



M8 Alliance Webinar Series on Migrant and Refugee Health

**Organized by the M8 Alliance
under the leadership of the Sapienza University of Rome**

**How can strengthened healthcare for migrants foster
Health for All?**

27 May 2021

10:00 – 12:00 CET

Registration (free but compulsory):

<https://www.worldhealthsummit.org/m8-alliance/migrant-refugee-health.html>

**Webinar in cooperation with
EMERGENCY**

The M8 Alliance Webinar Series on **Migrant and Refugee Health**, is a **new format** which aims at bringing together experts from across the M8 Alliance to discuss global, develop innovative and collaborative answers and promote science-based policy advice. Each lecture will last 90 minutes and different speakers from within the M8 Alliance and beyond.

Program

Welcome by *Luciano Saso*, Sapienza University of Rome, Coordinator M8 Alliance Webinar Series on Migrant and Refugee Health

Panel Session chaired by *Rossella Miccio*, President of Emergency¹

How resilient were OECD health care systems during the refugee crisis? by ***Caroline Berchet***, Health Economist, ELS/HD, OECD

Barriers to Accessing Healthcare in Italy: Emergency's Experience Delivering Care to Vulnerable Populations by ***Alessandro Lamberti-Castronuovo***, MD, MSc, Emergency, Italy

In European countries, Health and non-health immigration policies can lead to disparities in health status and access to health care between immigrants and natives by ***Paul Dourgnon***, Directeur de recherche, L'Institut de recherche et documentation en économie de la santé (Irdes)

Advanced mental health care - how to overcome barriers to access mental health care? Challenges and opportunities for migrants and refugees by ***Meryam Schouler-Ocak***, Head of Research Unit on Intercultural Migration and Care Research, Social Psychiatry; Charité - Universitätsmedizin Berlin, Germany

The tale of two migrants – refugees and asylum seekers – how does Australia respond? Examining the experience of a refugee health service in Brisbane to build greater health capacity by ***Donata Sackey***, *Rachel Claydon and Moraa Nyanchoga, Mater Refugee Health Service, Brisbane Qld Australia*

Discussion

Rapporteur: Stephen Matlin, Visiting Professor, Institute of Global Health Innovation, Imperial College London, UK

¹ <https://en.emergency.it/>

Description

What can make the right to health truly universal? The COVID-19 pandemic has exacerbated existing differences among social groups, but also taught us that basic human rights, such as the right to health and shelter, are not fulfilled if meant as individual privileges. Individual health can be guaranteed if collective health is safeguarded. Despite in the last decade the main indicators underline a progressive general improvement of the European population health, there is a clear evidence that health inequalities are increasing among and within countries, and even inside single cities. Because of these discrepancies, vulnerable individuals record higher mortality and morbidity rates as they are more exposed to health-threatening conditions compared to those social groups who have more resources to buffer health threats. Over the years, the short-term emergency approach to migrants' reception has avoided the adoption of systemic policies that address the root causes of social exclusion and promote the fulfilment of human rights. Social disadvantages related to health are particularly relevant to migrants because existing barriers are impeding access to healthcare and the achievement of positive health outcomes. Main barriers could be related to affordability (costs of transportation and/or treatment), acceptability (customs and traditions) and impediments concerning communication, socio-economic status, healthcare system structure and immigrant knowledge. Migration can expose the most vulnerable socioeconomic groups to significant problems. The protection of the health of migrants can result in a form of public health investment that produces positive spillovers on both the direct subjects (migrants) and the local communities (natives). To be effective public health shall not exclude any categories. On the contrary, virtuous examples can benefit the community altogether. The challenge of fostering access to healthcare to migrants and the most vulnerable turns into a chance for welfare actors, from local authorities to the civil society, to be pioneering and provide innovative and culturally sensitive solutions to leave no one behind and, therefore, to guarantee health for all. The panel will bring together the expertise of a non-governmental organization and the academia to describe the impact of migration flows in terms of challenges and opportunities, with particular reference to health. Building on the examples of Italy, France, Germany and Australia, the panel will offer a multidisciplinary overview with the aim of identifying existing discrepancies in healthcare delivery with specific attention to the migrant population. This will also raise awareness among decision makers, managers, and professionals to design inclusive and sustainable public health policies that will benefit the community as a whole.

