



# Migration and Health:

## Challenges and Needs Across the Migration Cycle

**3-5 July 2023**

**Nassim Majidi, 9th EMN Educational Seminar on Migration, Bratislava**

# Migration and Health: what link?



**Displacement and migration have reached record levels in the past decade and continue to rise – impacting the health of all migrants at various stages along migration routes.**

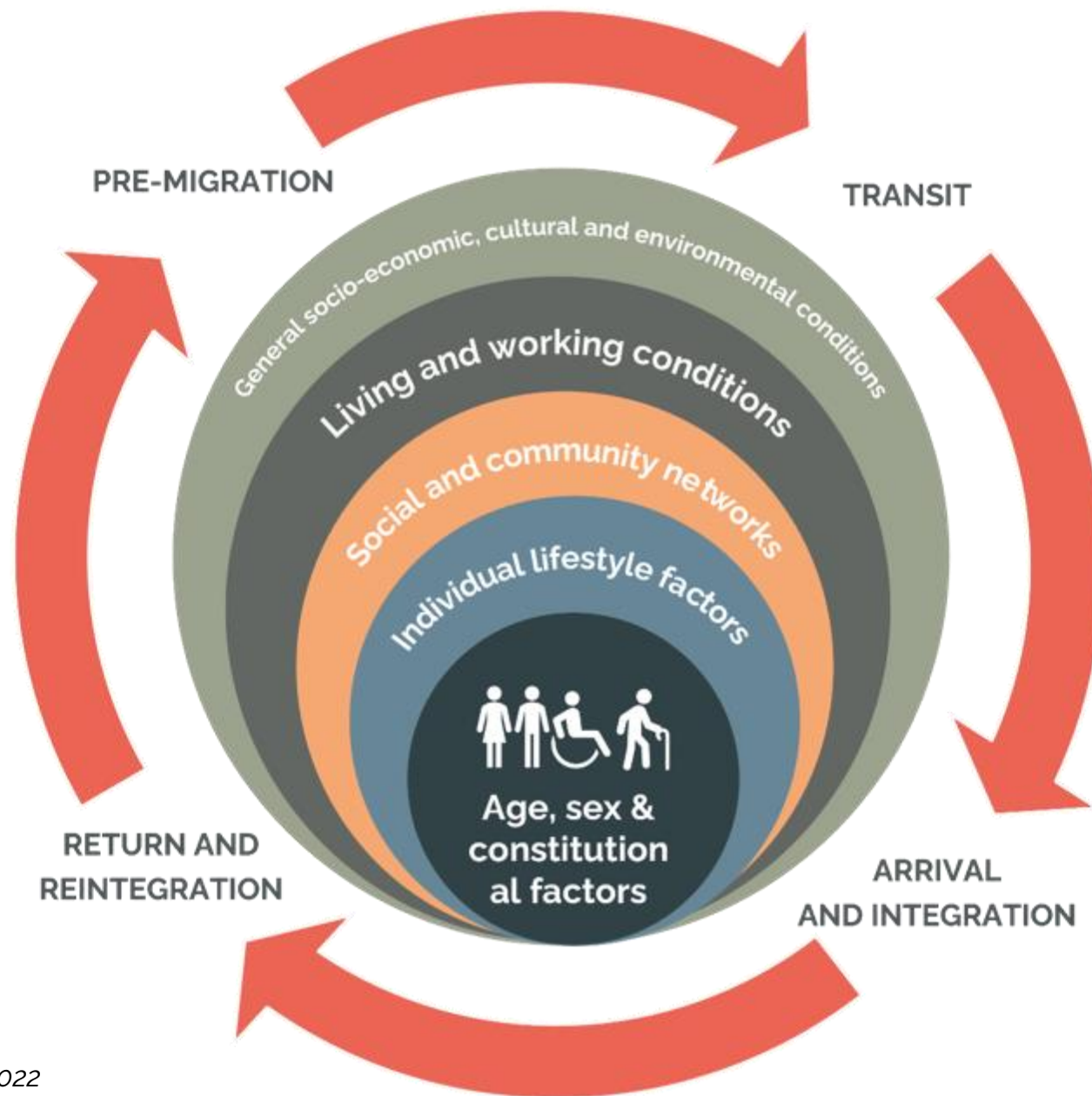
**Preparedness of health systems** for health emergencies and conflicts

Increased **risks of diseases, mental health conditions, and malnutrition**

**Health needs of migrants extend beyond borders**, but limited health coverage and high out-of-pocket costs often **hinder access to healthcare**

# Migrants and refugees health: needs and determinants across the migration cycle

Need to apply a **displacement and migration lens** to health to prevent/treat disease



Source: World report on the health of refugees and migrants. Geneva: WHO; 2022  
Figure: Adjusted from "The Dahlgren-Whitehead model of health determinants"

# Samuel Hall work: spotlight research

Health and Reintegration - Returning to Space but not to Time: A Life Course Approach to Migrants' Health, Continuity of Care and Impact on Reintegration Outcomes

2023



The study explores the links between health needs, access to care and sustainable reintegration of returnees.

Research on Return and Reintegration in Afghanistan Under the Reintegration Assistance and Development in Afghanistan (RADA) Project

2022

The research comprised 4 separate research briefs, including one on mental health among returnees and IDPs.





