

# PUBLIC HEALTH, DRUG USE AND MIGRATION

Dr. Daniel Lopez-Acuña

Adjunct Professor of the Andalusian School of Public Health ( EASP).Granada,Spain.

Coordinator of the EU funded SH-CAPAC Project on Refugees Health

Coordinator of the Work Package on Equitable Access to Health And Related Social Services  
of the EU funded Joint Action on Health Equity in Europe (JAHEE)

Former WHO Director for Health Action in Crisis

WHO EURO Consultant on Migrant's and Refugee's Health and on Prison Health

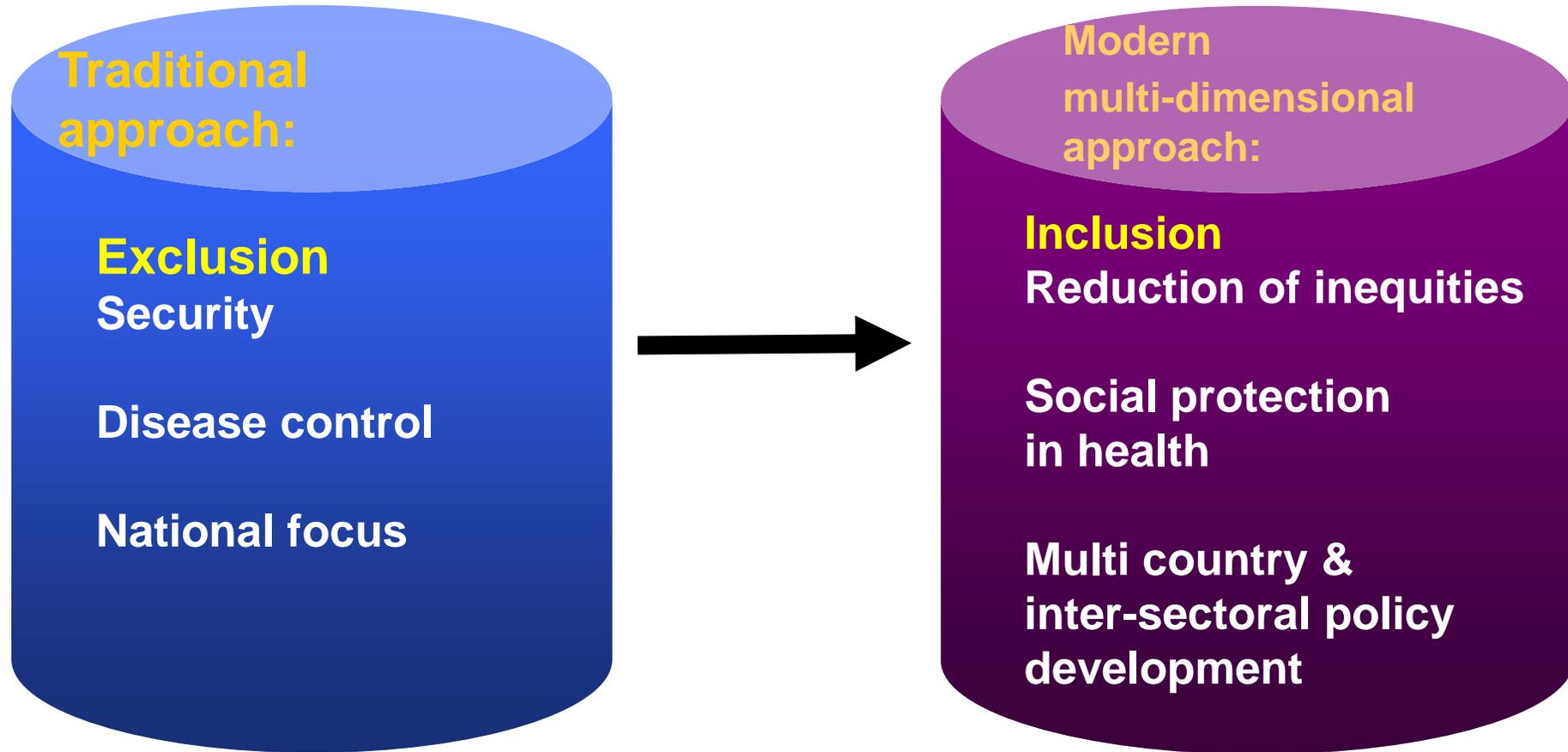
Migration, drug use and treatment session:

Intertwinement and challenges for the near future

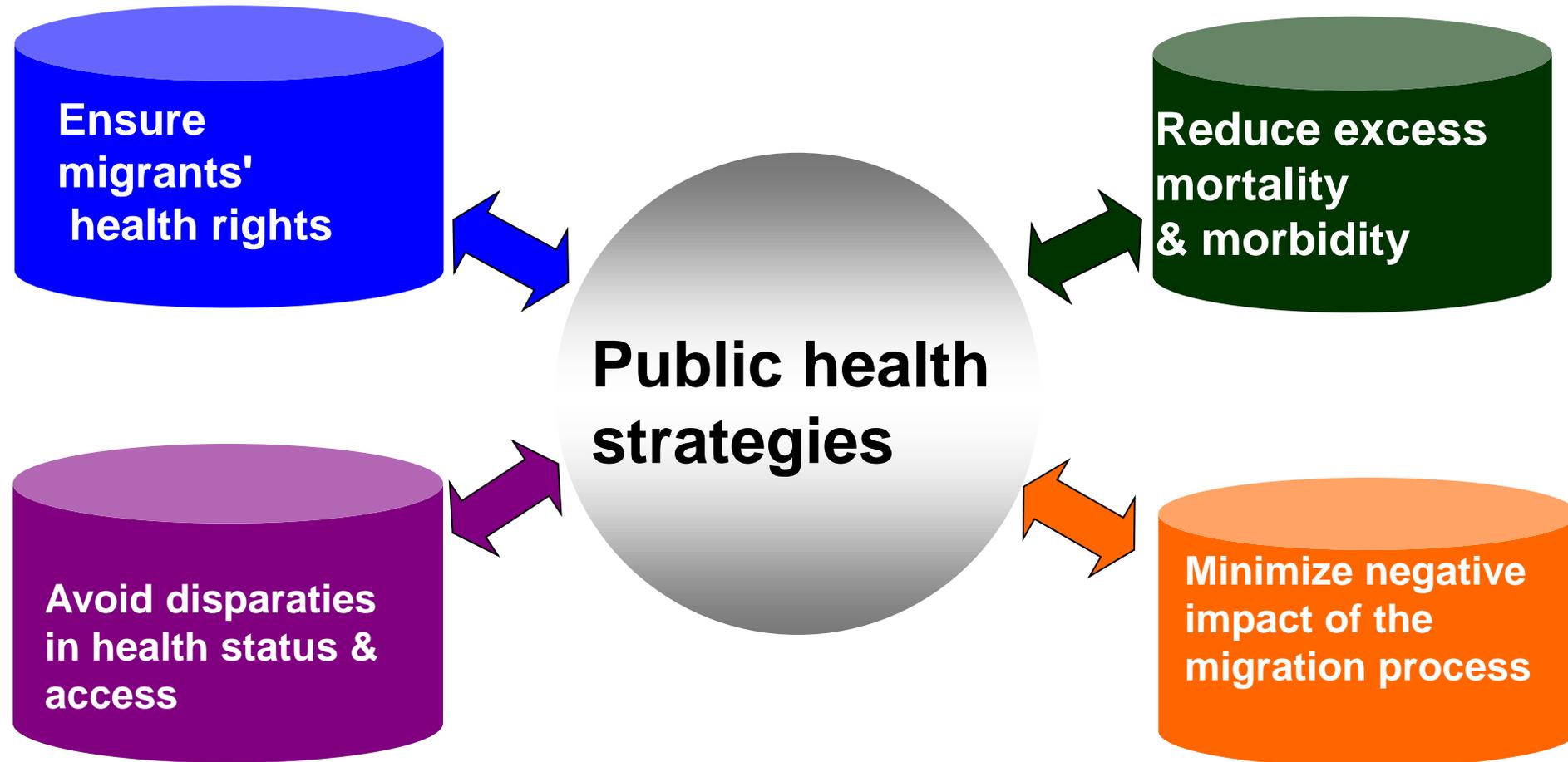
**LISBON ADDICTIONS 2019**

**Lisboa, Portugal