



UPPSALA  
UNIVERSITET

*Norwegian Research School of Global Health*

*Webinar #2-22*

**Health of refugees & migrants**

*02 February 2022*

Soorej Jose Puthooppambal  
Senior lecturer

Head- WHO Collaborating centre on Migration and Health Data and Evidence  
Dept. Of Women's and Children's health  
Uppsala University



# What I will try to do today

- This talk will give a brief overview of health status of refugees and migrants and discuss the health challenges that exist during the various phases of migration. The talk will also present some solutions that exist to address some of these concerns



# Types of Migration/Migrants

- **Reason:** Forced migrants/migration Vs. Voluntary
  - Refugees, asylum seekers, irregular migrants Vs. Labour, family, study
- **Geographical distribution:** Internal Vs. International/external migrants
- **Duration:** temporary Vs. “Permanent”
  - Seasonal workers, students, family resettlement
- Categories not mutually exclusive, Individuals move between these classifications !!!

Table 3 Adjusted RRs and RDs of indicators of health and health care in asylum-seeking and undocumented migrant women and refugee women (N= 31 609<sup>a</sup>)

	Asylum-seekers and undocumented migrants		Refugee women		Asylum-seekers and undocumented migrants vs. refugee women			
	N = 1969		N = 29 640		RR	(95% CI)	RD per 1000 births	(95% CI)
	n	(%)	n	(%)				
<b>Maternal health in general</b>								
Maternal poor self-rated health before pregnancy	741	(37.6)	5059	(17.1)	<b>1.84</b>	(1.72 to 1.97)	<b>145.5</b>	(124.9 to 166.2)
<b>Indicators of perinatal health</b>								
Maternal								
Pre-eclampsia	34	(1.7)	510	(1.7)	1.19	(0.82 to 1.73)	3.2	(-4.2 to 10.7)
Gestational diabetes	44	(2.2)	1096	(3.7)	0.76	(0.56 to 1.03)	-9.0	(-17.7 to -0.4)
Severe postpartum haemorrhage (blood loss > 1000 ml)	82	(4.2)	1693	(5.8)	0.78	(0.62 to 0.98)	-12.7	(-23.2 to -2.2)
Degree III-IV anal sphincter tear <sup>b</sup>	52	(2.6)	766	(3.1)	0.94	(0.71 to 1.25)	-1.9	(-10.4 to 6.6)
Foetal								
Stillbirth	14	(0.7)	192	(0.7)	1.30	(0.74 to 2.29)	2.0	(-2.8 to 6.7)
Preterm birth	121	(6.2)	1227	(4.1)	<b>1.47</b>	(1.21 to 1.79)	<b>19.3</b>	(7.6 to 31.0)
Preterm birth (ultrasound estimation)	101	(6.1)	1152	(4.1)	<b>1.48</b>	(1.19 to 1.83)	<b>19.3</b>	(6.8 to 31.8)
Small for gestational age	88	(4.5)	1063	(3.6)	1.20	(0.95 to 1.51)	7.1	(-2.9 to 17.1)
Birth weight < 2500 g	94	(4.8)	1039	(3.5)	1.36	(1.11 to 1.66)	15.9	(3.9 to 28.0)
Apgar score < 7 at 5 min	41	(2.1)	625	(2.1)	1.13	(0.81 to 1.58)	2.7	(-5.2 to 10.6)
Mean birth weight of term birth (g)	3420	(3394 to 3446)	3472	(3466 to 3479)			-25	(-53 to 4)
<b>Indicators of perinatal health care</b>								
Antenatal care usage								
Inadequate antenatal care visits	313	(15.9)	1729	(5.8)	2.56	(2.27 to 2.89)	91.5	(74.8 to 108.3)
No ultrasound screening	79	(4.0)	202	(0.7)	5.43	(4.02 to 7.10)	29.8	(20.7 to 38.8)
Use of professional translator in antenatal care	1606	(81.6)	11 651	(39.3)	1.70	(1.67 to 1.74)	359.9	(341.6 to 378.2)
Abnormal CTG at arriving delivery ward	88	(4.5)	1558	(5.3)	0.88	(0.70 to 1.10)	-6.3	(-16.8 to 4.3)
Mode of delivery								
Non-instrumental vaginal	1463	(74.3)	23 072	(77.8)	0.96	(0.93 to 0.98)	-33.8	(-54.6 to -13.0)
Instrumental vaginal	112	(5.7)	1455	(4.9)	1.03	(0.84 to 1.26)	1.4	(-8.8 to 11.6)
Planned Caesarean section	185	(9.4)	2135	(7.2)	1.34	(1.15 to 1.55)	24.2	(10.2 to 38.3)
Unplanned Caesarean section	209	(10.6)	2979	(10.1)	1.08	(0.94 to 1.24)	8.1	(-7.0 to 23.3)
Postpartum care usage								
Missing postpartum visit	812	(41.2)	11 711	(39.5)	1.15	(1.09 to 1.21)	59.6	(36.0 to 83.3)

All models were adjusted for maternal education, age and parity in quadratic forms, calendar year of delivery and mother's country of origin. Models of maternal and foetal outcomes, abnormal CTG on arrival at the delivery ward and mode of delivery were also adjusted for maternal BMI categories and height in continuous form.

Bold values indicate  $P < 0.05$ .

