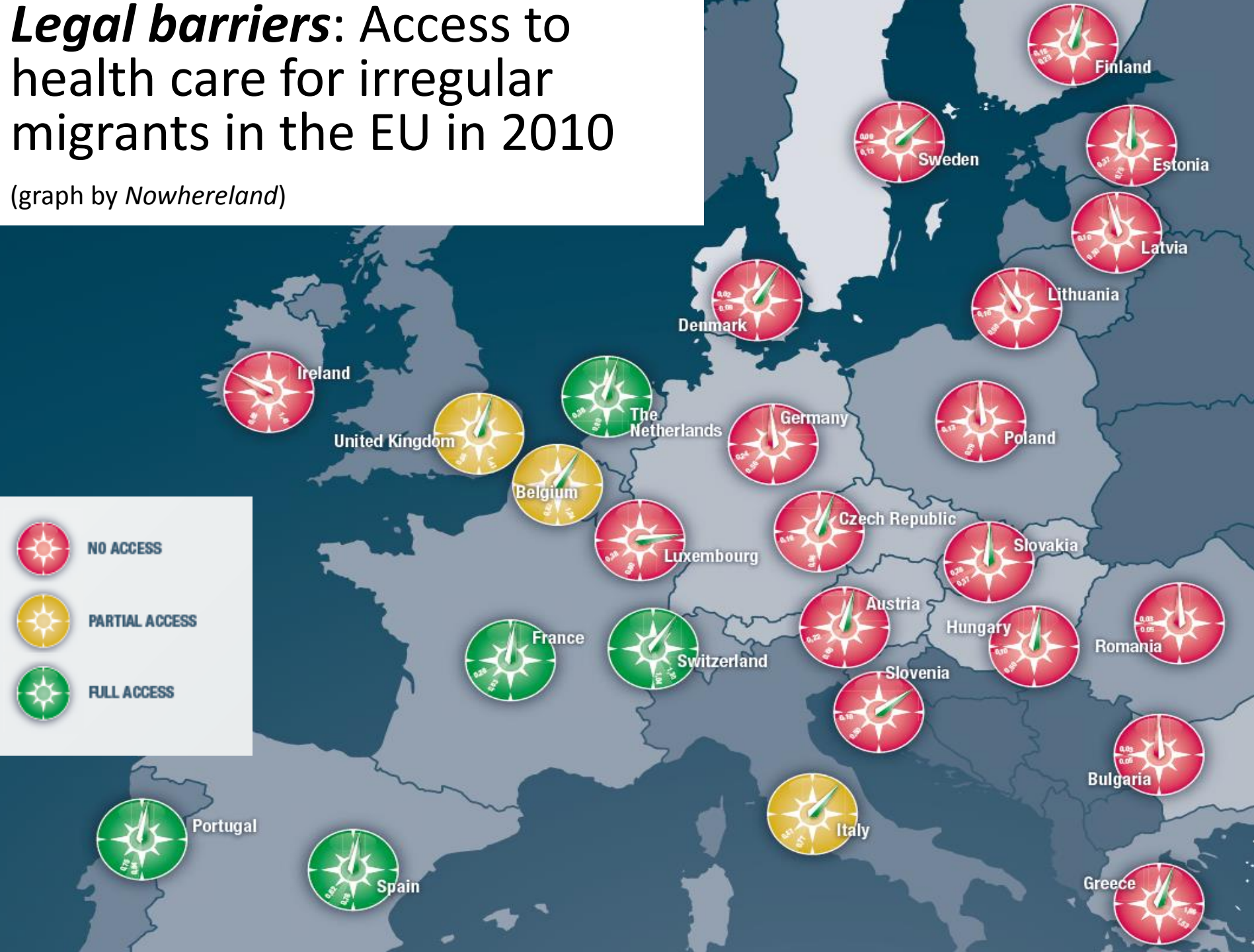


Anti-Migrant Sentiment

- **Reflected in political campaigns; sensationalist media; new national laws; tightened, restrictive visa regimes;**
- **Stimulates human trafficking; incites menacing public behaviour; enhance the risk of marginalization, abusive, exploitative, unsafe leaving and working conditions for migrants, including limited access to health care**
- **Urgent to dispel migrant myths, stereotypes; improve public knowledge of migrant contributions.**
- **Develop migrant-inclusive health policies and programmes**


Legal barriers: Access to health care for irregular migrants in the EU in 2010

(graph by *Nowhereland*)



