P07 / Migration and Health: Global journeys through policy and practice

Topic : HEALTH POLICY, COVID AND PANDEMIC ISSUE

Chair : Lloy Wylie (Western University)

Second Chair : Saime Ozcurumez (Baskent University)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

High numbers of people moving around the globe has drawn attention to migrant needs across a range of areas. In recent years, hundreds of thousands of refugees have arrived in host countries across the world, often in communities that have not experienced high levels of immigration before. The ability and willingness of these countries to address the needs of newcomers are being challenged on a number of fronts. Migrant families face a wide range of challenges along the journey as well as during the transition to life in the host community.

Reasons for leaving their home countries are varied, but many newcomers have experienced traumatic circumstances including exposure to war, violence, extreme poverty, natural disasters, religious persecution, and political repression. The resettlement process of finding housing, suitable employment, entering the school system, and learning the language of the host country add new challenges for this population. In addition, migrants are increasingly encountering attitudes of discrimination and exclusion. These pre-migration and settlement experiences coupled with difficulties in acculturation to a new country can lead to severe and long-lasting health issues. There is growing recognition and concern regarding the health care needs of refugees and recent immigrants, given the high levels of trauma and stress people have experienced, combined with the lower access and utilization of many health services.

The policies that lead to migration, direct the journey, and shape the settlement process effect all aspects of the experiences of migrants. These policies perpetuate inequities and social exclusion in a multitude of ways, in all aspects of the lives of migrating people. Examples include access to health and social care, housing, education, as well processes of gaining legal formal status, or recognition of education or professional experience in the receiving country. These all have a profound impact on the health of migrant and their families. This panel will focus on the global, regional and national policy contexts that shape the everyday experiences of health and health care of migrating people and families.

CALL FOR PAPERS

We are seeking papers that examine how the policy context shapes the health and health care experiences of migrants. The focus is inclusive of policy at the international, national, regional, and local governance levels, as well as within health and social care organizations. We are aiming for a mix of papers, including policy analyses, to case studies examining the experiences of migrating people during their journey and settlement. We particularly encourage papers that are using a gender-based analysis and provide recommendations for advancing health equity. We ask that papers consider the implication of their research findings for policy recommendations that aim to improve health experiences of people forced into migration.

Questions to Consider:

· Experiences of migrating across multiple jurisdictions.

· The differences between temporary versus permanent settlement challenges.

· Social exclusion of migrants through policies around credential recognition and employment opportunities.

· Policies that shape health care access and quality of services.

· Housing and neighbourhood environments of new migrants.

· Political advocacy on migration, equity and social inclusion.

Submission Requirements:

Submit an abstract (through the IPPA conference website) that clearly states your research question and your corresponding argument. Please also indicate which academic discipline(s) you are drawing from.

Abstracts should be 350-500 words in length. Participation is open to both junior and senior scholars.

We encourage panel participants to be prepared to participate in a session dialogue and other interactive elements to facilitate an engaging session for attendees.

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Session 1

Thursday, June 29th 10:20 to 12:20 (POD368)

Refugee Health Services Integration

Sara Mojdehi (University of Western Ontario)
Lloy Wylie (Western University)

Introduction: Refugees have complex and varied health needs. Language barriers, cultural differences, and limited knowledge of Canadian health systems impede their access to care. The Coronavirus Disease of 2019 (COVID-19) pandemic uncovered these existing challenges and demonstrated the need to better integrate community and health services around refugees' needs. However, the guidelines and supporting data needed to inform integration policies are not well-established. Our objective was to describe the barriers and facilitators to care, and to identify the supports needed to integrate health services for refugees. We conducted semi-structured interviews with health and community workers who responded to a COVID-19 outbreak in London's Yazidi refugee population in July 2020.

Results: Service providers reported that language, cultural, and financial barriers impeded access to care, while interprofessional collaboration and trusting relationships with the community facilitated care. Systemic barriers, including inadequate funding and varying mandates among organizations, ultimately limited the quality of care provided. Respondents identified the importance of adapting to community needs and increasing cultural safety training to improve care. To ensure accountability, they also recommended that organizations develop strategic plans explicitly outlining how they will address health inequities.

Conclusion: This qualitative study is oriented to service providers and policy makers, and it can be used to inform training protocols, policies, and mandates. By addressing the specific needs of refugee clients, our findings may improve the access, quality, and coordination of care for refugees. Although we use the Yazidi population as our model, future studies could examine other communities facing similar barriers.

(Virtual) Migrant access to sexual and reproductive health: a scoping review

Zakaria Belrhiti (Mohammed VI University of Health and Sciences, UM6SS)