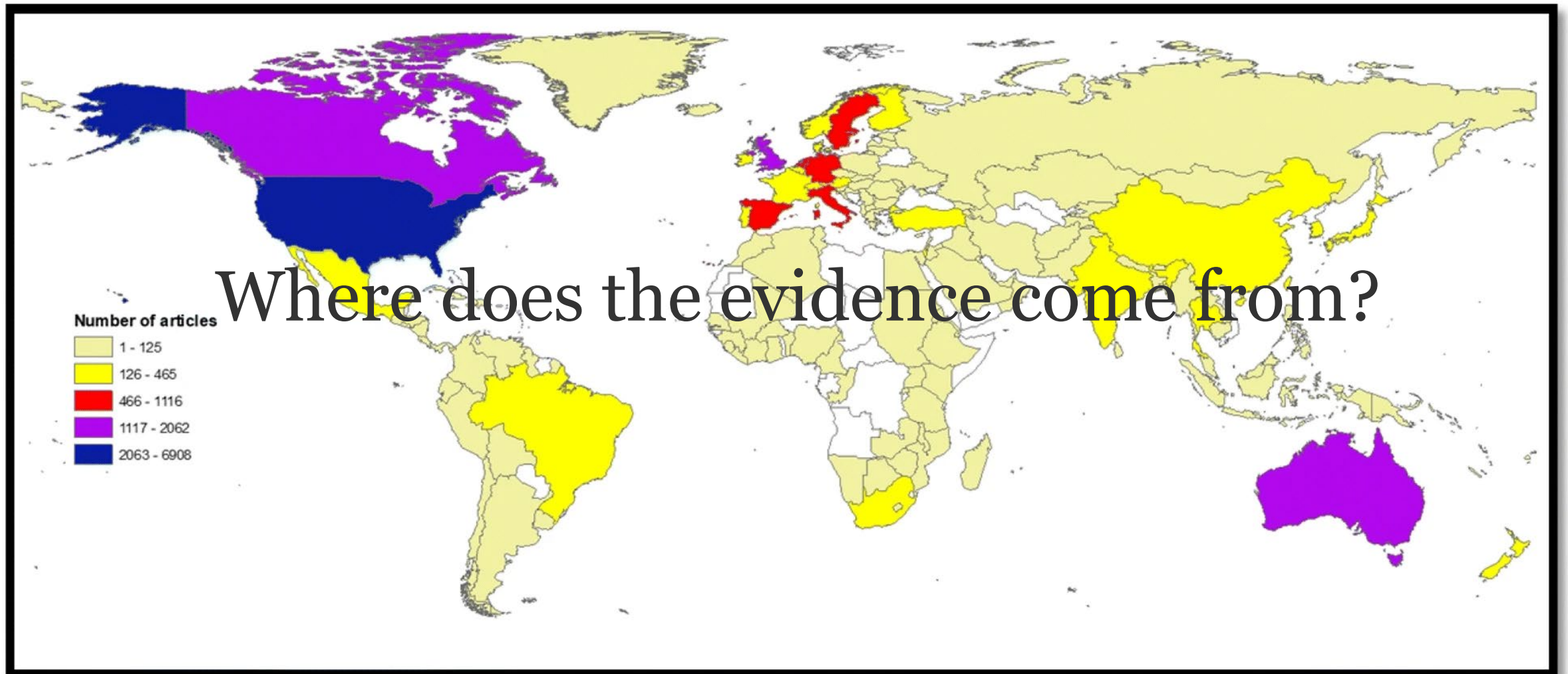
<sup>a</sup>Excluded women with missing data on maternal age or parity.

<sup>b</sup>Excluded all births delivered by Caesarean section.

## Residence status and health outcomes amongst various migrant groups

Can Liu, Mia Ahlberg, Anders Hjern, Olof Stephansson, Perinatal health of refugee and asylum-seeking women in Sweden 2014–17: a register-based cohort study, *European Journal of Public Health*, , ckz120, <https://doi.org/10.1093/eurpub/ckz120>