Access to health services for undocumented immigrants in the EU

(April 2012, adapted from El Pais)

	ACCESS TO HEALTH SERVICES					ACCESS TO TREATMENT	
	Primary care	Specialist care	Hospitalization	Emergencies	Child delivery	Medicine with prescriptions	Other illnesses
Germany	No access	No access	No access	Free access	No access	No access	No access
Belgium	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Spain before Sept 2012	Free access	Free access	Free access	Free access	Free access	No legislation	Free access
 Spain after Sept 2012	Access based on full payment	Access based on full payment	Access based on full payment	Free access	Free access	Access based on co-payment	No access
France	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Greece	No access	No access	No access	Free access	No access	No access	No access
Italy	Free access	No legislation	No legislation	Free access	No legislation	No access	No access
Netherlands	Free access	Free access	Free access	Free access	Free access	Free access	Free access
Poland	Access based on full payment	Access based on full payment	Access based on full payment	Free access	Access based on full payment	Access based on full payment	No access
Portugal	Free access	Free access	Free access	Free access	No legislation	Free access	Free access
UK	Free access	Access based on full payment	Access based on full payment	No access	No legislation	Access based on full payment	No access
Rumania	Access based on full payment	Access based on full payment	Access based on full payment	Free access	Free access	Access based on full payment	Free access

