Panel IV: Effective Assistance/Protection to Irregular Migrants: The Quest for Health Equity

Canadian Society for International Health

“Those who suffer or who benefit least deserve help from those who benefit most.”

Quote from the Millennium Declaration’s statement about the challenge of globalization
Irregular Migration: The Quest for Health Equity

- What are their unique vulnerabilities?

- While there are great diversities there are two characteristics among all irregular migrants: they all have health needs and they are excluded fully or in part from health care systems which include prevention, treatment, management and control of illnesses (Willen, S. 2008)

- Do we have a collective social responsibility in responding to these needs?
A Matter of Global Inequity
Distribution of the World’s Wealth

www.worldmapper.org
Distribution of Poverty in the World
Poor nutrition is implicated in more than half of all child deaths worldwide—a proportion unmatched by any infectious disease since the Black Death."
Jean-Louis Sarbib, 2006

Source: worldmapper.org
HIV (Human Immunodeficiency Virus) Prevalence

Map shows proportion of all people aged 15-49 with HIV

- There is no evidence that HIV is increasing because of increasing migration due

Source: worldmapper.org
Irregular Migrants and Health

- Already coming from countries which experience the most significant inequities
- Are more likely to not have accessed effective health services before they migrated
- Are not legally entitled to receive health care in the country where they are now living and are not likely to access services unless there is an emergency,
- Need to think about pandemics and prevention/treatment
- Even in countries where there is universal health care coverage, eg Canada, there maybe a reluctance to register and be visible.
Health Systems Response

Source: IOM 2007
A Health Systems Response

Vision: Equity and Accountability

- Stewardship and Leadership
- Health Human Resources
- Health Financing and Resource Allocation
- Research for Development (Evidence-Based planning and policy-making)
- Health Information Systems Data for Decision-making
- Evidence-Based Decision-Making (Clinical and Community-based)
- Service delivery - treatments and programs
- Community interventions and health promotion

Strong and vibrant Civil Society

Transparent and Accountable Public/Private Sector

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Vision: Equity

- **Addressing the determinants of health** such as literacy, income and employment which are likely inequitably distributed in any country and more so for irregular migrants.

- We need to consider the role that literacy, poverty, employment play in terms of their existing health status and ongoing status as “stateless persons” and their ability to negotiate health care.
Health Systems Financing and Resource Allocation

- There is a need to review health care financing as it relates to access for irregular migrants.

- There is considerable variations between countries in provision and accessibility of treatment, for eg. HIV and for those who are not recognized as citizens the financing of such services is severely limited.

- Data are scattered and often non existent, so its difficult to really know what is going on except through specific and targeted research projects.
World Health Expenditure Data (% of GDP)
Human Resource Development

- What are the key issues of access to health care providers and equity for irregular migrants?

- How well trained, prepared and able are health care professionals to deal with irregular migrants?

- Are health care professionals prepared to reach out to irregular migrants who are not accessing the regular health care settings?

- What about public health professionals and their ability and training for outreach for epidemics or pandemics such as Avian Influenza or H1N1? (See work done by IOM Migration Health contact Anita Davies)
There is a problem of variability of data and definitions for migrants overall and little to no regular and systematic data for irregular migrants.

Ability to develop evidence based programmes or policies are therefore difficult.

Need to enhance and integrate national and international surveillance and information systems optimizing the exchanges between communities of origin, transit destination and return.
Capacity Building for Planning Evidence-Based Resource Allocation

- If it is important that primary and secondary health care planning processes are reinforced through a culture of social justice, equity and evidence for irregular migrants

- **Capacity** to develop and collect, and then utilize reliable, valid data for decision making for resource allocation to improve and enhance health care and health systems responses needs to be strengthen

- Capacity development at the municipal level or district level is important because these services are often downloaded, for effective planning and resource allocation

- Targeted programmes and innovation in practices in priority areas for irregular migrants is needed for these shifts in resources to occur to address special needs and innovative outreach approaches
Services and programmes **need to be fairly or equitably distributed** to ensure that access is fair, ie affordable, available and appropriate. What are their special needs? Likely to not have language capacity, likely to have suffered in the travel and do not have the necessary ‘healthy migrant effect’

Also need to strengthen access to and outreach for community based programmes and services targeted to the specific needs of irregular migrants

**Need to better understand whether improving access to health care will increase utilization by irregular migrants.**

Are their special subgroups (pregnant women and children) who might show increases in access if services were more accessible?
Community Interventions and Health Promotion Programmes

- Basing intervention and promotion programs in the community may enhance the opportunities for better **access and availability** for irregular migrants through regular migrant and refugee health services delivery and the cost effectiveness of such approaches suggests they should be promoted.

