Migration Health Roundtable
Lessons Learned and Moving Forward
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Priorities of the Global Action Plan

- Priority 1. Reduce mortality and morbidity among refugees and migrants through short- and long-term health interventions
- Priority 2. Promote continuity and quality of care, while developing, reinforcing and implementing occupational health and safety measures
- Priority 3. Advocate mainstreaming refugee and migrant-sensitive health policies, legal and social protection, and gender equality, including interventions to protect and improve the health and well-being of women, children and adolescents living in refugee and migrant settings; and promote partnership and intersectoral, intercountry and interagency coordination and collaboration mechanism in global, regional and country agendas
- Priority 4. Enhance the capacity to tackle the social determinants of health and accelerate progress towards achieving the Sustainable Development Goals, including Universal Health Coverage
- Priority 5. Support measures to improve communication and counter xenophobia
- Priority 6. Strengthen health monitoring and health information systems

2 perspectives...
Lessons from a US domestic refugee clinic

- HealthPartners Center for International Health (USA/Minnesota)
  - Established in 1980
  - 39 years of caring for refugees domestically....

The “International” ASTMH

Founded in 1903, ASTMH is the largest international scientific organization of experts dedicated to reducing the worldwide burden of tropical infectious diseases and improving global health.

ASTMH Mission

“...We accomplish this through generating and sharing scientific evidence, informing health policies and practices, fostering career development, recognizing excellence and advocating for investment in tropical medicine/global health research.”
Gaps in knowledge/practice/guidelines

Many receiving countries have international and domestic screening guidelines, but ….
These often are applicable to refugees, and may not be applicable to other migrants or VFR travelers.
Specific areas need further guidelines, and some countries are in the process of writing them ie US CDC
Refugee Centers of Excellence working on:
- Screening for cancer in migrants
- Women’s health guidelines
- LGBTQI migrant guidelines
- Improved mental health screening guidelines

ISTM could…

Partner with other organizations to help:
1) Raise knowledge about the existence of clinical resources
2) Help raise the expectation that providers refer to those resources, or refer migrants to those with expertise in the field (ie – remind PCPs that there is a body of knowledge in the field!)

Thus supporting the Global Action Plan…..

Priority 1. Reduce mortality and morbidity
Priority 2. Promote continuity and quality of care

Gaps in practice regarding migrant health research in receiving countries

- Data gets buried in less than useful race categories
- Demographic data sets should include country of origin
- Key quality measures should be analyzed by country of origin as well as other usual measures, to create a “health disparities report card”

ISTM (and others) could…

- Encourage research projects which utilize country of origin as one key demographic measure
- Advocate with your health care system and public health agencies to collect country of origin routinely (10-15% or less of US health care system collect this data routinely, and it takes a lot of work to engage an entire care system in this system wide change…)

Thus supporting the Global Action Plan…..

Priority 2. Promote continuity and quality of care

Gaps in knowledge regarding health care for migrants...(receiving countries)

Those who perhaps provide the MOST care for migrants (primary care providers) have large gaps in their clinical knowledge; just some examples:
- Lack of knowledge of the existence of guidelines
- Lack of knowledge of geography, history, culture and language, and it’s relationship to health
- Late diagnoses of active TB
- Missed opportunities to diagnose and treat strongyloides
- Inadequate screening for chronic hepatitis B
- Less than high quality care for chronic diseases and mental health issues
- Lack of understanding about how to set up a high functioning clinic system for refugees
ISTM could....

- Partner with other groups to produce and disseminate educational materials for primary care and other providers on migrant health
- Partner with other groups to produce a “mini medical school” for the public regarding migrant health... (“medical school for the public” being something which is of great interest to the general population)

Draft Proposal
On line “mini medical school” for the public on Human Migration and Migration Health

Guiding belief:
The public discourse on migrants does not reflect our innate human capacity for empathy and compassion. Dispelling myths about migrants and migration health can help tap in to innate human values, and help shape discourse nationally and internationally. Physicians and other providers in migration medicine should advocate for refugees and migrants not just with peers, but also with the public and politicians. The public is interested in learning more about migration.