No access

Free access

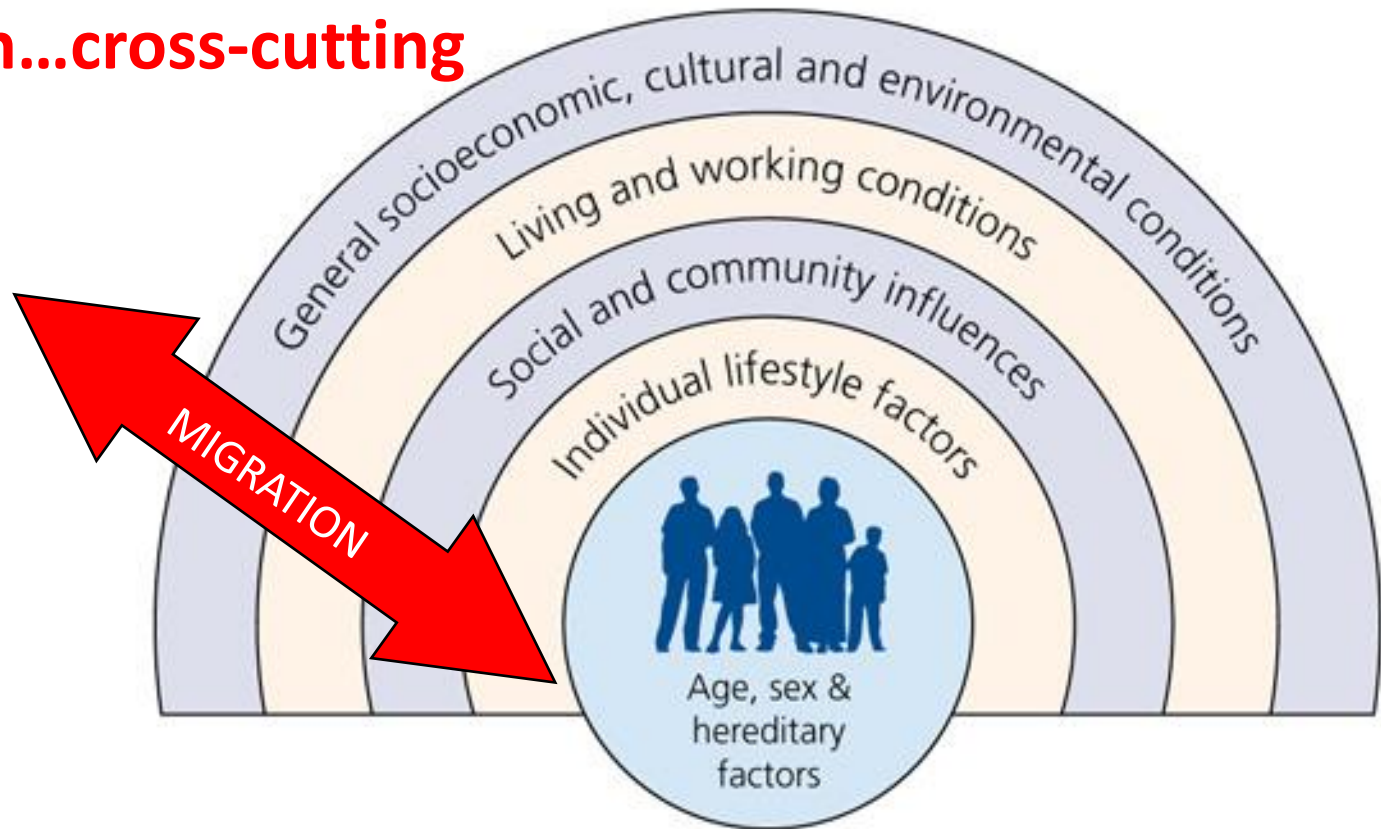
Access based on
full payment

Access based
on co-payment

No legislation

Migration, a social determinant of health for migrants

Migration...cross-cutting



World Conference
on Social Determinants of Health

RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011

All for Equity

Health Vulnerability Factors for Migrants

Sector policies:

Health, migration, labour, social security, etc.

Availability of critical data for policy change

- Immigration status and social capital
- Language and cultural barriers, gender norms
- Health literacy
- Health-seeking behaviours
- Capacity to overcome service access barriers

Structural & Policy Factors

Contributing & Environmental Factors

Individual Factors

Access to Migrant-sensitive Health System

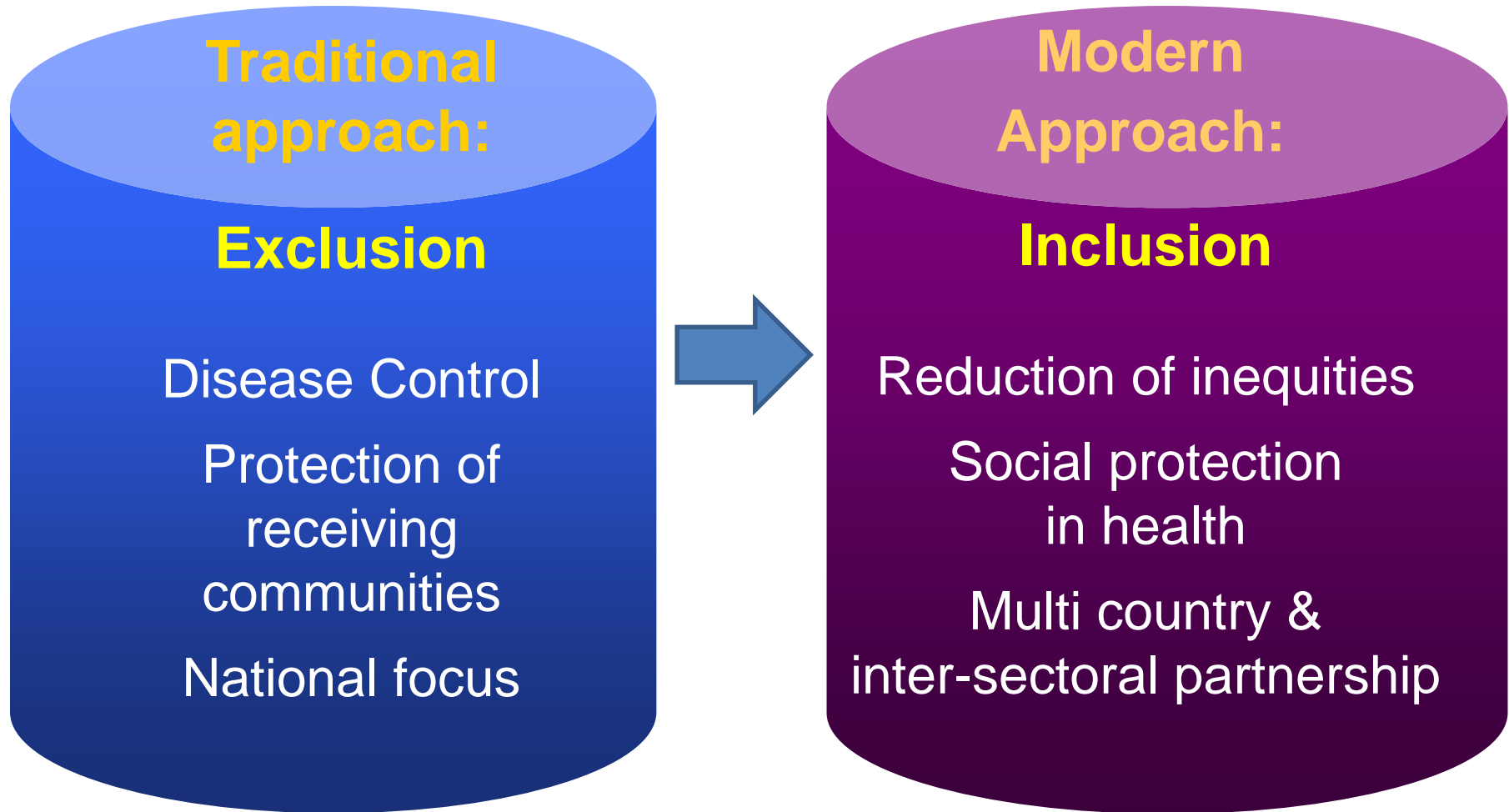
Availability, Accessibility
Acceptability incl. diversity-sensitive health workforce