Speakers



Luciano Saso (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 250 scientific articles published in peer reviewed international journals with impact factor (SASO-L in www.pubmed.com, total impact factor > 800, H-index Google Scholar 47, Scopus 39). He coordinated several research projects and has been referee for many

national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 15 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is a Member of the Executive Committee of M8 Alliance of Academic Health Centers, Universities and National Academies

(<https://www.worldhealthsummit.org/m8-alliance.html>) and is the Coordinator of the Webinar series on Migrant and Refugee Health

<https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>



Rossella Miccio is President of EMERGENCY and has been member of the Board of Directors since 2003. Always driven by the principle of free and high-quality healthcare for all, she has played a pivotal role starting and running the organisation's projects around the world. In Italy, EMERGENCY aims to support some of the most marginalised people in the community, including migrants and refugees. The organisation's projects are present across the country, from Mobile Clinics in Milan and Outpatient Clinics in Calabria, to healthcare assistance on-board Open Arms search-and-rescue missions in the Mediterranean. In her role as president, Rossella leads EMERGENCY's involvement in global events like the Paris Peace Forum and World Innovation Summit for Health, and movements such as the People's Vaccine Alliance and the European Citizens Initiative's Right2Cure. In her previous position as Director of the Field Operations Department, she worked to develop EMERGENCY's humanitarian programmes in Afghanistan and Sudan whilst developing key strategic international partnerships. Rossella holds a postgraduate degree in Peacebuilding and Conflict Resolution from Uppsala University, Sweden.

How resilient were OECD health care systems during the “refugee crisis”?

Caroline Berchet, Health Economist, ELS/HD, OECD

The past decade have witnessed one of the worst humanitarian refugee crisis with flows from conflict countries peaking in late 2015-early 2016 and millions of people seeking refuge in, mainly European, countries. Due to the hardships they face on their journey, refugees are at greater risk of health problems, such as exposure to communicable diseases and psychosocial and mental distress. To cope with the immediate health needs of refugees, OECD countries have organised medical screening programmes and emergency health care provision. In the medium term, providing better information about health care entitlements and about how health care systems are organised, facilitating outreach services and offering interpreting services are key helping immigrants’ access care. In the long term, health care systems will need to be resilient and better prepared to respond to future refugee arrivals. The presentation will review current challenges and good practices for making OECD health systems more resilient in the face of a refugee crisis.



Caroline Berchet, PhD, is a health economist at the OECD Health Division. She has been working on a broad variety of topics related to both data and policy analysis. Her work on data focuses on health system performance assessment framework and how to improve the current health information system. On the policy side, Caroline Berchet manages the OECD work on primary care, which discusses how primary care needs to evolve to meet the challenges that OECD health care systems – and societies more broadly – are facing. She has also been working on quality and health care policies, and on health system efficiency across OECD countries. Caroline Berchet holds a PhD from the University Paris-Dauphine (LEDa-Legos), which explored inequalities in health and health care use related to migration.

Barriers to Accessing Healthcare in Italy: Emergency’s Experience Delivering Care To Vulnerable Populations

Alessandro Lamberti-Castronuovo, Emergency, Italy

Italy is classified as a high-income country and its public national health system is based on the principle that healthcare should be universal and accessible to all. In spite of this, many residents in Italy face barriers that prevent them from accessing the care they need. Some specializations (mental health, dentistry) offer limited coverage within the public health system, effectively making these services privatized for many health seekers. Access to other services (gynecological and reproductive health) is dependent on patients fulfilling burdensome requirements. A report from Human Rights Watch in 2021 reveals that “Italy is failing to fulfill its obligations to ensure women’s access to reproductive health care”. Vulnerable populations face further barriers to healthcare access and other social programs. Recent migrants to

Italy comprise one such vulnerable group. Individuals from these groups often have no primary healthcare provider, and only access care in emergency rooms, if at all. EMERGENCY operates cost-free clinics around Italy to serve migrants and other people who fall through the gaps in the national health system. The Italian government and its health system create barriers to health access in three main ways: 1) by providing inadequate migrant reception services resulting in an influx of individuals who are not integrated into society, unaware of their entitlements, and who are forced to rely on informal, parallel networks to survive, 2) by allowing the agricultural sector to be built on the backs of underpaid, itinerant labor, preventing workers from earning an adequate living wage or maintaining a stable household in one location, 3) by failing to institute health infrastructure that acknowledges cultural and linguistic diversity. These barriers combine to marginalize migrants, causing them to live and work in inadequate conditions that exacerbate health issues left untreated due to effective exclusion from the health system. This presentation examines data gathered from EMERGENCY's Italian clinics, in order to elucidate the most significant social and medical challenges faced by this population in Italy. To date, relatively little has been published on the health status of migrant populations in Europe, so the analysis of administrative and health data from the EMERGENCY clinics can serve as a useful window onto the challenges faced by vulnerable populations in Italy. The conclusions of this analysis can support the idea that inclusive and sustainable public health policies can benefit the entire population.