- "Resourcing" of such programmes allows for a more **equitable distribution and likely a resulting positive health impact for migrants**.
Strong and vibrant civil society

- The active participation of civil society in the design, implementation and monitoring/assessment of programmes for migrants which allows for and encourages a recognition of irregular migrants is an essential element of a successful public health/primary care strategy.
Principles of social justice and equity can be embedded in a health system if civil society is vigilant.
Strategies, Programme and Policy Options

Some Reflections

- Do we know if we remove access barriers will access increase by irregular migrants?

- Should irregular migrants be part of the health and social contracts of the receiving country?

- With increasing numbers of construction and agricultural workers who are often irregular migrants what should our health and social obligations be if we are a just society? Work conditions (temporary work programmes often draw irregular migrants to same sites are often remote in Canada and harsh climate conditions. Access to services are very difficult. Don’t want to be sick, may cause them to be sent home

- Does the universal right to health apply to irregular migrants?

- If access is denied or limited is this not more of a public health risk?
Strategies, Programmes and Policy Options

Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

- The main objective of this project is to develop practical Canadian guidelines for primary health care providers based on the best evidence for addressing preventable health issues for immigrants and refugees during the first 5 years of the resettlement process.

- The project is a joint collaboration between specialists, primary care practitioners, and other contributors with expertise in the field of immigrant and refugee health from across Canada.

- The project is based at the Centre for Global Health, Institute of Population Health, at the University of Ottawa and funded by the Public Health Agency of Canada.

- Opportunities for collaboration: The process will allow for improved accessibility and sensitivity to irregular migrant health issues.

- It is applicable in North America and Europe: discussions with IOM Brussels and WHO (HAC) migration health officials.
DRAFT Logic Model
Canadian Clinical Preventive Guidelines for Newly Arrived Immigrants and Refugees for Primary Care

Inputs → Processes → Outputs → Outcomes

Activities, strategies & methods

- Experts
  - Specialists
  - Primary Care Practitioners
- Guiding Principles
  - Evidence-based
  - Contextual Knowledge
  - Equity
  - Arms length organization
- Other
  - Multicultural health brokers
  - health promoters
  - Funding
  - Public Health Agency of Canada
  - Legislation
  - Interlink Federal health
  - Immigration law
  - Organizations
    - professional associations
    - Citizenship and Immigration
    - UNHCR
    - International Organization for Migration
  - Resources
    - Institute for Population Health
    - (coordination, librarians, meeting rooms)

Develop methodology

- Develop networks for knowledge exchange and guideline dissemination
- Draft guidelines
- Identify primary care practitioner priorities

Publications
- Canadian Medical Association Journal
- Others

- Evidence based clinical preventive guidelines for primary care of refugees and immigrants
- Checklist for approach to care for recent refugees and immigrants
- Education tools for multicultural health brokers
- New methodology for developing guidelines for specific populations
- Networks for collaboration, communication and research

SHORT TERM
- Increased communication/collaboration between practitioners in the field across Canada
- Increased awareness of best practice in immigrant and refugee care
- Identification of research gaps and priorities
- INTERMEDIATE
  - Development of the discipline of migrant health
  - Improved care of immigrants and refugees
  - Increased # of practitioners competent in immigrant and refugee health
- Community mobilization
- LONG TERM
  - Improve health
    - individual
    - population
  - Health care equity for refugees/immigrants
  - Improved economic potential for refugees/immigrants
Committee members of the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

Chairs
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Strategies, Programmes and Policy Options

Global Health Competency

- An initiative spearheaded by Canadian Family Physicians
- Developing core competencies for practice in global health
- One component is working with migrants and refugees and strategies for outreach to irregular migrants
Strategies and Policy Options

Public Health Agency of Canada

- Funding projects which examine innovative practices for refugees and migrants
- Chronic disease focus which has been under funded and under researched
- Networks for practitioners
- Conferences and workshops to share best practices and evidence
INTERSECTORAL COLLABORATION FOR HEALTH EQUITY IS KEY

Need for coherence

Migration Policy

Interact with related policy domains

Source: IOM 2007
References


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