Relationship with “host community

Stigma, xenophobia, social exclusion

Living and working conditions

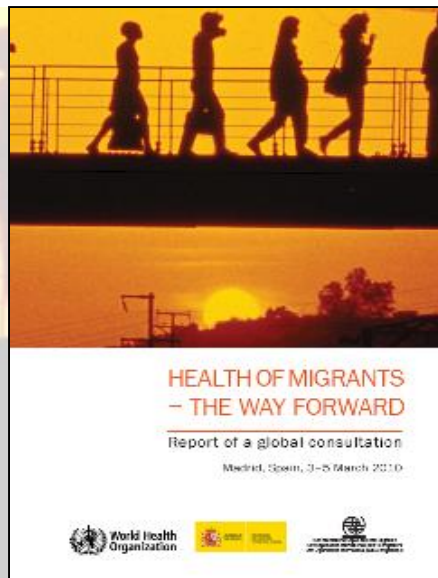
Paradigm shift in Migration & Health



A Public Health and Equity Approach



WHA Resolution 61.17 *The Health of Migrants* (2008) and WHO-IOM Global Consultation on Health of Migrants (2010)



Operational Framework on Migrants' Health:

**Monitoring Migrant
Health**

**Policy and Legal
Frameworks**

**Migrant-Sensitive
Health Systems**

**Partnerships, Networks
and Multi country
Frameworks**

2. Health and Travel in IOM

IOM has the responsibility to ensure that people traveling under the auspices of the Organization:

- *travel in a safe and dignified manner,*
- *are fit to travel,*
- *receive appropriate assistance when necessary, and*
- *do not pose hazard to other travelers, personnel or receiving communities.*



Travel Health Assistance aims to:

- Reduce risk of mortality, morbidity and disability among the IOM beneficiaries;
- Guarantee continuity of care when needed;
- Ensure that movement operations run smooth, and comply with International Health Regulations (IHR) and other standards;
- Promote community health and global health goals in areas of return.



The health risks associated with travel depend on the interaction of four factors

- the **pre-existing health conditions** suffered by the traveler.
- the **duration** and stress related to the journey,
- the nature and conditions of the **carrier** utilized (road, air, boat, etc.),
- the existence of adequate **health facilities along the road** as well as at the point of **final destination**.



MAIN ACTIVITIES WITHIN IOM TRAVEL HEALTH ASSISTANCE

- **General Safe Transportation Measures** by means of assessment of prospective risks under travel conditions, and in relation to road/journey conditions and transportation means;
- **Pre-Departure Travel Health Risk Assessment** to identify individual vulnerability in travel conditions due to pre-existing medical conditions, and to adopt consistent travel plans;
- **Evaluation of Public Health Risks** associated with movement through the detection of communicable health conditions across epidemiological boundaries;
- **Pre-Departure Treatments and Post-Arrival Continuity of Care**, including immunization, stabilization of chronic conditions, and health education;
- **Public Health and Assistance in Transit Centers and Camps**
- **Pre-Embarkation Checks** to ensure that individuals are fit for travel on the day of movement;
- **Physician or Nurse Escort**, when required, to facilitate the hand-over of patients to recipient

Pre-departure Travel Health Risk Assessment - TRCs

TRC 1 - Those in good health conditions prior to departure.