Alessandro Lamberti-Castronuovo is a physician with over 15 years of clinical experience specialized in emergency and internal medicine, with further work in cardiology and diagnostic ultrasound. He has played an active role as part of the international N.G.O EMERGENCY's team for the past five years, both in Italy and abroad. He is a researcher and advocate for ensuring the delivery of primary healthcare to vulnerable populations. He completed his MSc in International Health at the Charité University in Berlin and is currently pursuing his PhD in global health, humanitarian aid and disaster medicine at the CRIMEDIM (Center for Research and



Training in Disaster Medicine, Humanitarian Aid and Global Health) at Università Piemonte Orientale, Novara, Italy.

In European countries, Health and non-health immigration policies can lead to disparities in health status and access to health care between immigrants and natives

Paul Dourgnon (IRDES, France), Nadereh Pourat (UCLA, USA), Lorenzo Rocco (University of Padova, Italy)

There is now extensive evidence on health disparities between immigrants and natives in developed countries. In the EU, these differences are heterogeneous; they may vary in intensity and direction according to host country, immigrant community, and other factors such as length of stay. These differences, although heterogeneous, are

nonetheless sturdy. They do not reflect differences in demographic or social determinants of health, but a distinctive effect of immigration on health inequalities. Besides, there exist large variations across EU countries in national and local policies related to migration, either social inclusion, access to housing, education and the job market, welfare policies, and also within health systems. Regarding the health systems, while European countries have now converged toward universal health systems, differences remain in the level of inclusivity toward immigrants. Building on the literature on immigrants' health and social determinants of health, and on the health in all policies approaches, we investigated the potential consequences of the level of "immigrant friendliness" of health as well as non-health policies on disparities between citizens and foreigners in health and access to healthcare services in European countries. We used the 2014 European Health Interview Survey, a country representative cross-sectional European survey, and Indexes derived from the Migrant Integration Policies indexes (MIPEX) to assess the level of friendliness or unfriendliness in immigrant policies implemented throughout EU countries. **Main findings and conclusions:** · Immigrants experience significantly more barriers, either financial or non-financial, in access to healthcare services. These differences are not due to lower needs or lower education and living standards; · Friendlier immigration policies were correlated with lower disparities in health and access to healthcare services. These results stand for both health and non-health immigrants' policies; · Our results show that policies do matter when it comes to immigrants' health. Moreover, the principle of health in all policies should apply to immigration policies. Policies related to access to citizenship, discrimination, education, employment, social protection, housing, and the criminal justice system should be designed and reviewed in light of their effect on the health of immigrants; · As a follow up it may be worthy to note that immigrants' policies may also have an impact on overall social inequality in health; · Conversely, welfare policies directed at the resident population may also have an impact on immigrants. It would therefore be pertinent to include immigration in all intersectoral approaches of health policymaking and policy evaluation. **Limitations:** ours is a non-causal approach from cross sectional data. Results are not submitted for publication yet.



Paul Dourgnon is research director at the Institut de Recherche et Documentation en Economie de la Santé (IRDES, Institut e for Research and Information in Health Economics), Paris, France, as well as an Associate Researcher at INSERM unit 1153 "Eceve" health services research center, Hospinnomics research lab, and Paris Dauphine University research center for health economics. His research topics include social inequalities in health and health care utilization, policy evaluation, and survey sciences. He has longstanding experience of survey design and management, and expertise on health information systems. Since 2014, he has been head of the Health and Welfare Policies unit at IRDES, where he is leading research on access to health care services and to health insurance, and on social determinants of health as well as developing tools for measuring access to healthcare services and

patient experience. A significant part of his current work is dedicated to immigrants' health research.

Advanced mental health care - how to overcome barriers to access mental health care? Challenges and opportunities for migrants and refugees

Meryam Schouler-Ocak, *Head of Research Unit on Intercultural Migration and Care Research, Social Psychiatry; Charité - Universitätsmedizin Berlin, Germany*

This presentation will first give an overview of the current mental health care of migrants and refugees, then focus on barriers to access mental health care and discuss how to better integrate this target groups into the existing mental health care system. Special skills can strengthen the mental health care system for all.



