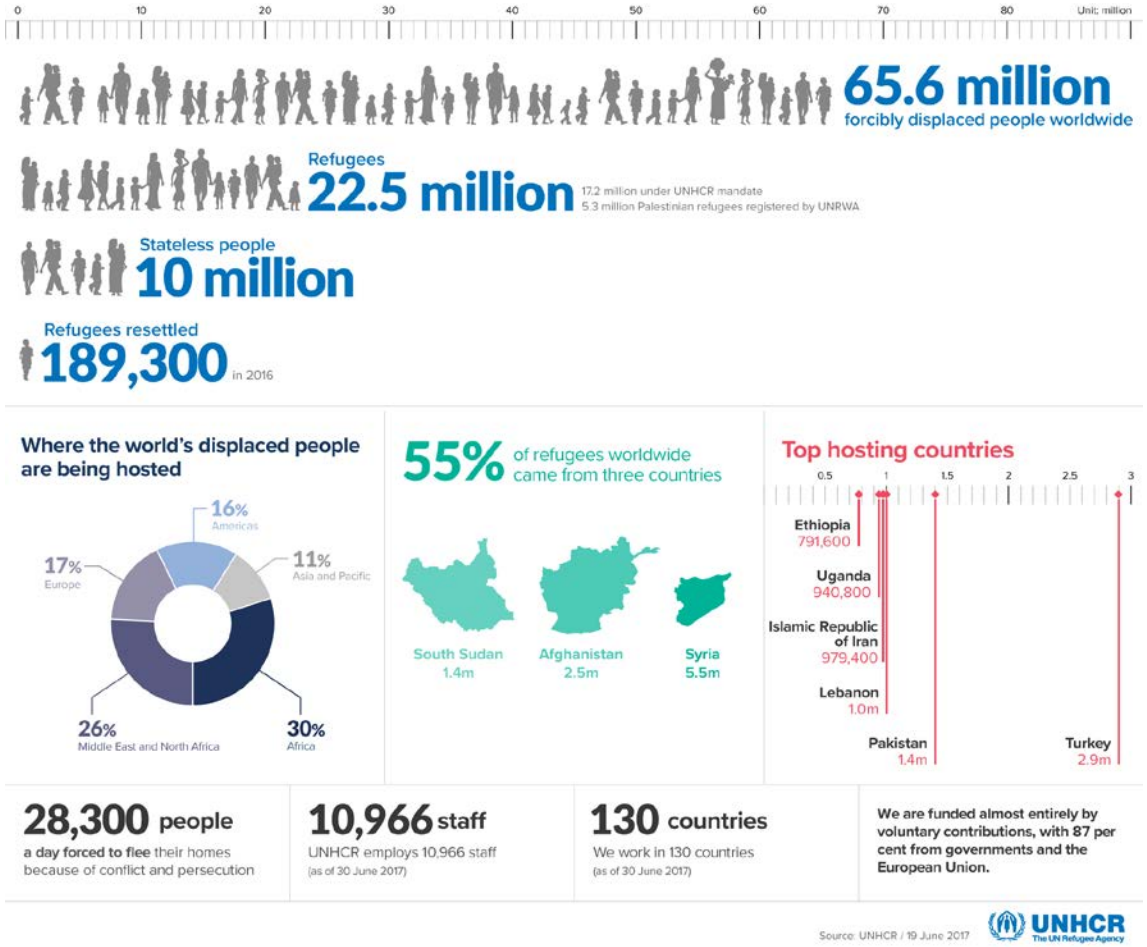
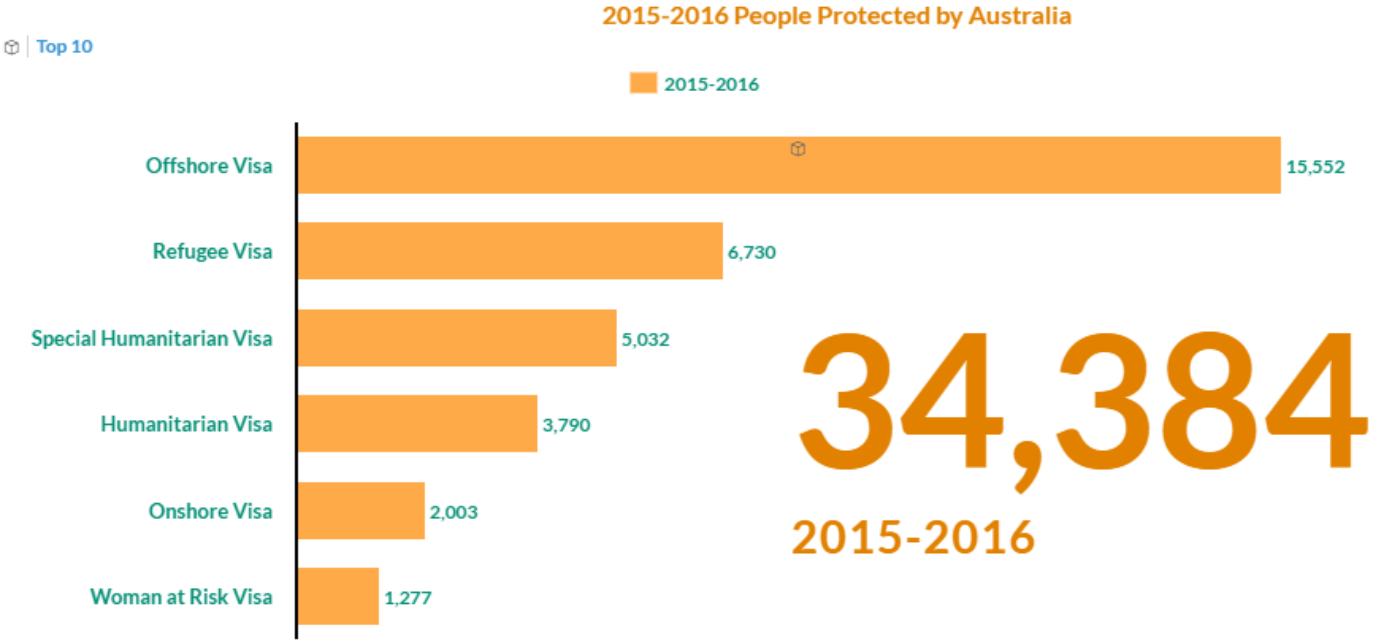
Refugee and Asylum Seeker Health

