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NONCOMMUNICABLE DISEASES AND MIGRANT HEALTH

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➔ ABSTRACT

The 53 countries of the WHO European Region have a population of almost 920 million, representing nearly a seventh of the world's population; international migrants make up almost 10% (90.7 million) in the Region and account for 35% of the global international migrant population (258 million). The proportion of international migrants, including refugees, in Member States of the Region varies from more than 50% in Andorra and Monaco to less than 2% in Albania, Bosnia and Herzegovina, Poland and Romania. As a consequence, displacement and migration-related programme and policy priorities may vary between Member States. The 2030 Agenda for Sustainable Development recognized the positive economic and development contributions made by refugees and migrants. However, refugees and migrants can experience negative health consequences during their displacement and migratory trajectories that can have repercussions on their families, their communities and the host population. This short publication includes five policy briefs covering different aspects of refugee and migrant health.

➔ KEYWORDS

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Knowledge Hub
on Health and Migration

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→ HEALTH OF REFUGEE AND MIGRANT CHILDREN: POLICY BRIEF

Policy issue and context

In 2017, it was estimated that there were around 30 million children in the world living outside their country of birth, with 13 million being refugees and asylum seekers. The overwhelming majority of these children reside in low- and middle-income countries neighbouring zones of armed conflict. In recent years, more of these child refugees have arrived in the WHO European Region, with almost one million asylum-seeking children registered in the European Union (EU) during 2015–2017, and of whom 190 000 arrived unaccompanied.

These children arrive after long and difficult journeys with limited or no access to care. Some come from countries with collapsed health care systems overwhelmed by destroyed infrastructure and the provision of care to victims of conflict. Many refugees and migrant children have been exposed to armed conflict in the country of origin before departure, and then face new and unfamiliar surroundings in the country of destination with the associated daily stressors. These circumstances can exacerbate vulnerability to developing health problems and increase individual needs for health care. Therefore, effective public health strategies are required to promote the health of refugee and migrant children with respect to diseases, nutrition and psychological well-being, the last being the most pressing health care need for newly arrived children.

In considering health and health care interventions for refugee and migrant children, attention must be paid to their diverse backgrounds, particularly unaccompanied and separated children, children who have been trafficked and also children left behind.

Policy considerations

Children's right to health care is codified in the Convention on the Rights of the Child, which has been signed by all Member States of the WHO European Region. It recognizes the rights of all children to the highest attainable standard of health, to health care for ill health and to rehabilitation of health.

Provision of equitable care and education

- Ensure provision of care to all refugee and migrant children on equal terms with resident children.
- Promote provision of health care in the primary setting, which is the most cost-effective way of providing psychosocial support in most contexts.
- Provide access to education, including pre-school, since schools are one of the main platforms through which health is delivered at young age.
- Ensure provision of medical interpreters and cultural mediators for more equitable service delivery, and to reduce cost of care and avoid unnecessary diagnostic evaluations and treatments.



Individualized health assessment

- Provide a comprehensive individualized health assessment by health professionals as soon as possible after refugee and migrant children arrive in the country of destination to determine health care needs.
- Strive to harmonize the health of refugee and migrant children, including for preventive care, with that of all children living in the host country.
- Utilize comprehensive health assessment as an opportunity to link newly arrived refugee and migrant children and their families with primary care services, as well as to coordinate care across primary and specialist services to reduce costs.

Intersectoral collaboration for promotion of mental health and well-being

- Promote mental health and well-being in refugee and migrant children through a holistic public health strategy, targeting risk factors for the individual, the family and at the community level.
- Ensure early access to education for children in pre-school and access for parents to psychiatric care as important elements of a public health strategy to promote mental health and well-being.
- Allow for early/expedited family reunification, as outlined in the Convention on the Rights of the Child.
- Avoid multiple relocation of refugee and migrant children as this hinders development of peer networks and educational continuity, particularly for unaccompanied children.
- Ensure creation of child-friendly spaces to promote reliance and a sense of safety and normality for children passing through transit facilities, including detention centres (see next recommendation).

Detention of refugee and migrant children

- Avoid detention for refugee and migrant children as this has a strong detrimental effect on health and well-being, especially mental health.
- Access to health care and education, and child-friendly spaces, must be ensured if detention is used.

Holistic assessment

- Do not rely on medical imaging methods for age assessment to determine whether adult or child rights apply.
- Adopt a holistic approach to age assessments, which includes benefit of the doubt.



