

# Mig-HealthCare Roadmap & Toolbox

## Continuity of information



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### 1. Magnitude of the problem

Populations on the move have distinct health patterns which include several vulnerabilities among which communicable food and waterborne diseases, due to the hardship of travel, increased prevalence of vaccine-preventable diseases, lack of management of non communicable diseases, use of inappropriate medication which may accentuate the problem of antimicrobial resistance, mental health issues due to trauma, torture and migration, all of which may result in increased morbidity and mortality in an already vulnerable population.

According to the New York Declaration signed by 193 Member States in the UN Summit of September 2016, the States undertake the responsibility of responding to the health needs of refugees and migrants arriving in their countries focusing especially on vulnerabilities and specific health needs experienced by populations on the move, such as prevention, treatment, basic health education and psychosocial support aiming at improving integration and inclusion in the host societies (Matlin et al., 2018).

In order to achieve equal access to healthcare for all (WMA 69<sup>th</sup> World Assembly-May 2016) the health needs of refugees and migrants must be included. According to the WHO (2018), the access of refugees and migrants into the healthcare systems will help reduce health inequalities and will improve global health security. Moreover, access to healthcare is a fundamental human right (Charter of Fundamental Rights of Europe- Article 35). Such access is undeniably affected by poverty, social exclusion, discrimination, communication ability due to language and cultural differences as well as legal and administrative differentiations within and between countries.

With Europe being one of the major destination of displaced populations as a consequence of the armed conflicts in the Middle East and Africa, the need to harmonise actions in the healthcare sectors is of utmost importance. The freedom of mobility across countries depending on the status of refugee/migrant population groups indicates the need for reliable data on refugee/migrant health.

According to the European Agenda on Migration, the EU Member States should support the reception capacity to provide healthcare to all newly arrived refugees and migrants in Europe and for this a unified tool is required to facilitate health assessment, and to create a line of communication across States and across different services that can retrace the medical history of these populations. As such, health data will be available in other countries within Europe as the refugees/migrants move and in this way their integration into the national health systems of the host countries will be more likely. The International Organisation for Migration (IOM) has launched in February 2016 the project Re-Health which provides support to the countries that receive large influx of refugees/migrants with the aim to respond to the emerging health-related challenges.

The project aims at the development of the electronic health database and the electronic Personal Health Record (e-PHR) as a tool for the integration of the refugees/migrants into the European healthcare systems. This action fits with the Sustainable Development Goals, and the notion of the Universal Health Coverage, to “leave no one behind (<https://greece.iom.int/en/re-health>). This electronic tool has been piloted in several



European countries (namely Croatia, Greece, Italy, and Slovenia) and its use has been consolidated as the single tool for health assessments in the EU.

Most certainly, issues of confidentiality of medical records and anonymity where required, need to be resolved to guarantee safe data handling. The CARE project (<http://careformigrants.eu/monitor-of-migrants-refugees-health-status/>) has developed an electronic system with dedicated software to facilitate follow up and monitoring of health data for refugees and migrants. Due to the constant move these populations are on, the ability to monitor and track refugees/migrants health status across the countries of origin, transit and final destination is essential to guarantee appropriate assistance and to help to avoid duplications of provided services (CARE Health Tracking and Monitoring System User Manual <http://careformigrants.eu/wp-content/uploads/2017/08/CARE-HTMS-User-manual.pdf>).

## 2. Reference to the problem concerning migrants/refugees

Migrant and refugee populations in Europe are in general young healthy adults, but they include a substantial proportion of families, elderly and disabled people. Their health needs place them in a disadvantaged position as a result of exposure to several risk factors such as long and perilous journeys, homelessness, lack of insurance coverage, exposure to violence, mental and physical trauma and exploitation. These are indications that migrant and refugee populations may present with worse health outcomes than the host population such as increased infant mortality, adverse gynaecological outcomes and unregulated chronic disease outcomes. Moreover, factors such as cultural and language barriers, unemployment or low paid, illegal or insecure jobs put them at increased health risks.

It is true that the ability of the health systems to respond to the increased migrant and refugee needs since 2015 has been pushed to the limit and has indicated the need of a generalised approach to strengthen public health and the health systems and to increase their resilience. In addition, details of the health profile of the refugees/migrants are in many cases unavailable or lack documentation, a fact which creates an additional burden on targeted and efficient healthcare provision. Information on the patient's medical history, family history, types of treatment, vaccinations and counseling received is vital in the delivery of proper healthcare that will ensure continuity in health care delivery.

## 3. Reference to issues of particular interest

Refugees and migrants are a vulnerable population group; however, there are people with particular vulnerabilities such as unaccompanied minors mainly due to her diminished autonomy (EU Guidance note). As such, the collection and management of health related data should be treated with care, sensitivity and respect for their particular status that guarantees protection of their best interests.



Every effort should take place to obtain consent from the individuals (written or oral) by explaining the process of data collection and use as part of the electronic personal health record. All ethical principles must be followed according to the current standards and practices (Bonomi, 2016).

The electronic health record should fulfill the following requirements:

- a) To facilitate health data collection, processing and transfer across health services
- b) To support clinical decision making
- c) To account for the loss of paper documentation.

#### 4. Important steps/ requirements for the Health care sector

Monitoring the health status of refugees and migrants is important to sustain and promote their health and the public health of the host countries. Given the high mobility of these populations and their diversity of background, the electronic personal health record has the advantage of easy accessibility provided there is a portable device and the appropriate software that will enable the healthcare professionals to access and update the refugee/migrant's personal health record.

The Personal Health Record contains all the necessary health data of the refugees/migrants arriving in the EU and hereby gives the opportunity to the health professionals to assess an individual's health status. The contents and use of this record are covered by the requirements of the European legislation on data protection. Important aspects in the use of the PHR are the acceptance and responsiveness from the target populations as well as the training of the health professionals in the proper use of the tool in line with existing policies and legislative requirements.

#### 5. Examples of best practices

The Mig-HealthCare project reviewed and evaluated relevant interventions offered to migrants and refugees. We include in this roadmap some examples that can be used in different settings also based on the evaluation process of the systematic review that was conducted by the Mig-HealthCare partners in 2018. More information about these and other promising practices can be found on the project's website <http://www.mighealthcare.eu/> by accessing the report titled 'D5.1: Report on models of community health and social care and best practices'.

- Electronic Personal health Record- e-phr, Re-health and Re-health2 programmes (<http://re-health.eea.iom.int/e-phr>)
- Monitoring of migrants' and refugees' health status (<http://careformigrants.eu/monitor-of-migrants-refugees-health-status/>)



- UNRWA’s (United Nations Relief and Works Agency for Palestine Refugees) innovative e-Health for 5 million Palestine refugees in the Near East (Authors: Ghada Ballout,<sup>1</sup> Najeeb Al-Shorbaji,<sup>2</sup> Nada Abu-Kishk,<sup>1</sup> Yassir Turki,<sup>1</sup> Wafaa Zeidan,<sup>1</sup> Akihiro Seita<sup>1</sup>, Health IT, Systems and Process Innovations, July 2018) <https://innovations.bmj.com/content/4/3/128>
- Development and evaluation of an integrated electronic data management system in a South African metropolitan critical care service.

<https://www.tandfonline.com/doi/full/10.1080/22201181.2015.1115607>

## 6. Toolbox

Please access our toolbox for additional tools related to “Continuity of Information” among migrants and refugees.



## 7. References

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