Professor Mark Harris
Executive Director, Centre for Primary Health Care and Equity, UNSW Sydney


0
10
20
30
40
50
60
70
80
Unit: million
65.6 million
forcibly displaced people worldwide
Refugees
22.5 million
17.2 million under UNHCR mandate
5.3 million Palestinian refugees registered by UNRWA
Stateless people
10 million
Refugees resettled
189,300
in 2016
Where the world's displaced people are being hosted
16%
Americas
11%
Asia and Pacific
17%
Europe
26%
Middle East and North Africa
30%
Africa
55%
of refugees worldwide came from three countries
South Sudan
1.4m
Afghanistan
2.5m
Syria
5.5m
Top hosting countries
0.5
1
1.5
2
2.5
3
Ethiopia
791,600
Uganda
940,800
Islamic Republic of Iran
979,400
Lebanon
1.0m
Pakistan
1.4m
Turkey
2.9m
28,300 people
a day forced to flee their homes because of conflict and persecution
10,966 staff
UNHCR employs 10,966 staff
(as of 30 June 2017)
130 countries
We work in 130 countries
(as of 30 June 2017)
We are funded almost entirely by voluntary contributions, with 87 per cent from governments and the European Union.
Source: UNHCR / 19 June 2017
UNHCR
The UN Refugee Agency

UNSW SYDNEY


2015-2016 People Protected by Australia
Top 10
2015-2016
Offshore Visa
15,552
Refugee Visa
6,730
Special Humanitarian Visa
5,032
Humanitarian Visa
3,790
Onshore Visa
2,003
Woman at Risk Visa
1,277
34,384
2015-2016

Common health problems of refugees in destination countries

- Infectious disease (Hepatitis B, H-Pylori, skin infections, vaccine preventable)
- Chronic diseases including cardiovascular disease and diabetes
- Mental illness: Post traumatic stress disorder, depression, anxiety, sleep disorders, grief.
- Pregnancy and delivery-related complications
- Oral health conditions
- Injuries and violence.

Compounding factors

Patient factors:

- cultural beliefs,
- language,
- health literacy,
- health system literacy,
- distrust of authorities and establishing relationships with healthcare providers especially from the government.

Health service factors:

- availability of interpreters or bilingual health workers,
- lack of understanding of context and barriers to health care,
- cost of medical and dental care (including co-pays),
- complexity of health system with barriers to integration of care between government and non government, specialist and generalist, medical and social care.

Quality of care

- High variability in quality and completeness of refugee physical and mental health assessments
- Incomplete identification and recording of clients' refugee status
- High variability in interpreter use at GP clinics
- Lack of cultural sensitivity and knowledge about refugee health issues; language barriers

Barriers to integration & continuity

- Low client attendance at referral appointments and difficulties when making appointments
- Patient reluctance to transition to mainstream care (costs, familiarity)
- Transfer from mainstream GP clinic to other services may not be appropriate to client needs or ability to pay
- Poor transfer of patient medical information and records

Case study:

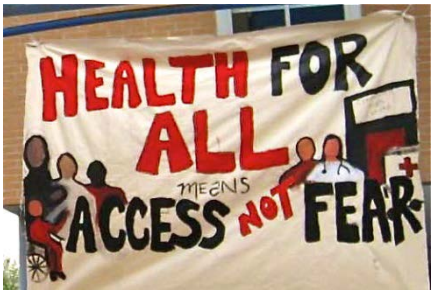
45 year old man from middle east. Witnessed the killing of his wife and children by extremists. Released from detention and now lives alone in boarding housing. On bridging visa without work rights.

Health problems:

- Diabetes and hypertension with poor control.
- Low self management skills.
- Sleep disorder, anxiety about migration status,
- Grief over loss of family. Past history of attempted suicide. Becomes distressed at birthdays and Christmas.

Approach

- Commitment to equity of access to health care which addresses their needs as a right.
- Accommodation to culture, language, health literacy and diversity.
- Support for the development of self-management skills by refugees and their participation in their own health care
- Integration and continuity of care across organisational and service boundaries and over time to stop refugees falling through the cracks.
- Advocacy for their economic, educational, social and political rights.



Discussion