→ HEALTH PROMOTION FOR IMPROVED REFUGEE AND MIGRANT HEALTH: POLICY BRIEF

Policy issue and context

As for all people, refugees and migrants have a fundamental right to enjoy the highest attainable standard of health. Addressing the impacts of migration and displacement on each person's physical and mental well-being and advocating for the diverse and unique needs of refugees and migrants is, therefore, a priority. It is also good public health practice that benefits all of society, as healthy refugees and migrants become valuable and productive members of their communities. Addressing their health needs is instrumental in facilitating integration and participation, stimulating positive social and economic development, and bridging development and public health issues. Health promotion helps to support people to control and improve their own health and well-being and to interact effectively with health care services.

Policy considerations

Health in all policies approach for healthy public policies

- Utilize available tools and resources, such as health (equity) impact assessments, to promote greater consideration of the potential health consequences of policies and programmes within non-health sectors.
- Invest in health information systems and health monitoring activities to increase availability of comprehensive and up-to-date comparable and disaggregated data on the health, well-being and service use of refugees and migrants.

Social services and physical and social environments

- Promote integration and cultural exchange between refugees and migrants and the wider communities in which they live, including developing a positive narrative about migration within the mainstream community.
- Invest in social services for improved health outcomes for refugees and migrants.
- Improve the quality of physical and social environments and encourage regeneration for deprived areas where refugees and migrants often live.

Community-centred approaches

- Invest in community-centred approaches to build local capacities, with the aim of mobilizing resources and assets within refugee and migrant communities.
- Promote the mainstreaming of gender into health promotion activities for refugees and migrants in order to empower both men and women to realize their full health potential.
- Strengthen the networks of local community-based organizations and civil society partners, including diaspora organizations, to improve communications, resources and services and to support trusting relationships with public authorities.



Health literacy initiatives

- Scale up relevant health literacy interventions for refugees and migrants to support the development of personal skills.
- Improve access to health education in primary and secondary schooling and create adult education programmes as part of settlement services.
- Build an evidence base to support the development and implementation of health promotion activities.
- Create systems and key indicators to identify, measure, monitor, evaluate and report on issues such as health literacy levels, patterns of health-seeking behaviour and service engagement.

The health workforce

- Build a culturally competent health workforce with cultural- and diversity-sensitive approaches to health care.
- Implement cultural sensitivity training across the health care sector for all professionals at all levels, including leadership and management staff, to promote both the ethical and the economic imperatives of culturally sensitive health care.
- Improve health literacy responsiveness of health services and resources through creation of a culturally competent workforce and provision of readily accessible information, for example in multiple languages and through outreach initiatives.



→ MENTAL HEALTH PROMOTION AND MENTAL HEALTH CARE IN REFUGEES AND MIGRANTS: POLICY BRIEF

Policy issues and context

For all refugees and migrants, the process of migration can be complex and stressful as it involves leaving the home country and adapting to a different environment, culture and life situation. Moreover, refugees and migrants can be exposed to stressful events before departure, during transit and after arrival, and they may struggle to fully integrate in the social context of the host countries. All can lead to mental health disorders, although prevalence is highly variable across studies and population groups. Post-traumatic stress disorder is the only disorder for which substantial and consistent differences in prevalence from host populations have been reported, although this is specifically for refugees; however, it is not the most prevalent disorder in refugees and migrants overall (mood disorders being most prevalent). Refugees living in a host country for more than five years do tend to show higher rates of depressive and anxiety disorders than host country populations. The higher prevalence rates of mental disorders in long-term refugees and migrants are associated with lack of social integration, and particularly with unemployment. While prevalence is an important factor, the total number of refugees and migrants in a country is also critical. If the total number is very high, there are likely to be many with manifest mental disorders, posing challenges to health system capacity.

Policy considerations

Social integration

- Promote initiatives that increase social inclusion and integration, including access to employment and educational opportunities, as these support good mental health.
- Encourage collaborations across health care and social services, as well as with providers of legal and employment support.
- Consider school-based programmes for children, particularly if unaccompanied or separated.
- Encourage volunteer initiatives or training of refugees and migrants as peer supporters.

Information on entitlement to care

- Devise and publish clear information on entitlements to care for each category of migrant to facilitate appropriate access to care.
- Adopt tailored communication strategies that are accessible for all groups.
- Make information available to health professionals, particularly in primary care and emergency services, to help them to refer refugees and migrants appropriately.

Outreach services

- Map outreach services or set up new services if required.
- Consider outreach services to help to establish trust and familiarity and to facilitate access to mainstream services, particularly for vulnerable or isolated groups.
- Ensure available outreach service providers act as mediators with mainstream services rather than as autonomous and parallel care providers.



Interpretation and cultural mediation services

- Provide high-quality interpretation services to overcome language barriers and consider collaboration with cultural mediators as needed.
- Train practitioners in communicating with refugees and migrants with mental health problems, and how to effectively interact with interpreters and cultural mediators.
- Encourage use of technology, including phone services and tele-psychiatry, as alternatives to face-to-face interpretation, where appropriate, given cost and access-related barriers.
- Pay attention to the technical quality, training and qualifications of interpreters and cultural mediators (and clinicians in the case of tele-psychiatry) working in these services.