October 23rd, 2019**

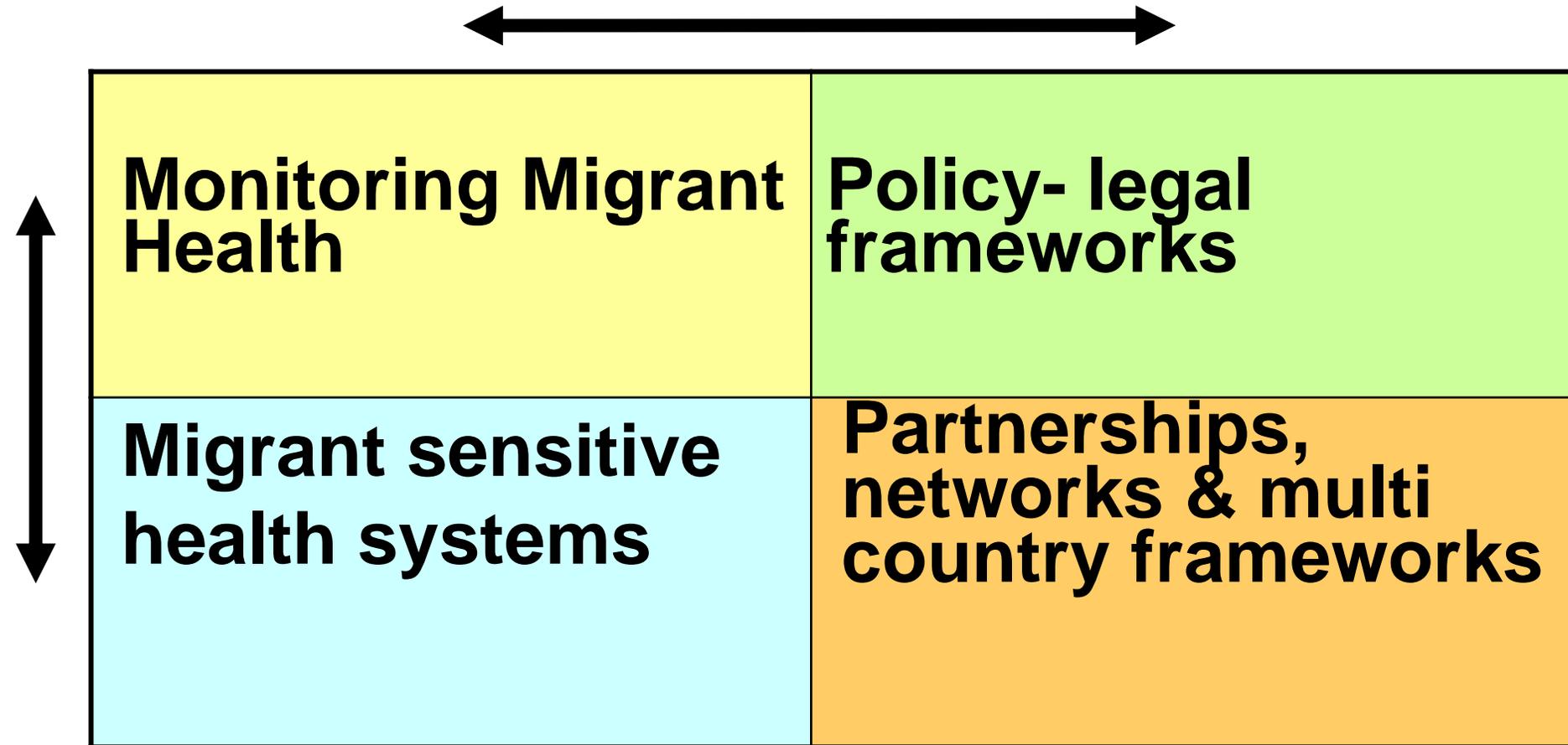
# Paradigm shift in migrants and refugees health : from exclusion to inclusion



