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IFMSA policy document - Migrants' Health

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Policy Statement

Introduction

According to the International Organization for Migration (IOM), migration is defined as the movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. People on the move are often denied basic human rights, including access to social and health services. Those rights are universal and as such, should be respected and granted regardless of the individual's legal status.

IFMSA position

IFMSA believes that every individual regardless of their legal status has the right to the best attainable standard of health. Accordingly, migrants should be able to access the same standard of health care services as any other person, and proactive measures should be taken to meet the specific health needs of this vulnerable group. As such, there is a broad range of concrete actions to be taken by several different stakeholders.

Call to action

Therefore, IFMSA calls on:

Governments to:

- establish, reinforce and monitor comprehensive national migrant health policies that respect human rights, are multi-sectoral, participatory and inclusive for migrants and civil society, the private sector, and other key actors and that are based on the UN 2030 Agenda for Sustainable Development and the extension of Universal Health Coverage (UHC)
- provide migrants with accessible and affordable health services regardless of their legal status, as well as to improve the provision of information about those services
- promote and conduct systematic research on migrants' health to ensure evidence-based programming and policy development
- ensure safe and legal routes for migrants to reach their destinations, and strengthen the international and cross-border cooperation between countries to ensure the continuity of healthcare for migrants
- ensure that access to medical services is independent from migration and border control procedures, and that patients' confidentiality is fully respected
- avoid obligatory screening of arriving migrant populations for diseases, but offer voluntary health checks and subsequent proper diagnosis, treatment and follow up procedures, to never use health status as a reason or justification for rejection of visa applications, rejection of asylum applications, detention or deportation
- ensure the availability and accessibility of interpreters trained for the health care setting
- minimise the negative health outcomes of detention by limiting such procedures to the minimal possible extent, to never engage in indefinite detention, to never detain children, and to ensure alternatives to detention are fully explored



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- refrain from using methods such as medical age assessments which are based on limited scientific evidence to guide migration processes

International organisations and non-governmental organisations (NGOs) to:

- advocate for access to healthcare for all migrants, conduct research and collect disaggregated data on the topic
- provide legal support and ensure adequate health care, psychological and social support for migrants
- provide free or low cost medical services for migrants, which may be funded through NGOs or provided in collaboration with existing health services; of particular importance is preventing epidemics through adequate vaccination
- ensure effective communication between the government and migrants in order to organize the services provided, and keep up with the needs of the migrants all while keeping the best interest of migrants as priority
- incorporate migrants, in collaboration with governments, into the medication programs especially for treatment of HIV or AIDS, TB, cancer and NCDs among others
- have an active role in raising awareness and educating migrants about family planning, disease prevention and disease control
- organise and/or participate in campaigns to raise awareness about migrants' health, gather public support for advocacy actions, develop community-led activities in order to promote the integration of migrants within the community

The health sector and medical schools to:

- commit to providing dignified, non-discriminatory and culturally sensitive healthcare services to all migrants
- refrain from reporting the immigration status of migrants to the police or immigration authorities under any circumstances, or using the health status of a person to influence their immigration status in any way
- equip healthcare professionals and support staff with skills and tools on intercultural competence in order to take into account specific health needs of migrants; include training on the health of migrants in the curriculum for all healthcare professionals
- raise awareness among wider society to advocate for migrants' right to health, in collaboration with NGOs and youth led organizations, such as IFMSA
- never participate in any punitive or judicial action involving migrants or to administer any non-medically justified diagnostic measure or treatment, such as sedatives to facilitate easy deportation from the country

IFMSA National Member Organisations (NMOs) and medical students to:

- actively work on the topic, raise awareness of the current situation of migrants' health, and invest time and resources into projects and activities on this topic
- share best practices and projects with NMOs, reach out to other NMOs to develop advocacy and project collaborations, enroll activities under a relevant IFMSA program
- participate in processes to create more equitable health policy for migrants
- join international campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA



Position Paper

Introduction

The Universal Declaration of Human Rights states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and necessary social services” [1]. This fundamental human right has been reaffirmed by the International Covenant on Economic, Social and Cultural Rights; more than 160 states around the world are party to the Covenant and thereby recognize” the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” [2]. This is also outlined in the WHO Constitution [3].

Background

Normative framework

The migrants' right to health and well-being is enshrined in numerous documents of an international concern. The right to health is explicitly mentioned in Art. 12 (1) of the International Covenant on Economic, Social and Cultural Rights and has been repeatedly confirmed by various bodies and relevant actors [2]. The migrants' right to health without any form of discrimination is also enshrined in the Constitution of the World Health Organization [3]. Despite such normative framework, many migrants still lack access to health services and financial protection for health. Access to health services and especially the underlying determinants of health for migrants are not addressed to a sufficient extent.