## Geographical distribution of retrieved documents in GMH (2000–2016).



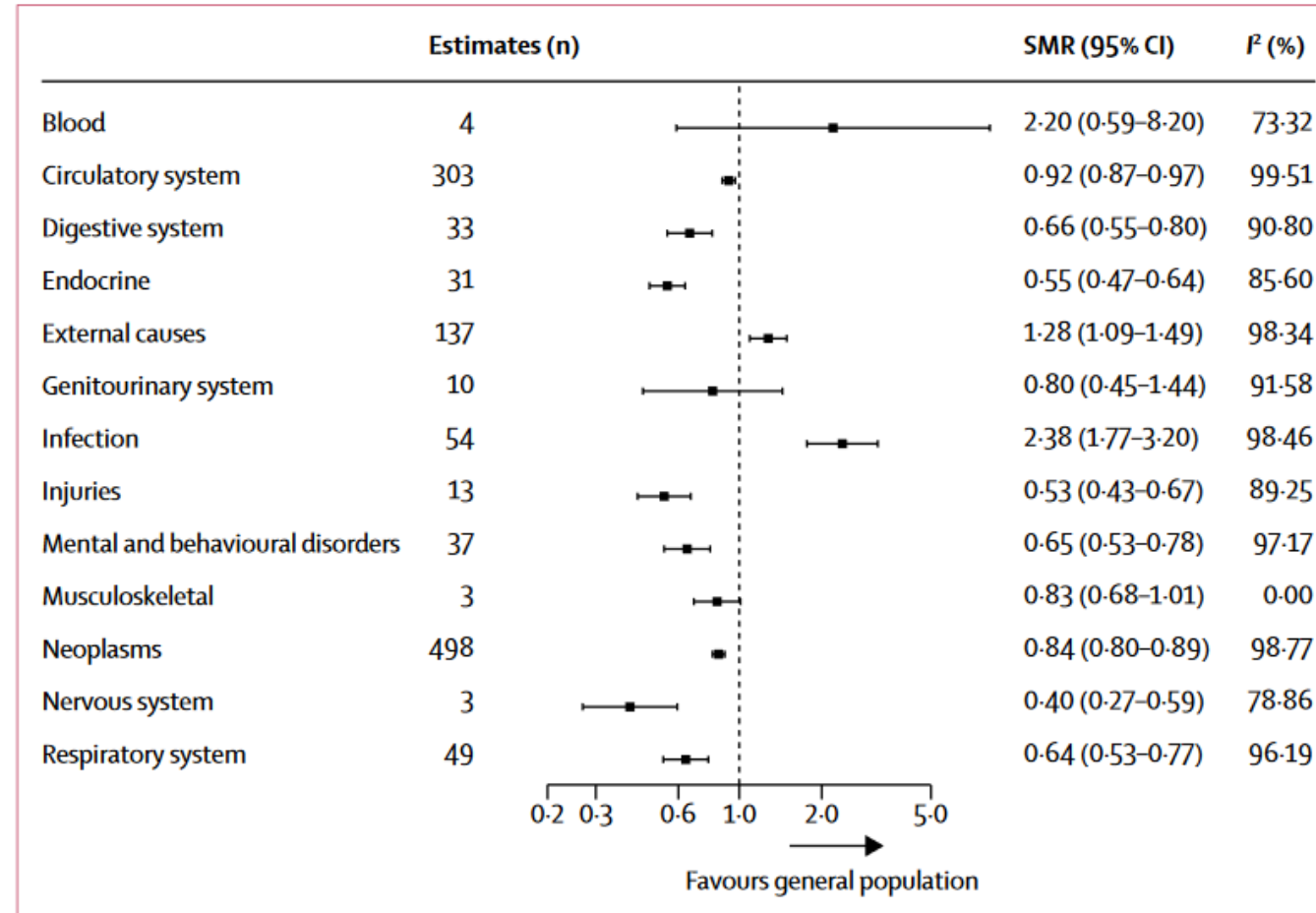


UPPSALA  
UNIVERSITET

# Health status of migrants



# Meta-analysis estimates of SMRs for international migrants by ICD-10 disease category



Aldridge RW, Nellums LB, Bartlett S, et al. Global patterns of mortality in international migrants: a systematic review and meta-analysis. *Lancet*. 2018;392(10164):2553-2566. doi:10.1016/S0140-6736(18)32781-8

**Figure 4: Meta-analysis estimates of SMRs for international migrants by ICD-10 disease category**  
SMR=standardised mortality ratio. ICD-10=International Classification of Diseases, tenth revision.



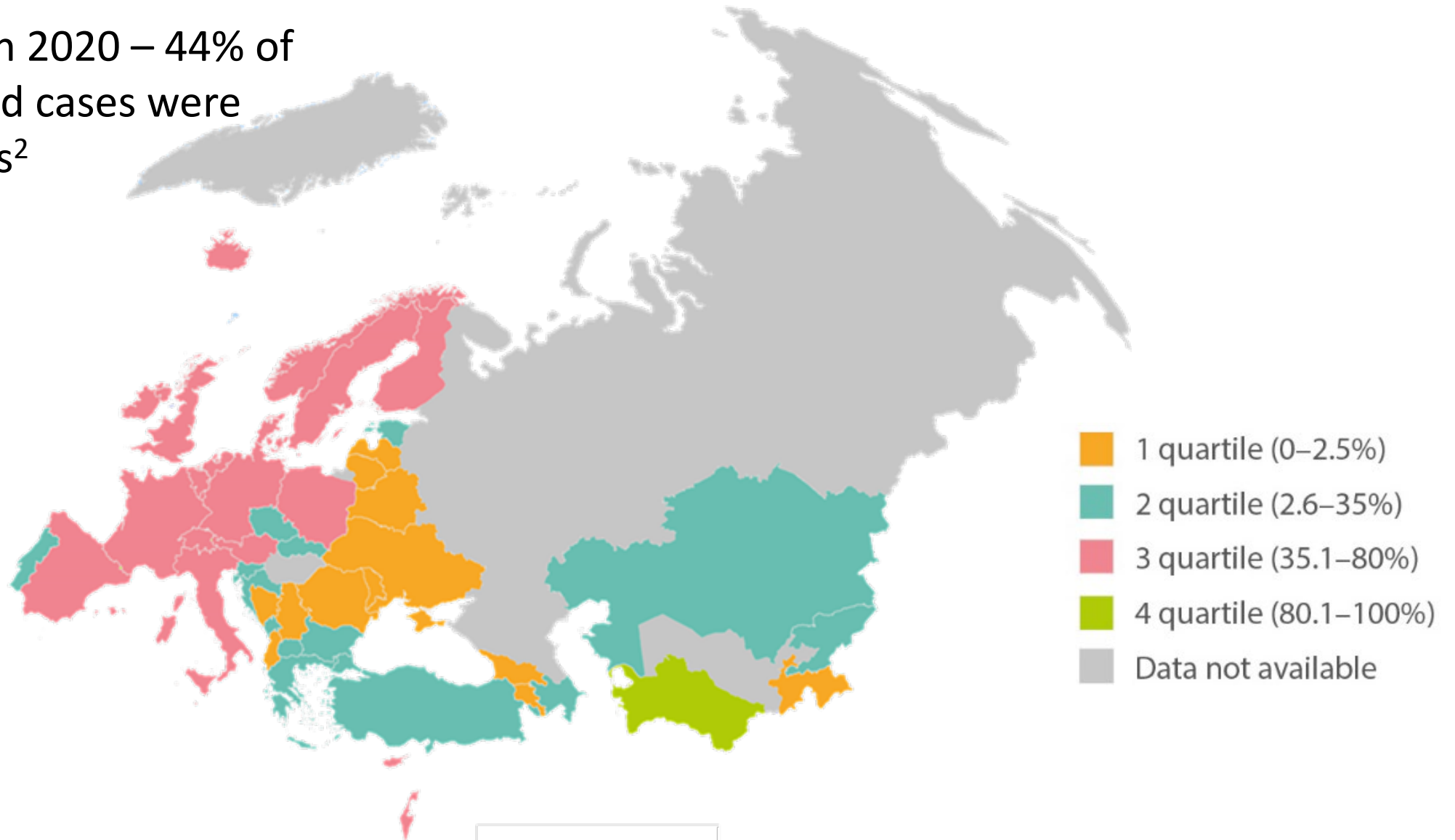
UPPSALA  
UNIVERSITET

# Communicable diseases



# % of migrants among total number of diagnoses of HIV in Member States of the WHO European Region<sup>1</sup>

In the EU/EEA in 2020 – 44% of newly diagnosed cases were among migrants<sup>2</sup>