# Public health strategies



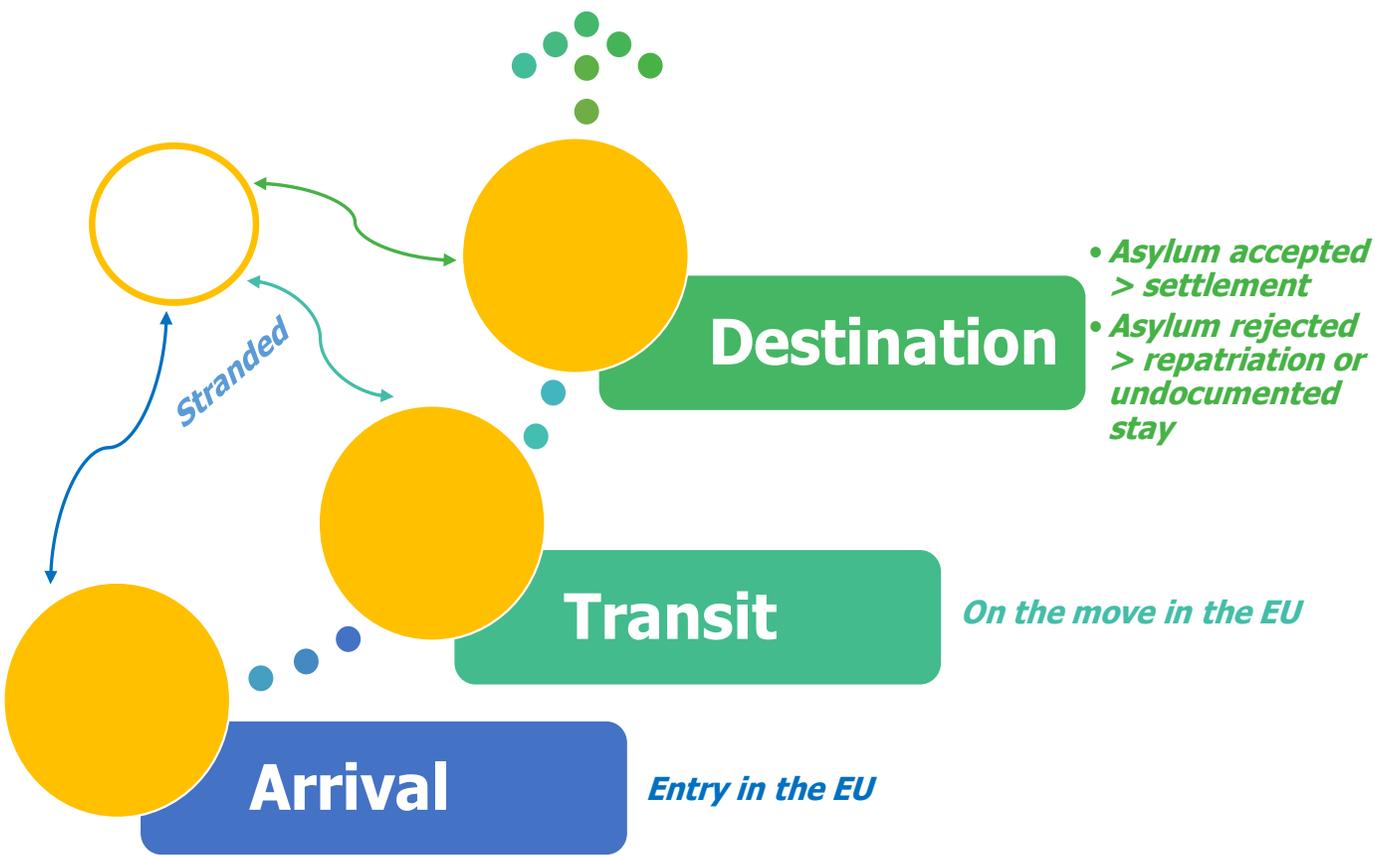
# Operational Framework: Key Priorities



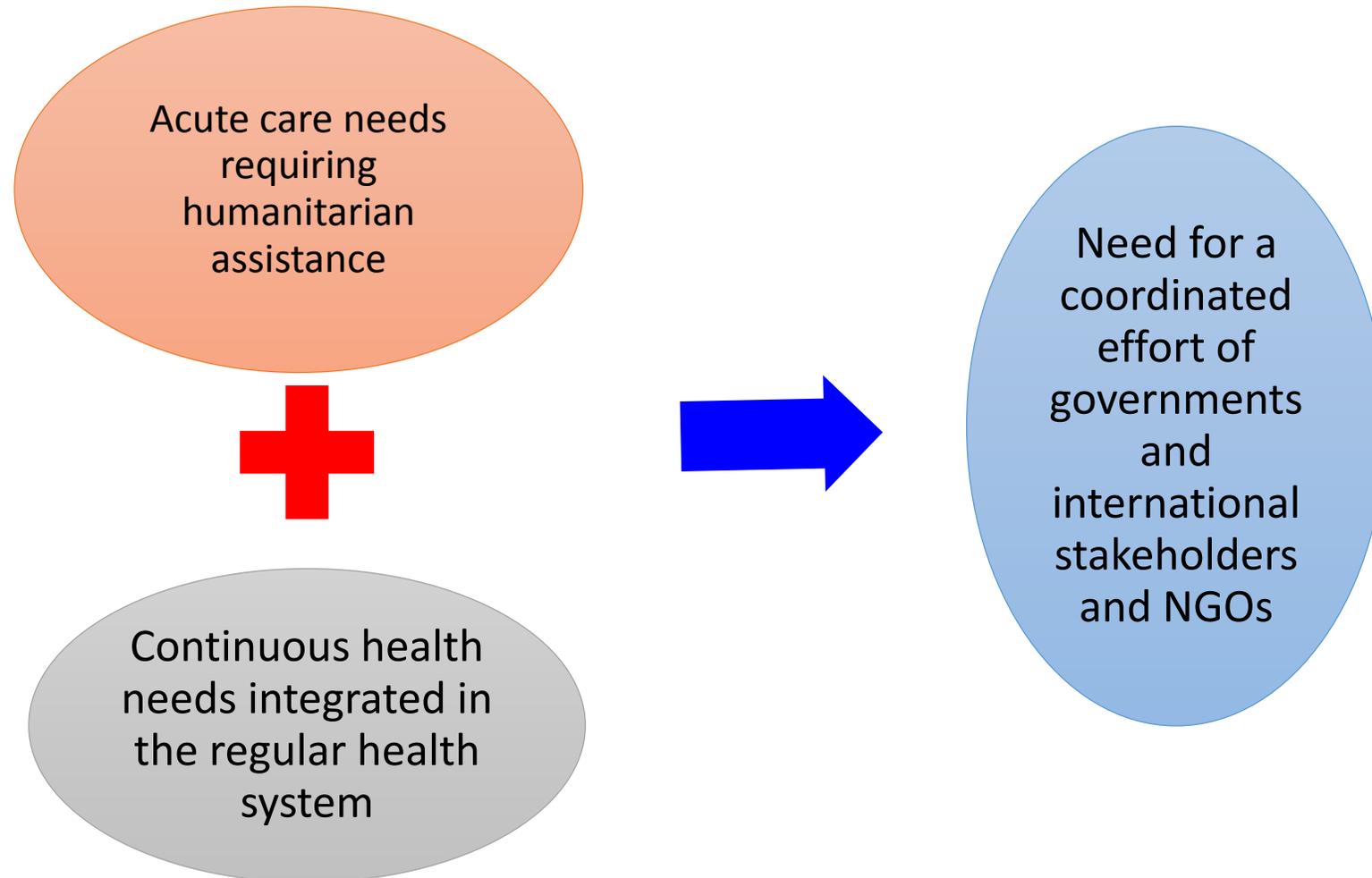
## Migrant sensitive health systems (priorities)

- Ensure that **health services are delivered to migrants in a culturally and linguistically appropriate way** and to enforce laws and regulations that prohibit discrimination
- Adopt measures to enhance the ability of health systems to deliver **migrant inclusive services and programmes** in a comprehensive, coordinated, and financially sustainable fashion
- Enhance the **continuity and quality of care received by migrants** in all settings, including from NGOs and alternative providers
- **Develop the capacity of the health and relevant non-health workforce** to understand and address health issues associated with migration