> *adoption of **general measures of 'safe transportation'**.*

TRC 2 - Those expected to be vulnerable while traveling, such as infants from 0-2 years; elderly individuals over 60 years of age; pregnant women before the 32nd-34th week; the disabled; and people with chronic but stable medical conditions or diseases under treatment.

> special **conditions of care** and the consideration of alternative transport means (e.g. wheelchair, air lifts vs. road transport, etc.)

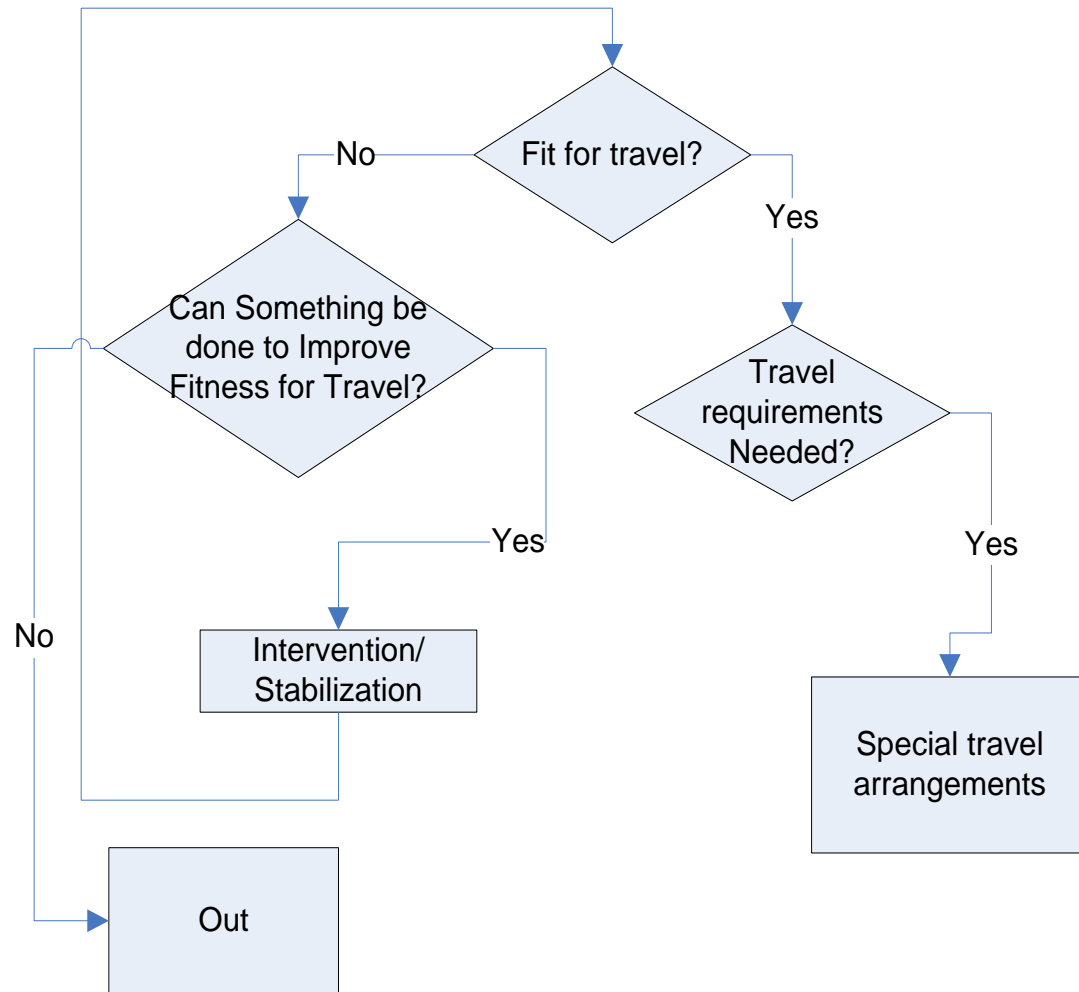
TRC 3 Those at high risk during travel, such as infants and elderly individuals who may be particularly weakened and whose departure cannot be delayed; pregnant women after the 32nd week; individuals affected by major disabilities or chronic illnesses; the mentally-disabled or people affected by stable psychosis; persons requiring a stretcher or who are incontinent and/or catheterized; all cases of chronic pulmonary or cardiac disease; and chronic diseases under treatment.