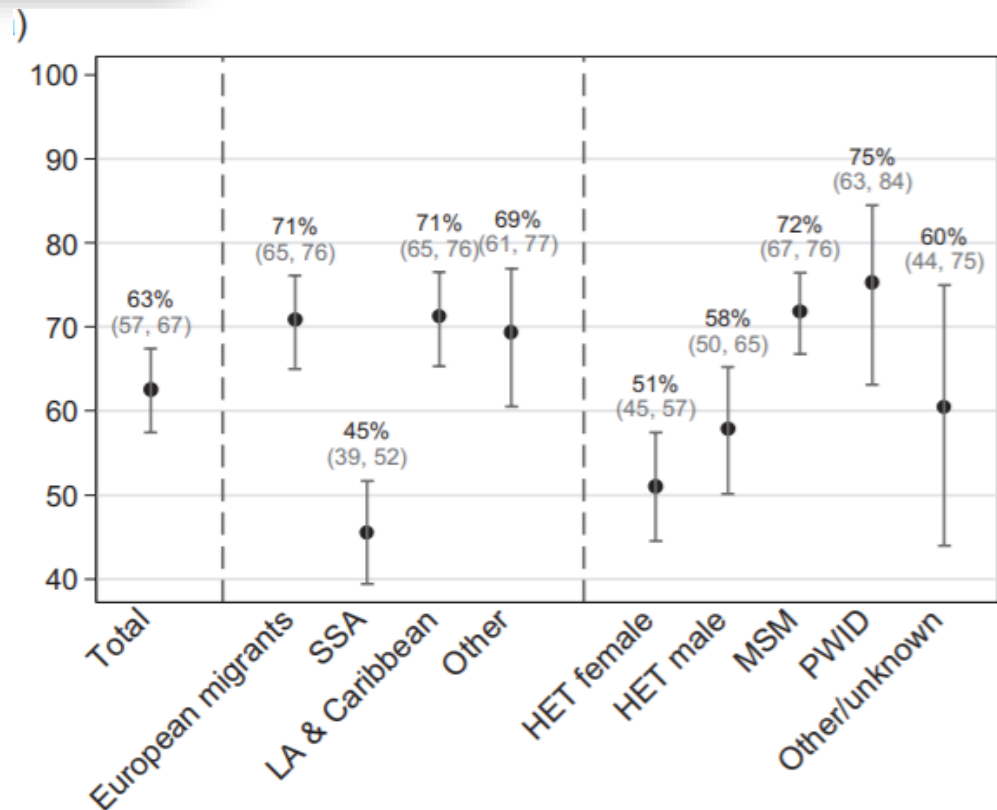


1WHO Regional Office for Europe (2018). Report on the health of refugees and migrants in the WHO European region

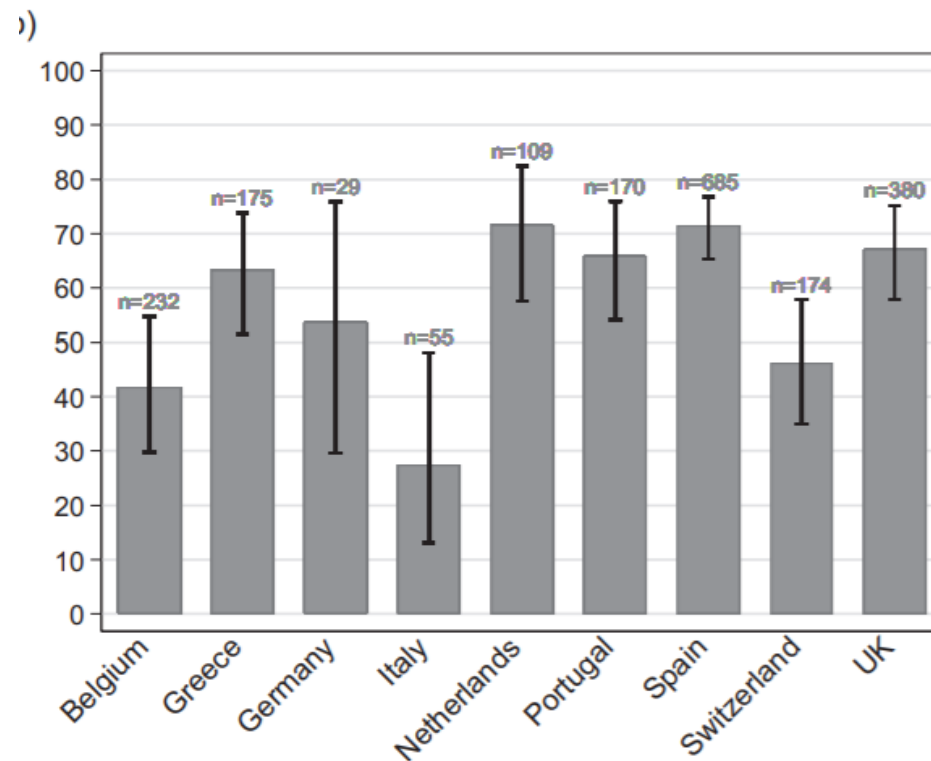
2. European Centre for Disease Prevention and Control/WHO Regional Office for Europe. HIV/AIDS surveillance in Europe 2021 – 2020 data



# Post migration acquisition of HIV



Why?



Alvarez-Del Arco D, Fakoya I, Thomadakis C, Pantazis N, Touloumi G, Gennotte AF, et al. High levels of postmigration HIV acquisition within nine European countries. *AIDS*. 2017;31(14):1979-88.

Fakoya I, Álvarez-del Arco D, Woode-Owusu M, et al. A systematic review of post-migration acquisition of HIV among migrants from countries with generalised HIV epidemics living in Europe: implications for effectively managing HIV prevention programmes and policy. *BMC Public Health*. 2015;15:561. Published 2015 Jun 19. doi:10.1186/s12889-015-1852-9

Deblonde J, Sasse A, Del Amo J, et al. Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA. *BMC Public Health*. 2015;15:1228. Published 2015 Dec 10. doi:10.1186/s12889-015-2571-y

Ross, J., Cunningham, C. O., & Hanna, D. B. (2017;2018;). HIV outcomes among migrants from low-income and middle-income countries living in high-income countries: A review of recent evidence. *Current Opinion in Infectious Diseases*, 31(1), 25-32. doi:10.1097/QCO.0000000000000415



# Non- Communicable Diseases

- **On arrival - lower prevalence** rates compared with the host population
- Prevalence rates, especially for obesity, **begin to converge** with longer duration of stay.
- ↑ incidence, prevalence and mortality rate for diabetes than the host population, with higher rates in women, **depending on the country of origin**
- higher risk of **ischaemic heart disease**
- **Male migrants** show significantly more **work-related injuries** than non- migrant workers
  - 3D (Dirty, demeaning and dangerous) jobs
    - **Risk** of having at least one **occupational morbidity** among international workers– **47%**
- Syrian refugees in Turkey – 41% and 59% medium and high risk respectively for NCDs