Introduction
Migrants' access to sexual and reproductive health (SRH) services is constrained by several individual, organizational, and structural barriers. To address these barriers, many interventions were developed and implemented worldwide to ease the access and utilization of SRH services for migrant populations. The aim of this scoping review was to unravel why, how, and under which conditions these interventions improve access to SRH services for migrants.
Methods
A scoping review was conducted according to Arksey and O'Malley (2005) guidelines. We searched three electronic databases (Medline, Scopus, and Google Scholar) and carried out additional searches using manual search and citations tracking of empirical studies addressing interventions aimed at improving access and utilization of SRH services for migrant populations published in Arabic, French, and English between 1997 and 30th June 2022.
Results
We screened a total of 4220 papers and a total of 42 papers met our inclusion criteria. We identified different forms of interventions (comprehensive with multiple components (individual, organizational, and institutional activities) and focused interventions addressing specific individual attributes (knowledge, attitude, perceptions, and behaviors). Comprehensive interventions address, in addition, structural and organizational barriers (i.e., ability to pay). This scoping review

suggests that the co-construction of interventions favors building contextual sensitive educational contents,

improved communication and self-empowerment and self-efficacy of migrant populations, and thus improved access to SRH.
Conclusion
More attention needs to be placed in participative approaches in developing interventions for migrants to improve access to SRH services in Low- and Middle-income countries.
Keywords: Migrant, Access to care, Sexual and Reproductive Health, Theory of Change, Scoping review

Don’t Shoot the Messenger: Ensuring Trauma Informed Public Health Communications in COVID Times

Lloy Wylie (Western University)

Lotus Alphonsus (University of Western Ontario)

Theshani De Silva (University of Western Ontario)

Deep-rooted systemic inequalities have led to refugee populations being disproportionately impacted by COVID-19. Overcrowded living conditions often seen in these populations facilitate large community outbreaks and limit individuals’ abilities to follow existing public health guidelines.

Pandemic quarantine measures have also led to substantial psychosocial impacts in these populations including increased isolation and disruption of familial well-being. Another layer of complexity that significantly impacts the perception and experience of pandemic restrictions for refugees are the continued effects of the premigration journey including war and trauma.

Governmental policies and phrasing used in public health care messaging during the pandemic may increase the risk of re-traumatization in these populations as they may act as a trigger to past experiences with repressive governmental regimes.

To meet the needs of vulnerable refugee populations, an adaptable approach that takes into consideration their pre-migration experience as well as enables their direct input to build community-led initiatives is necessary.

This paper explores the way that public and community health officials developed an appropriate response to provide culturally appropriate COVID supports through a coordinated intervention across multiple health organizations.

(Virtual) Navigating New Paths: Journey of an HIV Positive Migrant

Dr.Amira Koraiem (International HIV/AIDS consultant)

The policy context plays a critical role in shaping the health and health care experiences of migrants. At all levels of governance, policies around migration can either facilitate or hinder access to health services, shape the quality of care received, and impact the overall health and well-being of migrants.

For example, at the international level, policies around visa requirements and border security can greatly impact the experiences of migrating people, affecting their ability to travel and access health services during their journey. At the national and regional levels, policies around health care access for non-citizens, employment opportunities, and credential recognition can also greatly impact the experiences of migrants.

Additionally, within health and social care organizations, policies around language barriers, cultural competence, and discrimination can shape the experiences of migrants in accessing health services. The implications of these policies can be particularly severe for those with chronic conditions, such as HIV/AIDS, who require ongoing access to care and treatment. And who are, as per The IMO, the most disadvantged by forced migration.

Furthermore, policies around housing and neighbourhood environments can also greatly impact the health and well-being of migrants. For example, inadequate or overcrowded housing conditions can lead to a range of health problems, while policies around neighbourhood planning and development can also shape access to services and community support networks.

To conclude, I plan to look at how policies, at all levels of governance play a critical role in shaping the health and health care experiences of migrants. A gender-based analysis of these policies is rather critical to understanding the different methods in which these policies impact men and women, and to developing recommendations for advancing health equity for all. To this end, political advocacy on migration (for those HIV positive), equity, and social inclusion is crucial to improving the health experiences of people forced into

migration.

Assessing the effect of a pension portability scheme between the United States and Ghana on retirement return-migration intentions among Ghanaian health professionals working in the United States

Victoria Ankrah (Lingnan University, HK)

This study explores the totalisation agreement, which is an agreement between the United States and some countries to transfer the pension benefits of immigrants to their home countries. This agreement has not yet been signed with any African country despite the increasing number of skilled and unskilled migrants from Africa to the United States searching for greener pastures. This research will employ secondary and primary data to provide a qualitative method discourse on the possibility of the United States having such agreements with some Sub-Saharan African countries, its challenges, and its benefits. Also, it seeks to determine how a transferable pension benefit could influence Ghanaian health professionals' decision to return home on retirement. The researcher is hopeful that answers found to these questions would influence policy on post-retirement schemes for immigrants.

Challenges to Health Service Access and Quality in Forced Migration

Lloy Wylie (Western University)

Saime Ozcurumez (Baskent University)

Targeted or Universal Policy InterventionsHealth systems come under substantial strain in countries which receive high numbers of forcibly displaced people. During protracted conflict and prolonged stay, the needs of the forcibly displaced people diversify and intensify which increase the pressures on the health systems and challenge the sustainability of access and quality health services. This paper seeks answers to the question: Under what conditions and to what extent do targeted or universal health care service delivery improve access to health care for forcibly displaced people and locals in refugee receivng countries?

The study examines the responses devised by the health care system in Turkey since 2011 for the millions of forcibly displaced Syrians residing in Turkey. Turkey has introduced universal access through temporary protection status in the initial periods and established Migrant Health Centres for targeted access in certain cities in the recent years. By analyzing the extent to which both types of policy interventions work, the paper concludes with a discussion on the sustainability of access and quality of health service health services in mass influx and protracted conflict.