Integration of mental, physical and social care

- Promote integrated provision of mental, physical and social care through primary service providers where appropriate, especially for those with complex needs and high vulnerability.
- Encourage cooperation between services and agencies to facilitate uncomplicated referrals, and person-centred needs assessment and care plans.
- Ensure professionals working in non-health sectors such as law enforcement, education and employment also receive awareness training on mental health conditions.

Training for the mental health workforce

- Ensure that the mental health workforce is trained to work with refugees and migrants.
- Ensure clinicians are aware of the health care entitlements of refugees and migrants.
- Invest in training for clinicians to ensure competence in diagnosing unusual presentations of mental disorders, and in understanding different family, cultural and social structures.
- Identify model services on a wider geographical level and share good practices.

Research and evaluation for service planning and provision

- Invest in long-term follow-up research and service evaluation.
- Identify representative cohorts for high-quality longitudinal studies.
- Conduct local service evaluation to inform care in specific contexts and services and to help identify barriers to engagement and required adaptations.
- Where appropriate, utilize availability of electronic medical records for long-term evaluation of interventions in the routine provision of health services.

Principles of good practices

- Promote development of a shared repository of case studies and services to guide adaption of good practices to local contexts and the characteristics and situations of new refugees and migrants.
- Disseminate information about local or national experiences to help further efforts and, in turn, support the design and delivery of timely and effective interventions.
- Share principles of good practices across countries.



→ IMPROVING THE HEALTH CARE OF PREGNANT REFUGEE AND MIGRANT WOMEN AND NEWBORN CHILDREN: POLICY BRIEF

Policy issue and context

Both the proportion of women among refugees and migrants and their absolute number have increased since 2000, with women now making up more than half of the refugee and migrant population (47.3 million). Women are also overrepresented in high-risk groups, such as those having experienced violence or trafficking. This has led to increased pressure not only on health systems broadly but also specifically on reproductive health services. Births to refugees and migrants are also unequally distributed geographically, posing particular challenges to health care delivery in areas of high concentration.

While the amplitude and direction of differences in outcomes for refugees and migrants vary with the outcome examined, the host country, the country of origin and the socio-economic status of the woman, there is a marked trend for worse pregnancy-related indicators among refugees and migrants. These include maternal death and severe maternal morbidity; mental ill health, such as postpartum depression; and perinatal and neonatal mortality and morbidity, such as stillbirth, preterm birth and congenital abnormalities. Pregnant refugee and migrant women also tend to experience suboptimal quality of care. Being a refugee or migrant can be considered a risk factor for poorer maternal and newborn health outcomes, but also be a proxy for other risk factors and potential explanations (e.g. socioeconomic status).

Policy considerations

Socioeconomic status is the greatest overarching determinant for the health of pregnant refugee and migrant women and their newborns; therefore, addressing socioeconomic factors at all levels is critical to improving health. There are also specific challenges and barriers associated with the health status of the individual, the accessibility and quality of care, and the health policy and financing systems, which may explain the poorer outcomes in these women and newborns.

Individual health status

- Systematically identify the woman's situation at antenatal care and address associated risk factors.
- Increase awareness of health care providers regarding disease burden in specific migrant groups and how they can affect pregnancy outcomes, and include screening where indicated.
- Address socioeconomic barriers such as poor living conditions and unemployment, as well as associated stress, to reduce negative pregnancy outcomes.
- Promote improvement of health literacy levels, engaging all relevant stakeholders.
- Implement plain-language and socio-culturally appropriate awareness-raising and health information initiatives, including explanations of benefits of attending antenatal and postpartum care services, and potential pregnancy risks (e.g. of consanguineous parenting).
- Implement peer-support initiatives to help migrants to develop social networks, including with other mothers of a similar background.



Accessibility

- Make antenatal care easily accessible for migrants, regardless of legal status and financial resources, and promote information regarding when and where to consult antenatal care clinics.
- Raise awareness among health care providers regarding differences in legal status between refugees and applicants for international protection, and the extension of their legal rights.
- Reduce barriers related to cost and transportation by providing, where possible, maternal and neonatal health services at community clinics, rather than at hospital level.
- Develop specifically tailored information materials in the languages of the refugees and migrants about warning signs of pregnancy complications and how to navigate the health care system.
- Ensure the provision of professional translation services, including cultural mediators.
- Increase the screening system for social support during antenatal care.

Quality of care

- Ensure refugee and migrant women have the same quality of care as non-migrant women with respect to issues such as timeliness, diagnostics, management and screening.
- Adopt a person-centred care model in health care facilities that is diversity sensitive.
- Encourage the referral of refugee and migrant women to higher levels of care following risk assessments for screening for tuberculosis, pre-eclampsia and small for gestational age fetus (a proxy for placenta problems).