Migrants and NCDs

According to the WHO, the conditions through which migrants travel to reach their destination can acutely exacerbate their health conditions. This is especially relevant among those who have non-communicable diseases, whether children, adults or elderly [4]. As stated in a recent study comparing migrant and non-migrant populations, “migrants seem to be more vulnerable to diabetes, certain communicable diseases, maternal and child health problems, occupational health hazards, injuries, and poor mental health.” The impact on migrants' health may be due to factors such as the psychological stresses associated to the whole migration process in addition to the living conditions in their countries of origin as well as their host communities [5]. Furthermore, the same study shows that “mortality rates and incidence for stroke are high among migrants of African origin, which could be attributable to higher rates of hypertension and diabetes”. Also, migrants tend to get affected by the lifestyle of the host countries and thus change their eating habits. They start introducing fat-rich meals and have a more sedentary lifestyle all leading to obesity and thus cardiovascular diseases, diabetes and metabolic syndrome among others [5]. In addition, the migration itself increases the risk of NCDs, due mainly to the loss of follow up, loss of access to medication, and lack of health care services leading to prolongation of disruption of treatment, as mentioned by the WHO. In fact, migrants' health is also affected by the disruption of the infrastructure in the country of origin and the absence of professional healthcare providers. Therefore, it is of crucial importance to identify those who have NCDs, especially with life-threatening conditions, in order to provide them with proper care [4].

Psychological consequences

Although the evidence for mental health problems among migrants in general is not conclusive, refugees, asylum-seekers, and undocumented migrants tend to be more exposed to risk factors for mental health (including exposure to violence in their countries of origin and stress during migration and after arrival in the host countries). In a study published in 2010 about migrants and refugees, it was found that, among migrants, depression, PTSD and consequences of a child maltreatment are the major psychiatric conditions that they suffer from. Evidence suggests that depression commonly co-occurs with post-traumatic stress disorder and other anxiety disorders, which can complicate its detection and treatment. In fact, effective detection may also be complicated because it requires the



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use of professional interpreters or “trained culture brokers” to understand patients’ concerns and explain the treatment plan [6]. Hence, language plays an important role in mental health. Specific challenges in migrant mental health connected to communication also include the effect of cultural shaping of symptoms and illness behaviour on diagnosis, coping and treatment; differences in family structure and process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration [7]. Barriers to good communication between the migrant and the healthcare professional can create feelings of isolation and of being “unwanted”. The capacity to communicate can influence healthcare-seeking behavior, underreporting, poor explanation of health problems and symptoms, inappropriate diagnoses and reduce the capacity of immigrants to comply with treatment regimens [8].

Fortunately, it has been found that “the majority of those who experience traumatic events will heal spontaneously after reaching safety”. However, healthcare providers should always have empathy, and should reassure the patients during the recovery phase. Pushing for disclosure of traumatic events could cause more harm than good and thus should be avoided [6]. Screening for mental illness is not recommended except in the case of depression. Nonetheless, It is also very crucial for healthcare professionals to be alert for signs and symptoms of the different psychiatric conditions and to have a high index of suspicion during the medical interview, to be able to detect those who have a mental illness and provide the necessary help. When in doubt, patients should be referred to specialized clinics to follow up on the cases properly [6].

Continuity of Healthcare for migrants

As defined in the Health Assessment for Refugees and Migrants for EU handbook, “continuity of care refers to the principle of establishing adequate mechanisms for the continuity of healthcare between countries of origin, transit and destination” [9]. Naturally, migrants often receive health care during the different parts of their journeys, usually in several countries and health systems. This movement presents a significant challenge for the continuity of health care, treatment, health data and other components of health care which are easily preservable under normal conditions. This is mainly due to the mode of travel and travel conditions which lead to lack of basic health necessities, the duration of the journey, and the suffering from traumatic events such as abuse [10].

As migrants reach their host communities, migrants find themselves in vulnerable conditions due to their legal status and living conditions. The legal status of migrants plays an important role in denying them access to healthcare. Migrants may not be entitled to any health care in some countries and to emergency care only in others. Even in countries where migrants are officially eligible to access health care, there is evidence that they can still experience challenges in accessing health care services, for example if out-of-pocket payments are required [11]. In fact, some communities argue that excluding migrants from those services can discourage future irregular migration, even though under human rights law, governments are obliged to promote health to everyone within their territories. In addition, and due to the various social and financial obstacles that the host communities face when welcoming migrants, affordable and equal access to healthcare services become challenged. Migrants therefore, try to self-medicate or seek help from non-professionals which leads to further health problems and suboptimal treatment [12].