> *individual/customized physician/nurse **escorts**.*

TRC 4 - Those affected by diseases (or a temporary 'high risk health condition' in an acute or active phase)

> *Travel will be **delayed** until the conditions are stabilized.*

Fitness To Travel (F2T)



IATA Airline Requirements

Medical clearance by the Carrier is required when a passenger:

- Suffers from any disease which is believed to be actively **contagious and communicable**;
- Because of the physical or behavioral condition, is **likely to be a hazard or cause discomfort** to other passengers and crew;
- Is considered to be a **potential hazard to the safety or punctuality of the flight** including the possibility of diversion of the flight or an unscheduled landing;
- Is incapable of caring for himself and requires **special assistance**;
- Has a medical condition which may be **adversely affected by the flight environment**.

4. AVRR- Assisted Voluntary Return and Reintegration of People with Medical Needs

AVRR definition and scope

A determination of **voluntariness** is a pre-requisite for IOM's involvement



AVRR is the provision of a set of services at all three stages of the return process , whose beneficiaries are stranded migrants, mainly those in an irregular situation, who seek or need to return home but lack the means to do so.

- ***Pre-departure stage:*** information dissemination and counselling, provision of relevant return-related information on country of origin;
- ***Transportation stage:*** departure assistance, trans-port and medical assistance, such as pre-embarkation checks (PEC) and escorts
- ***Post-arrival stage:*** reception, transport, return or re-installation grants, re-integration assistance (often in cooperation with local entities, and NGOs), as well as monitoring and follow-up.

Why to consider health needs?

Vulnerability of migrants to ill health



- Migrants, particularly those in an irregular or *undocumented status*, are often ***vulnerable to acquiring or aggravating health conditions*** as a result of the migratory process (e.g. detention, exposure to health risks and low health coverage)
- **Awareness of this enhanced vulnerability needs to be factored into the implementation of AVRR** by envisioning adapted procedures for migrants with health needs.

Significant Medical Conditions (SMC)

in the context of AVRR

- a disease or disability of the beneficiary which is **likely to have an impact** on the implementation of AVRR, such as:
 - at pre-departure stage for matters of eligibility (e.g. having the **capacity to make a competent decision**, the availability of necessary lifesaving health support in the country of destination)
 - during travel in relation to **transportability** (e.g. fitness to travel, special travel requirements, need for a medical/nurse escort),
 - at destination e.g. **access to and continuity of care**, need of physical rehabilitation, etc.)
- this includes:
 - mental conditions that may affect an individual's capacity to make a **competent decision** (i.e. the voluntariness of return),
 - communicable diseases of **public health concern** that may affect travel,
 - rapidly deteriorating or unstable conditions, and chronic conditions in need of specialized treatment, etc.

AVRR and Competent Decision

- able to **understand the consequences and implications** of his/her decision to return
- in case of mental condition, a **referral to a psychiatrist** should be arranged, under the request of the medical focal point.
- when the medical report confirms a mental condition, a **legal guardian representing the migrant, should be associated** to the decision-making process.