Health care policy and financing systems

- Provide universal health coverage for all pregnant women and their newborns regardless of legal status (as established in the Convention on the Rights of the Child and ratified by all Member States of the WHO European Region) through the promotion of health and gender equity.
- Integrate refugees and migrants into mainstream health systems to avoid segregation and development of parallel systems for them, which could lead to substandard care.
- Be cognisant of the diversity and different needs of refugees and migrants, which will depend on factors such as country of origin, socioeconomic status and integration, and provide services accordingly without stigmatizing patients.
- Support integration policies in all areas of society, including access to health, antidiscrimination, education, family reunion and facilitation of language acquisition.
- Promote postpartum contraceptive counselling as a cost-effective way to improve maternal and newborn health and reduce unintended pregnancies.

Improve the knowledge base

- Strive to include refugees and migrants in all data-collection activities, including sociodemographic indicators such as country of birth, type of migration and ethnic background as these can be relevant proxies for socioeconomic status or genetic risk, or reflect ethnic/racial disadvantage.
- Establish national birth registers for perinatal and maternal health surveillance with common indicators and information, such as length of stay, language and social situation.
- Support and adhere to transnational surveillance systems (e.g. the Euro-PERISTAT guidelines) and the inclusion of additional migration-specific indicators such as maternal fluency in local language, time in the host country or paternal country of birth.



→ HEALTH OF OLDER REFUGEES AND MIGRANTS: POLICY BRIEF

Policy issue and context

Both ageing and migration are in themselves complex multidimensional processes shaped by a range of factors at the micro, meso and macro levels over the life-course of the individual, yet they also have intertwined trajectories. Migration adds an additional layer of complexity to the already great diversity in health and well-being in older populations in general. Consequently, diversity-sensitive health care policies and practices must seek to address the health and social needs of both older refugees and migrants who are newly arrived and those who have been settled in Europe for some time and are, therefore, “ageing in place”.

Policy considerations

Healthy ageing policies that attend to diversity can contribute to closing gaps in health inequalities particularly for older refugees and migrants. Responding to their needs must be integrated into all dimensions of ageing policies and practices across the WHO European Region. Furthermore, such policies and practices should endorse life-course approaches that recognize older refugees and migrants to be socially active, economically productive and rich resources of knowledge in their communities.

Healthy ageing over the life-course

- Target risk factors as they unfold over the life-course using a comprehensive longitudinal approach that also considers the migration trajectory and the country of origin.
- Focus on diseases of higher prevalence in older refugee and migrant groups, with particular attention to poor mental health and long-term effects of trauma.
- Ensure that health care is both gender sensitive and age relevant and considers social isolation in refugees and migrants living alone and/or with frailty.

Supportive environments

- Utilize voluntary and community organizations, particularly social enterprises run by refugees and migrants, as resource of engagement and social participation for older groups.
- Collaborate with nongovernmental organizations to enhance access to support needed in old age, particularly for single or isolated refugees and migrants.
- Support informal caregivers to avoid them becoming overburdened and ensure access to formal care when needed.
- Estimate care demands and preferences among older refugees and migrants to support strategic programming.
- Ensure that communities are age friendly, with adequate housing, outdoor areas and community services.



People-centred health and long-term care services

- Ensure that health and long-term care facilities have diversity-sensitive policies and practices, are of sufficient quality and their use does not expose refugees and migrants to financial hardship.
- Ensure provision of skilled interpreters for recent refugees and migrants in both health and long-term care facilities as an integral part of universal health coverage.
- Utilize a variety of engagement tools to ensure that older refugees and migrants are involved in the formulation and shaping of their care and that this care is based on inclusive and person-centred principles.
- Implement diversity training across professions in health and long-term care sectors to ensure provision of culturally appropriate and inclusive care for all older adults.

Evidence base and research for elderly care

- Collect disaggregated data and monitor health status and service utilization to identify at-risk and/or underserved groups and to facilitate accountability.
- Analyse in detail the individual, social and structural factors shaping health among older people in general, and in refugee and migrant groups in particular.
- Strengthen the evidence base through more systematic evaluations of policy and practice initiatives for, or inclusive of, older refugees and migrants, using applied participatory research to ensure diversity sensitivity in emerging practices.
- Identify informal and structural barriers for access to and quality of health and long-term care for older refugees and migrants.
- Evaluate the roles of different formal and informal community organizations, settings and resource personnel in supporting elderly refugees and migrants.
- Share knowledge in service development, implementation and advocacy for older refugees and migrants across countries to support the development of best practices and leverage capabilities.



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