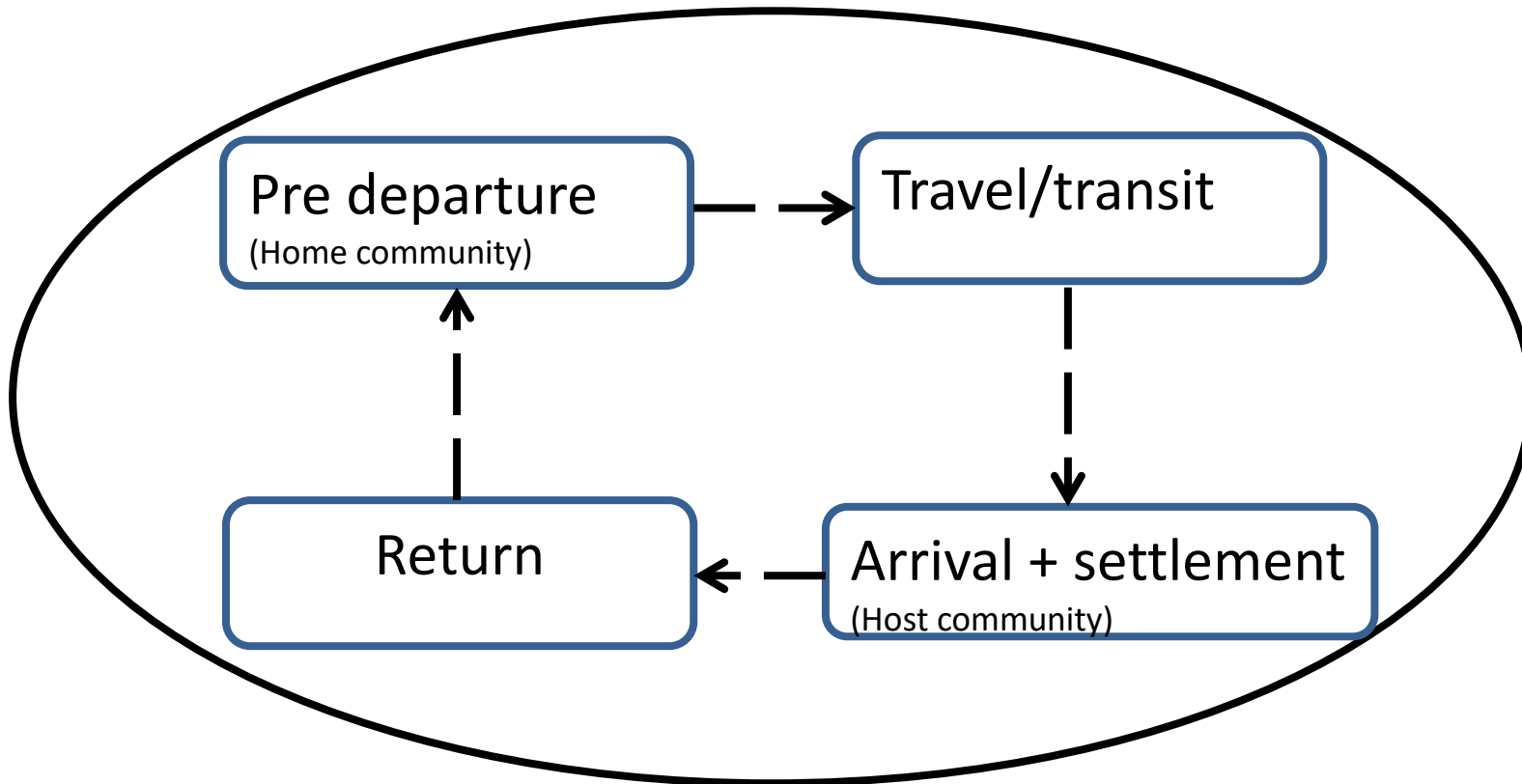


# Mental health

- The **prevalence estimates** for depression, anxiety and post-traumatic stress disorder (PTSD), especially among refugees - **higher in conflict-affected populations**, compared to GBD 2016 estimates
- Poor socioeconomic conditions → ↑ rates of depression in refugees after resettlement
- Prevalence of **depression is higher among women than in men in conflict affected settings**



# Migration: Factors affecting migrant health at various stages<sup>1</sup>



<sup>1</sup>Adapted from: IOM, International Migration, Health and Human Rights (2013), p.29



# Pre departure stage

- Health system – preventive, functioning (?)
- Epidemiological profile
- Culture and health beliefs, healthcare seeking behavior
- Reasons for migration
  - Forced vs voluntary
- Exposure to trauma, conflict
  - Duration



# Transit/travel stage

- Health care services might be non-existent
- Transit zones –epidemiological profile
  - Duration of stay
- Mode of travel
  - Regular vs irregular
  - Eg: <http://missingmigrants.iom.int/>
- Heat exposure, dehydration, other hazardous exposures
- Alone vs mass movement
- Traumatic encounters
  - Abuse, trafficking, immigration detention