Mandatory health screening of migrants

Health screening of migrants entering a country varies widely by host country. Practices vary from no mandatory health screenings recommended prior to or on arrival, to mandatory screenings. The extent of screenings differs as well, from very basic health status to specific infectious diseases [13]. IFMSA, and in accordance with the WHO, does not recommend obligatory health screening processes of migrant populations, because there is no clear scientific evidence of health and economic benefits. Furthermore, such practices can cause mental health problems, such as anxiety or trust issues. The WHO strongly recommends that voluntary health checks should be offered and provided to ensure access to healthcare for all migrants requiring health protection. The WHO recommends to ensure that triage is performed at points of entry to identify health problems of migrants soon after their arrival. In case such mandatory checks are required due to authorities’



enforcement, migrants must always have an option to access following diagnostic and treatment procedures. All checks must be performed in respect to the human rights, dignity and culture of migrants. The results of such screenings must never be used as a justification for not accepting or rejecting a migrant from a country [4].

Medical age assessments

The use of medical procedures in assessing migrant age has little scientific evidence backing its validity. There are many forms of medical age assessment, however, experts agree that age assessment is not a determination of chronological age but an educated guess, and can only ever provide an indication of skeletal or developmental maturity from which conclusions about chronological age may be inferred but not accurately [14]. In fact, as with with bone age assessments, there are also discrepancies between chronological and dental ages and that “there is absolutely unanimity in the scientific literature that it is impossible to exactly determine a patient’s chronological age from dental radiographs” [15].

Ethical issues surrounding age assessment procedures must also be considered. These include the issues of obtaining informed consent from a minor, with the Separated Children in Europe Programme ‘Statement of Good Practice’ 2009, stating a refusal to agree to the age assessment procedure must not prejudice the assessment of age or the outcome of the application for protection [16], and the potential violation of medical ethics with medical professionals undertaking non-diagnostic procedures [17]. The UNHCR clearly states that “applying restrictive age assessment approaches in order to treat children as adults in asylum procedures may result in violations of their rights under international human rights law” hence governments should refrain from using methods of medical age assessments in favour of protecting child rights [18].

Detention of migrants

Article 9 of the Universal Declaration of Human Rights (UDHR) states that “no one shall be subjected to arbitrary arrest or detention”. A similar principle is also enshrined in article 9 of the International Covenant on Civil and Political Rights (ICCPR), which states that “anyone who is deprived of his or her liberty by arrest or detention shall be entitled to take proceedings before a court, in order that the court may decide without delay on the lawfulness of his detention and order his or her release if the detention is not lawful” [19].

Immigration detention is the measure of holding individuals in detention until a decision is made by immigration authorities to grant a refugee status or visa for the individual and allow them to access the community, or to repatriate them to their country of departure. Mandatory detention is the practice of compulsorily detaining or imprisoning people seeking political asylum, or who are considered to be illegal immigrants or unauthorised arrivals into a country. Some countries have set a maximum period of detention, some do not even have a legally binding definite time of detention. A lot of countries use mandatory detention to attempt to discourage irregular migration. Countries also use detention in connection with the violation of immigration laws and regulations. Examples may include: remaining in the country following the expiry of a permit, or a lack of suitable identification documents, such as a passport. The stated aim of detention is to allow subsequent measures (such as deportation) to be implemented. Migrants are particularly vulnerable to the deprivation of their liberty, which has profound consequences on their physical and mental health. The Special Rapporteur on the Human Rights of Migrants has noted that the “mental and physical health of migrant detainees is often neglected” [20]. Doctors and nurses are not always available and may not have the authority to properly treat their patients, when they need hospitalization. Furthermore, reproductive health care for women, especially pregnant women, is not available in all places of detention. Substandard detention conditions may potentially amount to inhuman or degrading treatment, and may increase the risk of further violations of economic, social and cultural rights, including the right to health, food, drinking water and sanitation. Prolonged or even indefinite detention often leads to premature death of individuals held in immigration detention facilities [21]. We believe that detention should always be used as a measure of the last resort, always preserving people’s human rights and dignity [20].



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Detention of children

Numerous studies have shown that detention has a profound and negative impact on the child's health and development. The UN Committee on the Rights of the Child has confirmed that immigration detention of children is never in the best interests of the child and will always constitute a violation of a child's rights [23]. Detention, even for a very short time, can significantly undermine children's psychological and physical health and well-being, and compromise their cognitive development. Detained children are at a high risk of suffering from post-traumatic stress disorder (PTSD) symptoms, depression, anxiety, feelings of hopelessness and severe attachment disorder. There are also heightened suicide rate (including suicide attempts or self-harm actions) [22]. Stated in the Committee on the Rights of the Child report of the 2012 Day of General Discussion on the Rights of All Children in the Context of International Migration, detention of children on the sole basis of their migration status or that of their parents is a violation of children's rights, is never in their best interests and is not justifiable [23]. Reflecting on such profound consequences of detaining children, we believe that migrant children should never be detained and every possible measure should be implemented to ensure that children are not exposed to the unnecessary harms of detention. Furthermore, in cases of children who came into conflict with the law, all necessary steps should be taken to place children in a child-sensitive location, alternative to a detention facility, which protects children's rights, freedom of movement, and grants the protections that all children deserve.