Meryam Schouler-Ocak is Professor for Intercultural Psychiatry and Head of Research Unit on Intercultural Migration and Care Research, Social Psychiatry of Charité - Universitätsmedizin Berlin Board member of the European Psychiatric Association (EPA) Chair of Ethics Committee of the European Psychiatric Association (EPA) Chair of Section on Transcultural Psychiatry of World Psychiatric Association (WPA-TPS) Coopted Board member of World Association of Cultural Psychiatry (WACP) Honorary member of World Psychiatric Association Chair of Section of Intercultural Psychiatry and Psychotherapy, Migration of German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN) President of the German-Turkish Association for Psychiatry, Psychotherapy and Psychosocial Health (DTGPP) Senior physician, Head of Outpatient Clinic Psychiatric University Clinic of Charité at St. Hedwig Hospital

The tale of two migrants – refugees and asylum seekers – how does Australia respond? Examining the experience of a refugee health service in Brisbane to build greater health capacity.

Donata Sackey, *Rachel Claydon and Mora Nyanhoga Mater Refugee Health Service, Brisbane Qld Australia*

Australia has a universal health care system, which ensures that people who have Medicare² are able to access timely, quality health care across primary and tertiary health contexts. Refugees who resettle under the Australia's Humanitarian Program are provided with Medicare and access to a comprehensive refugee health assessment within the first twelve months of arrival. The capacity to deliver a culturally appropriate health assessment will vary according to settlement location within Australia and on access to a specialised refugee health service. However for asylum

² Medicare is Australia's universal health insurance scheme. It guarantees all Australians (and some overseas visitors) access to a wide range of health and hospital services at low or no cost.

seekers who arrive in Australia by boat or seek asylum after plane arrival, they find themselves in a very different situation. Access to Medicare and health services for this cohort is fragmented by a deliberately hostile migration process designed to marginalise and punish people for seeking protection from Australia. The Mater Refugee Health Service (MRH) in Brisbane Qld is based in a Tertiary hospital but delivers care to patients by collocating in general practices close to where patients live. The service sees both new humanitarian arrivals who are eligible for Medicare and asylum seekers without Medicare. The capacity to deliver equitable care to both cohorts is impacted by some issues which are similar across both groups e.g. English language proficiency, cultural and explanatory models of health/illness, social determinants including access to employment, transport and housing. However, for asylum seekers there are additional migration barriers including lack of permanency, intermittent Medicare access, limited employment and education options and fear of being returned or incarcerated in an immigration detention facility. MRH has identified two levels of engagement necessary to build the capacity of the health system to meet the needs of both cohorts. At a clinical level access to specialised refugee health nurses working with professional interpreters alongside GPs in general practice has delivered tangible benefits to both patients and health professionals. Building the confidence and skills set of health professionals and utilising the skilled refugee health nurse workforce has enabled care coordination to address both the clinical and social determinants of health. For asylum seekers however a stronger health advocacy role including the establishment of the [Refugee Health Network Qld](#) to advocate for access to equitable care for asylum seekers without Medicare has been critical. The presentation will examine the key elements of integrating a specialist refugee health service in primary care and the transferable benefits to all migrant populations. Secondly the ongoing gaps in health care for asylum seekers will be highlighted in line with advocacy strategies to build a more equitable health system for all.



Donata Sackey BSoc. Wk. (Hons) is Director Mater Refugee Health Service, Deputy Director Mater UQ Centre for Integrated Care and Innovation and Chair of the Refugee Health Partnership Advisory Group Qld. Over the past 14 years, Donata has worked with the Mater UQ Centre for Integrated Care and Innovation. The Centre has a strong focus on evaluation, research and implementing new models of care. Donata manages three areas – Mater Refugee Complex Care Clinic, Mater Integrated Refugee Health Service and the Refugee

Health Network Qld. Her role includes a strong partnership focus to ensure Mater continues to actively engage with communities and key health stakeholders to address identified health needs. Current focus includes hard to reach populations, health literacy, COVID-19 health responses, community engagement, work force diversification and integrated models of care. Prior to joining the Mater, Donata held positions in various human service organisations including over a decade with QPASTT (Qld Program of Assistance to Survivors of Torture and Trauma), primary health

organisations, mental health services and international student services. Donata migrated to Australia when she was 10 years old and has subsequently retained strong links to Italy through her family. She has a social work degree and has a long-standing interest in migrant and refugee health, community development, policy and evaluation.

Background

This webinar is part of the **M8 Alliance Webinar Series on Migrant and Refugee Health**, organized by the M8 Alliance under the leadership of Prof. Luciano Saso.



The **M8 Alliance of Academic Health Centers, Universities and National Academies** is an unique international network of 30 leading international academic health centers, universities and research institutions, all of which are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to health challenges worldwide.

Migrant and Refugee Health has been a focus topic of the M8 Alliance since 2016. Regular sessions at the World Health Summit and dedicated expert meetings have laid the basis for effective international research networks. The webinar series builds on this tradition and uses the opportunities of digital technologies to involve even more experts from around the world.

Contact:

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Further information:

<https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>

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