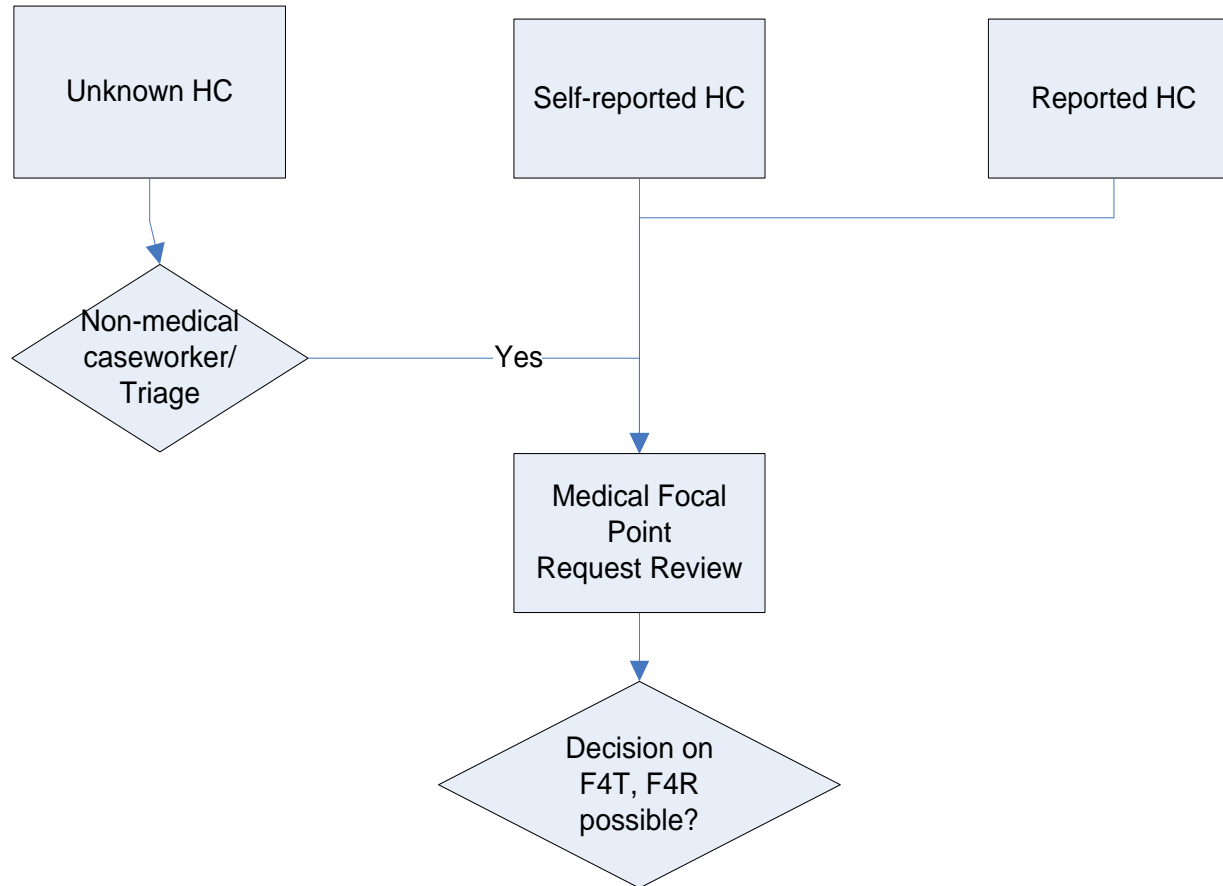
Medical Grounds for AVRR Unsuitability,

include SMCs that may render questionable:

1. ***The voluntariness of return***, i.e. any person who is impaired by reason of mental illness, mental deficiency, chronic use of drugs, chronic intoxication or other cause to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person;
2. ***The appropriateness of return***, i.e. any person with a chronic, deteriorating health condition for which curative or palliative treatment cannot be provided and made accessible after return, and for whom aggravation and suffering can be directly attributed to return. The abrupt withdrawal of life-prolonging treatment, owing to the inability of the country of return to provide adequate access to required care, exposes returnees to “**inhumane and degrading treatment**”. (A specific *informed consent* may at times be necessary).

See also EU's Return Directive 2008/115/EC,art.5(c)