Occupational health and injuries among migrants

In 1950, the Joint ILO/WHO Committee on Occupational Health defined the purpose of occupational health. This definition was revised in 1995 and it outlines the importance of occupational safety, the protection of migrants in the workplace and maintenance of workers in a safe environment. In fact, migrants are at high risk of occupational injuries and accidents because they tend to take jobs that are temporary, require few skills, and that are largely unattractive to local labor forces [24]. Language obstacles, poor communication, lack of familiarity with some of the technology used, and different attitudes to work safety all contribute to work-related risks. According to the International Labour Organization (ILO), around 2 million migrants die every year due to occupational related injuries. For example, in the agricultural sector, unprotected exposure to pesticides and other chemical products is a common problem, and chronic exposure to them has been linked to depression, neurologic disorders, and miscarriages among migrant workers [24]. The incidence of other injuries among people working in greenhouses is also high, and muscular diseases, dehydration, and heart complaints linked to high temperatures are common. Few agricultural workers receive much safety training, and few use effective protection. Another example is that of domestic migrant workers who are at high risk of exploitation and abuse whether psychological like insults or threats, physical or even sexual. In addition, the nature of their work increases their risk of having musculoskeletal injuries, fractures, burns, and eye injuries among others. Sometimes, those injuries in addition to work induced stress can lead to loss of life [8]

Migrants' Health and Sustainable Development Goals (SDGs)

The UN 2030 Agenda for Sustainable Development puts people at the center of all actions, following the principle to "leave no one behind". This is especially emphasised in relation to the most marginalized and the most vulnerable communities, and migrant communities often fall under these categories. SDGs also acknowledge a development potential of migration, and migrants' contribution and participation to hosting societies. However, migration processes expose migrants to numerous physical and psychological health risks, which often have prolonged consequences on their health and decrease their abilities and development potential. Compromised health status of migrants is also very often a result of malfunctioning health policies and legal frameworks of States, which cause migrants to not be able to access or afford health services, or the capacity of health systems is simply not able to meet the health needs of migrants. In reflection to the global pledge to achieve SDGs in 2030, governments and all non-state actors should always think about the health aspects of migration. The health needs of migrants must be fully reflected and incorporated into global and national policies, programs and frameworks. Numerous SDGs and their targets are directly or indirectly connected to migration (1,3,5,8,10,11,16,17), and governments and non-state actors should base their plans on particular targets to ensure progress in achieving SDGs [25] [26].



Relevance for the Global Compact for Safe, Orderly and Regular Migration

To achieve the vision of the SDGs, it is more than necessary to adequately address the health needs of migrants in the Global Compact for Safe, Orderly and Regular Migration (GCM). SDGs, in particular target 3.8 on universal health coverage, won't be achieved unless the health needs of migrants are properly addressed and met. Despite the overall importance and the crosscutting nature of health in sustainable development processes, health is missing from the six thematic sessions of the modalities for development of the GCM as well as from the 24 elements contained in Annex II of the New York Declaration for Refugees and Migrants [27]. To address these concerns, several UN agencies and non-governmental organisations joined the efforts to bring up this issue. The WHO's Executive Board at its 140th session in January 2017, noted the WHO Secretariat's report on promoting the health of migrants and reaffirmed the New York Declaration on Refugees and Migrants, and adopted decision EB140(9) [28]. This decision requested WHO to prepare, in full consultation and cooperation with Member States, and in cooperation with IOM and UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the 70th World Health Assembly (WHA). Furthermore, this decision mandated WHO to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration.

In February 2017, the IOM, WHO and the Government of the Democratic Socialist Republic of Sri Lanka, jointly organised the 2nd Global Consultation on Migrant Health: Resetting the Agenda. As a respond to those challenges, the government representatives adopted the Colombo Statement, which calls for international collaboration to improve the health and well-being of migrants and their families, and to address the health challenges posed by increasingly mobile populations. The Statement agreed "to promote the principles and agreements reached at the second Global Consultation on Migrant Health as inputs to future global initiatives, intergovernmental consultations, and Governing Bodies processes contributing to the formulation of a meaningful Global Compact on Safe, Orderly and Regular Migration and where health responses share common elements to the Global Compact on Refugees in 2018 as appropriate [29].

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