Purpose: Educate the public about human migration and migration health, with the following goals:
- Acknowledge human migration as normal, inevitable and positive
- Provide a historical and legal perspective on human migration and human rights
- Reduce fear of migrants and migration
- Dispel myths about refugees and migrants
- Share the evidence basis for healthy migration
- Offer resources to learn more about human migration

Product: On line, open access short course with the following characteristics:
- Total length of course: 4 hours, 24 talks
- 10 minute “TED talk” format
- Each talk must include at some point, the voice(s) of refugees and/or other migrants
- Lecturers from all over the world
- Capacity to take core curriculum and translate it in to other languages with other speakers
- Capacity to tailor and update the course to specific situations (selected examples: develop talks on history of the EU refugee crisis; situation in Germany, Greece; Italy; Canada; US; DR Congo, Myanmar/Bangladesh; Syria/Jordan/Lebanon)

Potential topics:
- Definitions of refugee/asylee/IDPs
- Human migration by the numbers
- Modern international human rights law and history of the Geneva Convention of 1951
- Role of key actors – UN, governments, NGOs, public health authorities in each country, health care delivery system/clinics, others
- Myths and realities of refugee situations – (including “camp” vs urban refugees, long term nature of crises, need for schooling, income strategies, etc.)
- Responding to refugees and IDP crises – perspective from the UN/OM/MSF and others

Potential topics:
- Responding to refugees – public health perspective from resettlement countries
- Responding to refugees – clinical perspective from resettlement countries
- Key health issues of migrants, (and how migration health can be examples of best practices): TB, HIV, intestinal parasites, vaccine preventable diseases, malaria, NCDs, mental health, women’s health
- What migrants bring to their new countries – (cultural, intellectual, economic and other benefits)
- Refugee voices (many potential topics – family, culture, art, literature, economic hopes and successes, etc)
- Etc!
Draft Proposal

On line “mini medical school” for the public on Human Migration and Migration Health

Resources:
• Foundation funding or fund as a joint activity between professional societies, NGO’s and IO’s
• Invite submissions of lectures from ISTM, ASTMH, Society of Refugee Health Providers, IOs, NGOs, CDC, ECDC, IOM, other key actors (NOTE: Could do this as an academic case competition and have an award for the top three submissions for each talk…)
• University instructional design platform and staff

ISTM could…..

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Mini Medical School for the public: Dissemination

• Social media – YouTube site, Twitter, Facebook, etc
• UNESCO?
• Web sites of organizations involved in producing the course
• Schools/Churches/Mosques
• Medical communities taking it “on the road” to the public locally
• Consortium of Universities in Global Health (CUGH), etc.

ASTMH Perspective

• Migration Medicine needs an academic “home” and we can partner with others to support these activities
  ➢ Refugee Health exhibit at annual meeting 2016
  ➢ Migration Medicine pre-meeting course 2017
  ➢ Clinical Tropical Medicine Course in concert with North American Refugee Health Conference 2017 and 2019 (reaching primary care providers)
  ➢ Partnered with ISTM on Rome Migration Conference 2018
• Scientific societies should be engaged in advocacy

The importance of scientists and scientific societies as advocates

*Written after the election and published before the travel ban
Key message:
“maintain established U.S. policy toward human migration and global health that is evidence based and upholds the value of compassion, as well as key principles in international human rights law”

What can clinicians do?
- to promote migrant health
- to contribute to the migrant health scientific evidence base.
  ➢ Keep the patient at the center of all your work
  ➢ Focus on core values, such as compassion
  ➢ Collect granular demographic data (including country of origin) and analyze all your “usual” quality measures this way – creating a health disparities report card
  ➢ Always partner with refugees in designing interventions to reduce disparities
  ➢ Be a teacher
  ➢ Be an advocate