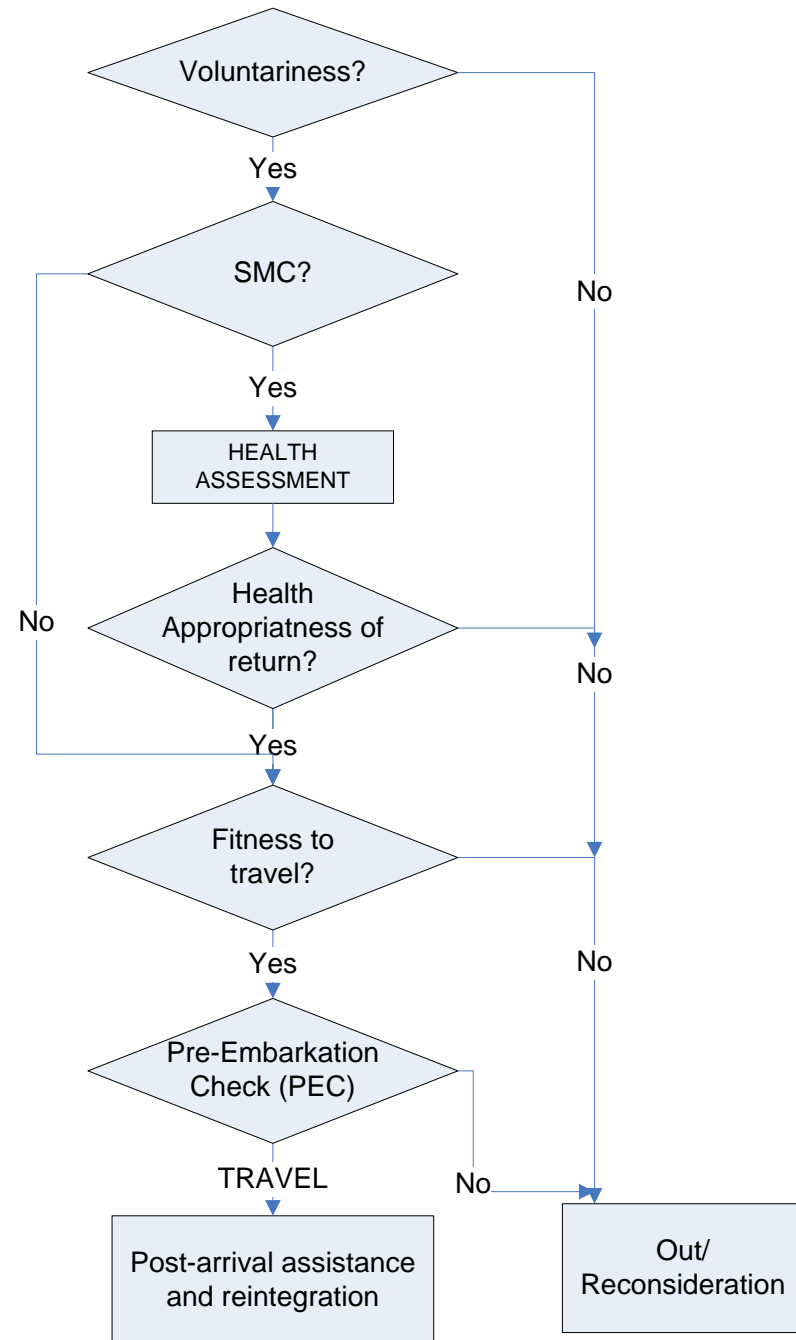
«Assessment of health needs»

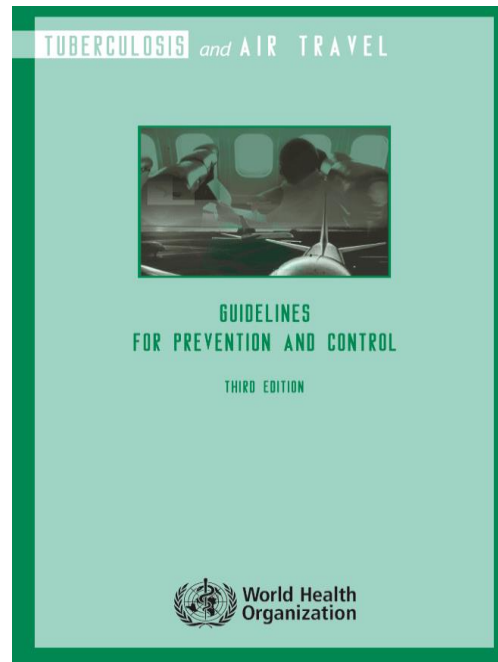


«5 health-related factors to assess»

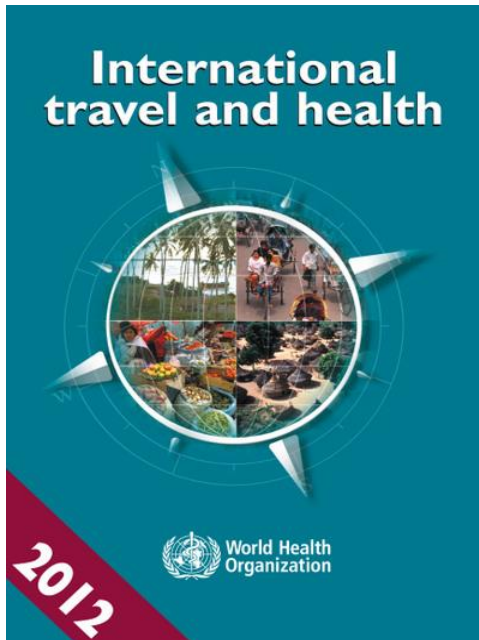
	Capacity to decide
	Medical eligibility to return
	Fitness for travel
	Travel requirements
	Medical Re-Integration Assistance

A possible decision-making Algorithm





Some Reference Guidelines



Healthy Migrants in Healthy Communities!

Thank you



IOM • OIM