# TRAJECTORY OF FLIGHT/MIGRATION



# THE NATURE OF THE MIGRANTS AND REFUGEES HEALTH NEEDS



# Salient aspects of the health response by population segment

Population segment	Location of response	Type of health response	Key actors in the health response	Authority/ coordination
<b>Recent arrivals</b>	Hotspot/ Registration facility	Initial assessment/triage Acute care Psychological first aid SGBV prevention & response SRH	Governmental agency NGO Volunteers IOM	MOH/RHA with IOM/UNHCR
<b>People in transit</b>	Reception facilities	Acute care Psychological first aid Protection Comprehensive PHC <sup>1</sup> , mobile clinics, flexible referral to SHC National and trans-border follow-up SGBV prevention & response SRH	MOH/RHA/designated lead agency (e.g. Ministry of Interior) NGO	MOH/RHA with IOM/UNHCR/MI
<b>Settling migrants</b>				
<b>Asylum seekers</b>	Reception facilities/ health centre/hospital	Comprehensive PHC <sup>3</sup> , mobile clinics, flexible referral to SHC SGBV prevention & response SRH, mental health	MOH/RHA/LHA/ designated agency lead NGO	MOH/RHA/MI Integration into regular health system initiated
<b>Refugee status granted</b>	Reception facilities/ Health centre/hospital	Comprehensive PHC <sup>3</sup> , flexible referral to SHC SRH, mental health	MOH/RHA/LHA/ designated agency lead	MOH/RHA Integrated into national health system
<b>Undocumented migrants</b>	Health centre/hospital NGO facility Red Cross facility	Comprehensive PHC <sup>3</sup> , referral to SHC SGBV, mental health	MOH/RHA/LHA NGO Red Cross	MOH/RHA



# ACCESS BARRIERS TO HEALTH CARE FOR REFUGEES, ASYLUM SEEKERS AND OTHER MIGRANTS

## **General barriers for access to health care**

- Legislative, administrative, financial and bureaucratic barriers
- Linguistic and cultural barriers
- Organisational barriers and difficulties to ensure equitable quality of care
- Lack of information for health providers and difficulties to ensure continuity of care
- Lack of information and education for refugees and asylum seekers
- Lack of coordination between services

## **Specific barriers for specific health care needs**

- Accessing appropriate mental health care services
- Accessing appropriate sexual and reproductive health care services
- Accessing appropriate health care services for children and adolescents
- Accessing appropriate health care services for victims of violence

# Impact on health care access of specific situation of the refugees

## • Arrival phase

- Healthcare professionals may have to intervene on site
- Information on refugee's right on access to health care not always provided
- Primary care is provided mainly by international NGOs
- Emergency care ends up in hospitals
- Chronic diseases or mental disorders and migrants' personal plans are not taken into account

## • Transit phase

- Personal medical files (e.g. on vaccination status) are rarely available
- NGO's provide primary health care services on site during the transit phase
- Treatment of chronic diseases (e.g. cancer, aids-HIV, diabetes,...) is often inadequate
- Focus is on acute health issues and communicable diseases
- Time is one of the main challenges when it comes to asylum seekers in transit to access care.

## • Destination phase

- Registration procedures are long (the time taken to process applications have an impact on access to care)
- At this stage, refugees will lose much of the assistance they received in previous phases
- Insufficient knowledge of the health care system
- Linguistic and cultural barriers / limited culture competence of many care providers
- Limited health literacy makes it hard to navigate the complex health care system

**Improving Access to Health Care and Related  
Social Services for those Left Behind:  
major trends identified in the Assessments  
conducted in 10 EU Countries by the EC  
funded JAHEE Initiative in 2019**



# Populations in situation of vulnerability

- Two population groups in situation of vulnerability stand out significantly in nearly all countries: **Roma** and **children**, mainly those of vulnerable families being the **biggest population under the level of risk of poverty and social exclusion**.
- Others listed by countries: **elderly**: increasing number of elderly, and thus of chronic and mental disorders and diseases and of social needs (residences, home care, loneliness) placing a big financial burden on the social and health services.
- Many countries have a group of population that is left out: **undocumented migrants, asylum seekers, minorities** and those who do not have the entitlements of public insurance coverage.

# THE APPROACH NEEDED

- A Public Health Approach
- A Health Systems Approach
- Relevance of Entitlements
- Importance of Continuity of Care
- Centrality of Access to Care
- Intercultural Considerations
- Coordination of multiple stakeholders
- No dedicated, separate and second-class services