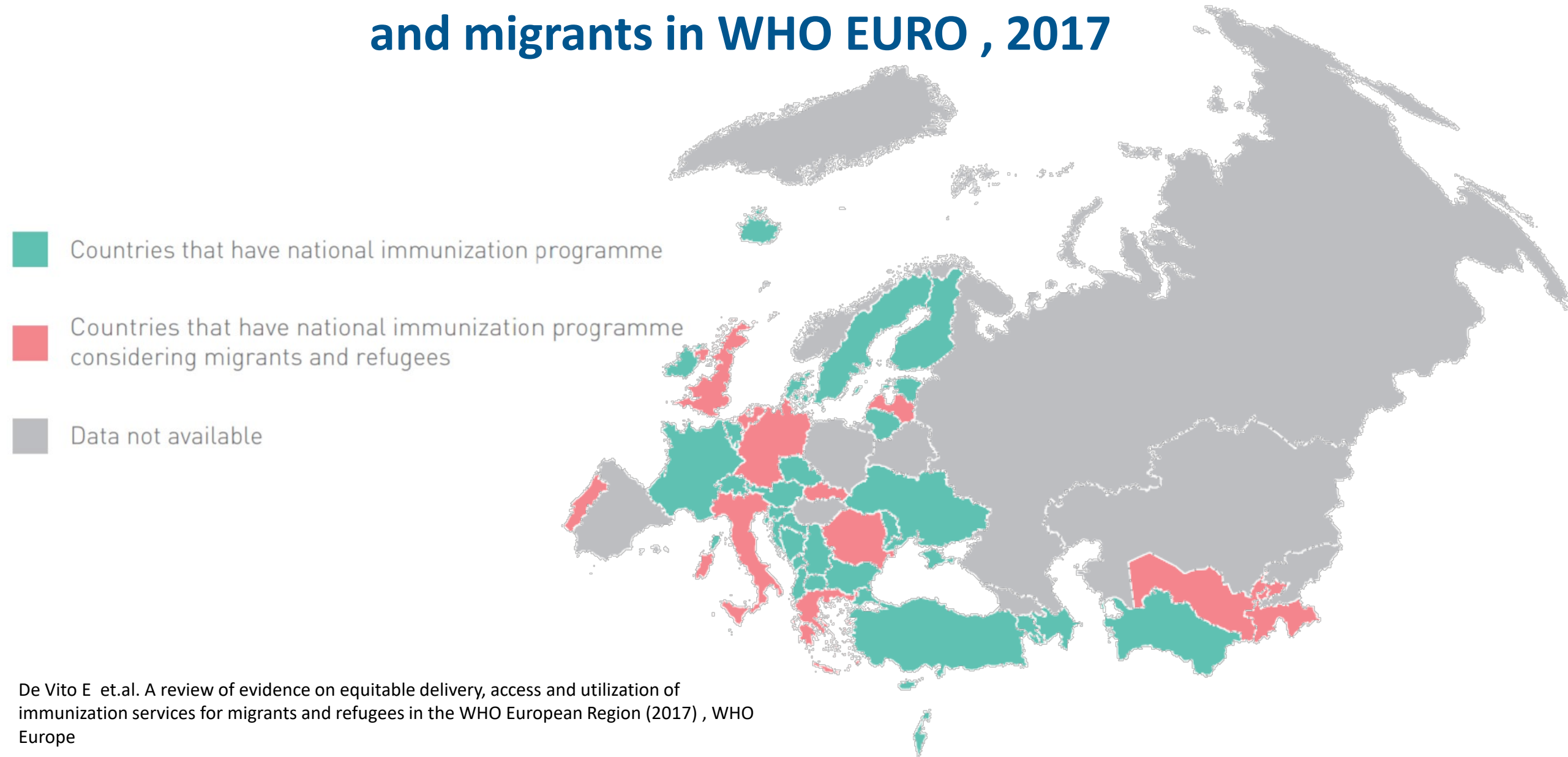
UPPSALA  
UNIVERSITET

# Host community stage

- Legal barriers
  - Access to healthcare<sup>1</sup> – legal status, detention
- Health system challenges



# National immunization programmes that includes refugees and migrants in WHO EURO , 2017



De Vito E et.al. A review of evidence on equitable delivery, access and utilization of immunization services for migrants and refugees in the WHO European Region (2017) , WHO Europe



UPPSALA  
UNIVERSITET

# Host community stage

- Legal barriers
  - Access to healthcare<sup>1</sup> – legal status, detention
- Health system challenges
  - Increased demand
  - Healthcare professionals – training and support
  - Language & cultural differences, lack of information
  - Lack of trust<sup>2,3</sup>
- Working and living conditions
  - Mainly in riskier and hazardous sectors
  - Lack of work insurance
  - Integration

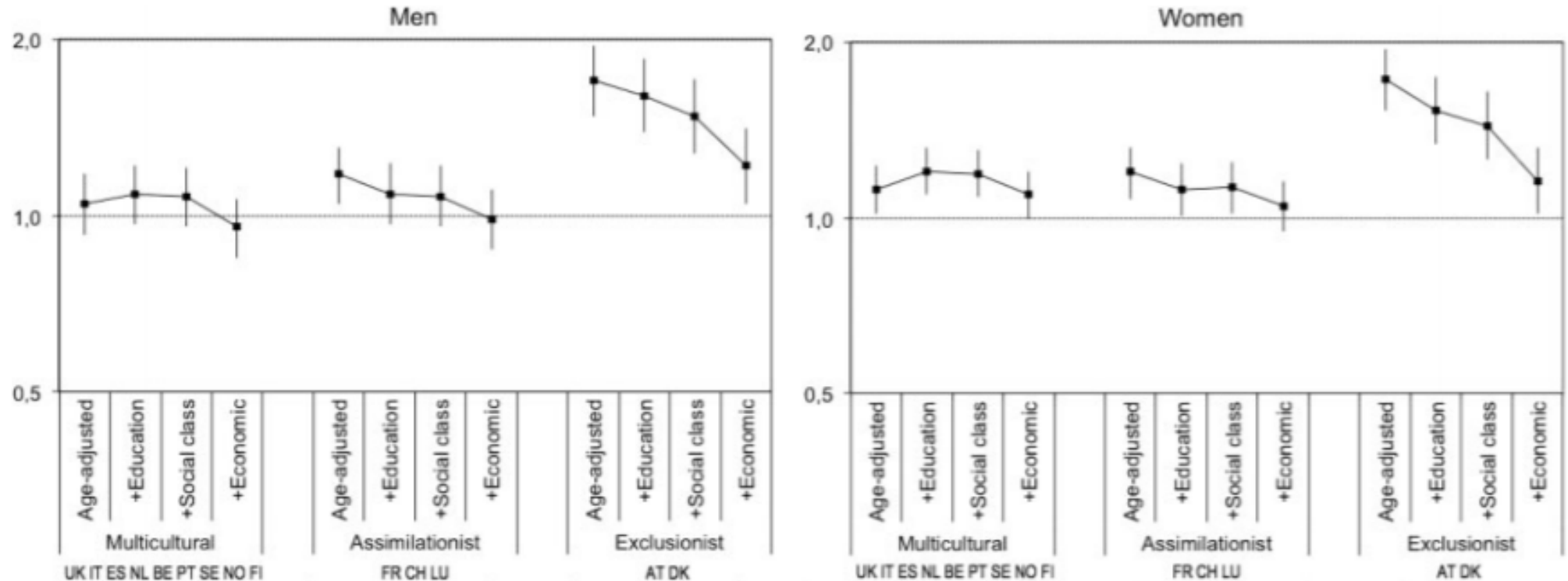
<sup>1</sup> Stubbe Østergaard L, Norredam M, Mock-Munoz de Luna C, Blair M, Goldfeld S, Hjern A. Restricted health care entitlements for child migrants in Europe and Australia. *Eur J Public Health*. 2017 Oct 1;27(5):869–73

<sup>2</sup>Nkulu Kalengayi, F.K., Hurtig, AK., Ahlm, C. et al. Fear of Deportation May Limit Legal Immigrants' Access to HIV/AIDS-Related Care: A Survey of Swedish Language School Students in Northern Sweden. *J Immigrant Minority Health* 14, 39–47 (2012).

<sup>3</sup>Brandenberger, J., Tylleskär, T., Sontag, K., Peterhans, B., & Ritz, N. (2019). A systematic literature review of reported challenges in health care delivery to migrants and refugees in high-income countries - the 3C model. *BMC Public Health*, 19(1), 755-755.

Kavukcu N, Altıntaş KH. The Challenges of the Health Care Providers in Refugee Settings: A Systematic Review. *Prehospital and disaster medicine*. 2019;34:188-196.

# Non-health policies and migrant health

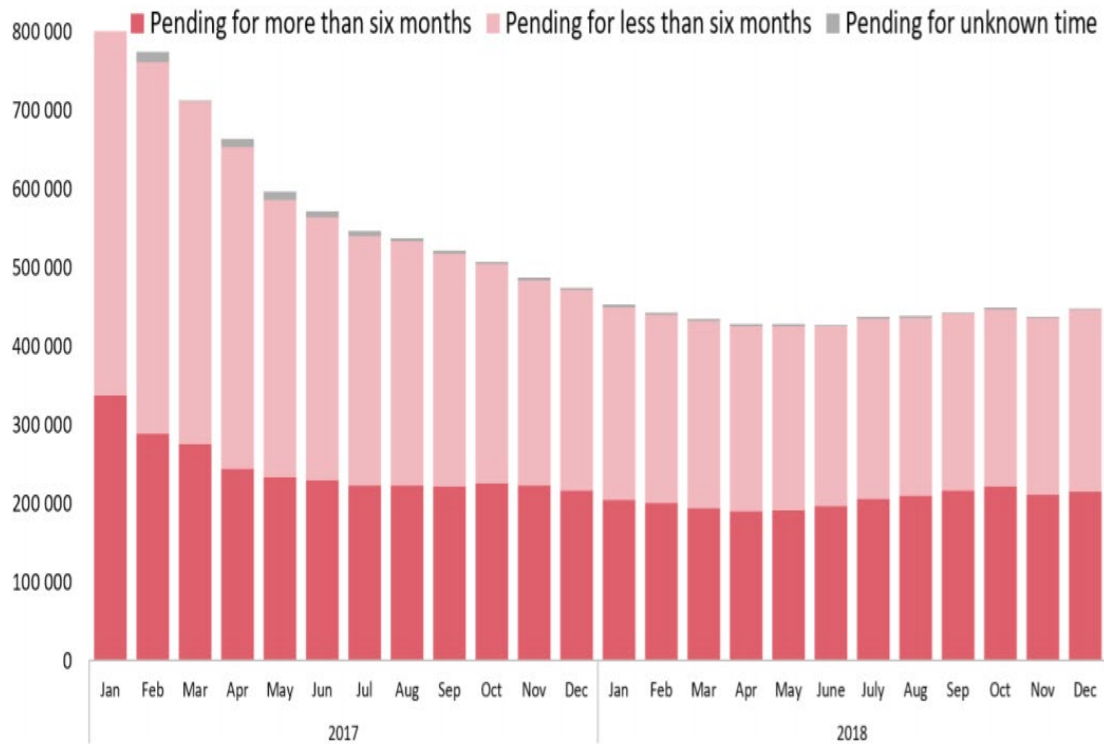


Prevalence ratio of poor health - immigrants Vs. natives

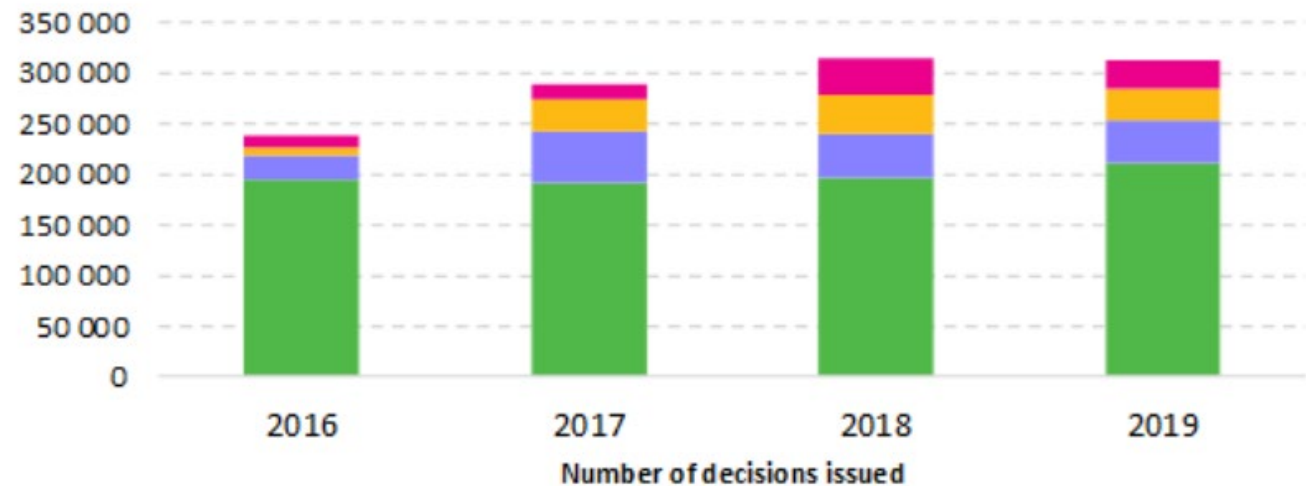


# Return stage

- Might return less healthier
  - Labor migrants
  - Acquired pathogens/disease (more risky during circular migration)
  - Increased risk of chronic diseases – cardiovascular disease
  - Abuse suffered in the host/transit country- Psychiatric and physical morbidity
- Post conflict/disaster society
  - Broken health system and other public services
  - Financial burden for the family
- **Contributes to the home country through financial investments and newly acquired skills**



- Poorer mental health outcomes
- Low quality of life
- More physical health complaints



- Humanitarian status granted on second or higher instance
- Subsidiary status granted on second or higher instance
- Refugee status granted on second or higher instance
- Rejected applications on second or higher instance

<https://www.easo.europa.eu/sites/default/files/EASO-2018-EU-Asylum-Trends-Overview.pdf>

<https://easo.europa.eu/asylum-report-2020/41-data-applications-international-protection>

Jakobsen M, Meyer DeMott MA, Wentzel-Larsen T, et al The impact of the asylum process on mental health: a longitudinal study of unaccompanied refugee minors in NorwayBMJ Open 2017;7:e015157.

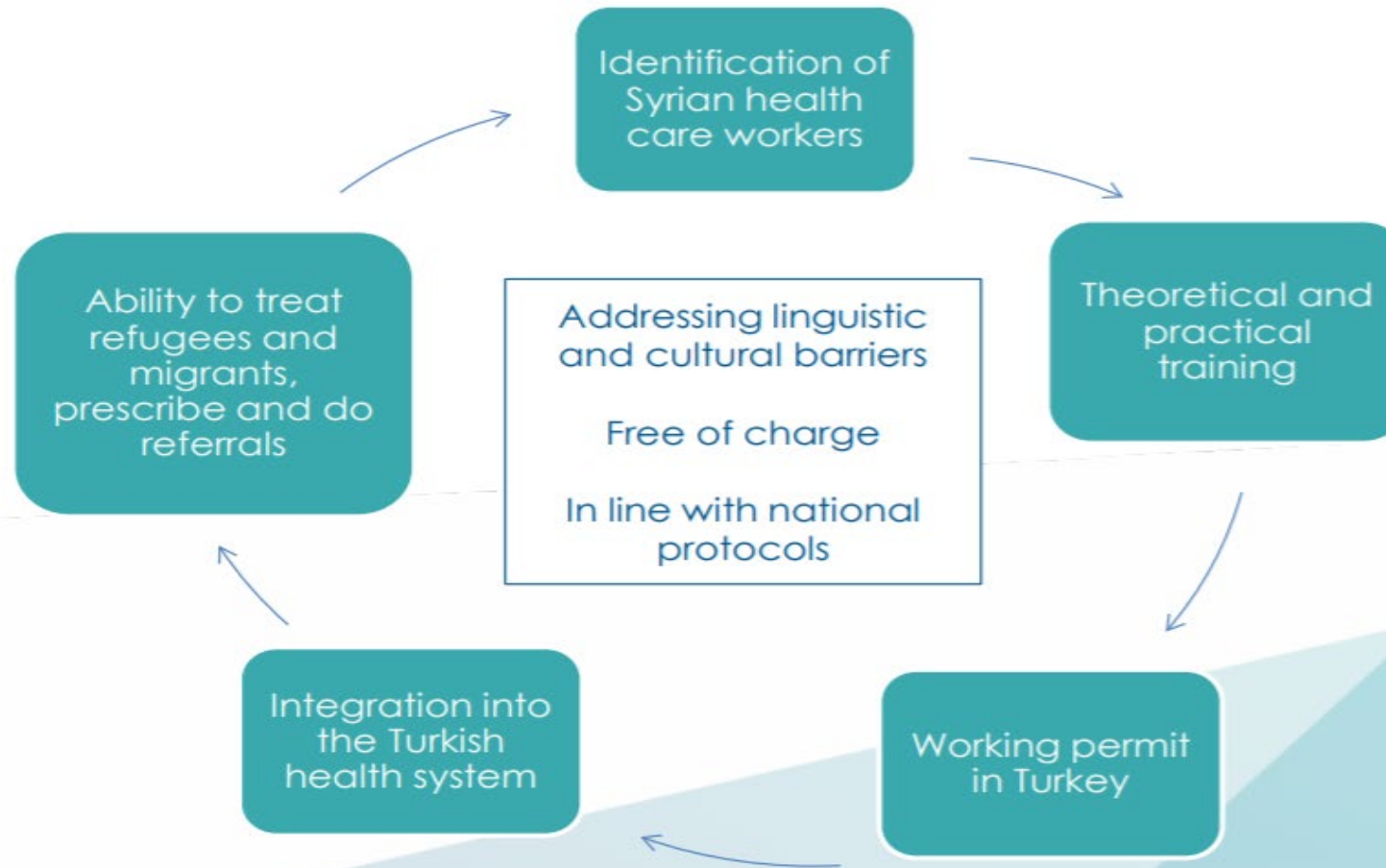
von Werthern, M., Robjant, K., Chui, Z. et al. The impact of immigration detention on mental health: a systematic review. BMC Psychiatry 18, 382 (2018)

Laban, C.J., Komproe, I.H., Gernaat, H.B.P.E. et al. The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. Soc Psychiat Epidemiol 43, 507 (2008). <https://doi.org/10.1007/s00127-008-0333-1>

# Solutions

## Response planning

### STRENGTHENING NATIONAL PRIMARY HEALTH CARE CAPACITIES



- Alternatives to Detention
- Universal Health Coverage
- Village Malaria Workers-Thailand



UPPSALA  
UNIVERSITET

Thank you  
[soorej.jose@kbh.uu.se](mailto:soorej.jose@kbh.uu.se)