# Zooming in on Return and Reintegration

I realised I had all these health problems when I returned from Libya.

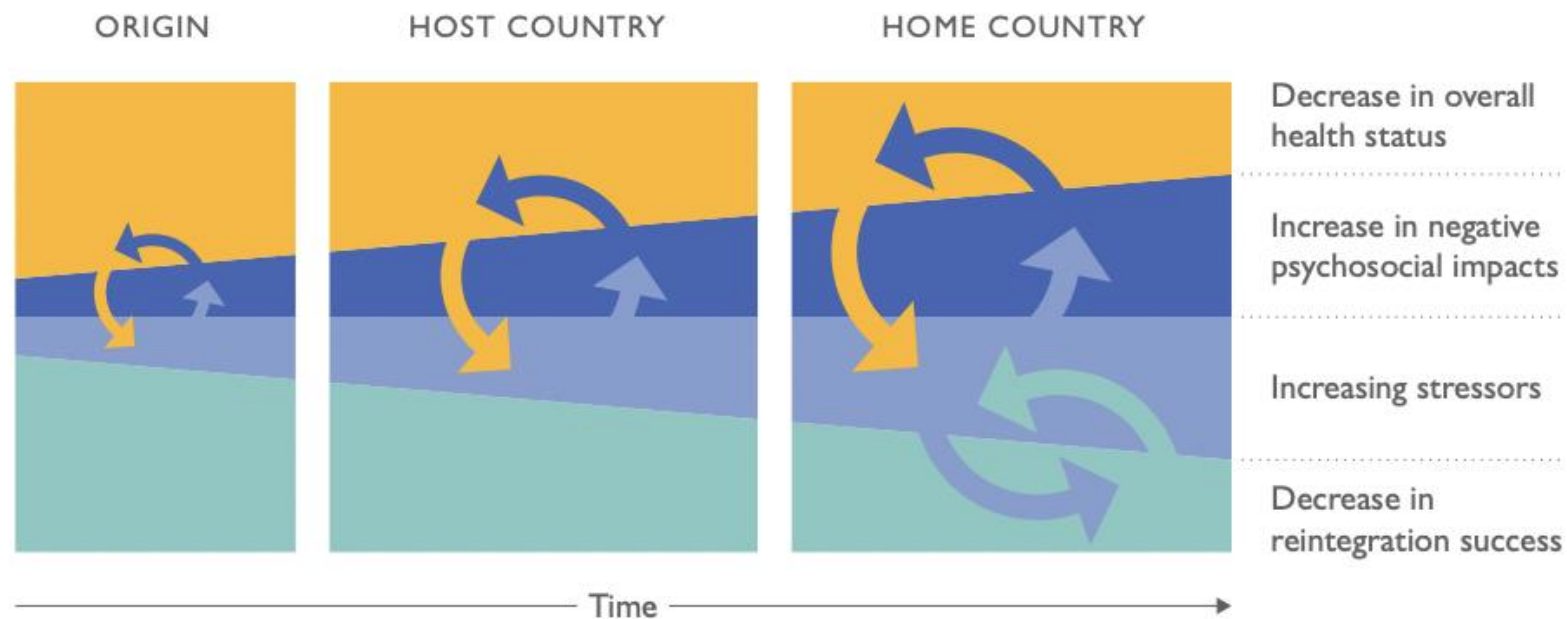
Migrants were subjected to beatings randomly on any part of our bodies. Sleeping conditions were very bad as we slept on the ground even when it was wet. Food was not adequate and no medical care was given to even the sick. The security forces were heartless and racist.

– Joseph \* (name changed), Interviewed returnee, Gambia

# Context and Framing of the Study



- **58% of migrants in a vulnerable situation** who were assisted to return in 2021 by IOM had health needs.
- Good health and well-being for all is a basic human right. **Central to good health and well-being is access to integrated care.** However, efforts to realise this right and to improve access to care however **often exclude migrants, and returnees.**
- Evidence about the health-care needs of returnees, the conditions of the health system, and how these **link to sustainable reintegration outcomes** is limited



# Integrated Care in the context of Return and Reintegration

## A review of migration-aware health-care systems revealed:

- **Many public health interventions struggle**
- Different groups of migrants experience different rights and entitlements in relation to health
  - Gender, age
- A critical gap in facilitating access to health services upon return - **ad hoc, fragmented, uncoordinated responses.**

As such it is the *context of migration* that can negatively impact health “as being a migrant is not in itself a risk to health: it is the conditions associated with migration that may increase vulnerability to poor health” (Wickramage 2018).

“**Integrated care** is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency – Gröne and Garcia-Barbero, *Integrated care: a position paper of the WHO European Office*, p. 7.

# Key Findings



Only **1%** of respondents reported **poor health prior** to migration, which **increased to 37% pre-return**.



Returning to an **unsupportive environment** is detrimental to returnees' mental and physical health.



**Economic reintegration** is often **prioritised** over unmet health needs, creating negative feedback loops.



Countries' **health systems** and **universal health coverage** influence returnees' health and reintegration outcomes.



Returnees often experience **continuity of care issues** and a **drop in quality of care post-return**.



Brazil



Ethiopia



Gambia



Georgia



Pakistan



Senegal





# Learning from Good Practices



**AFFORDABILITY** | Reimbursing medical expenses

**ACCESSIBILITY** | Support returnees' medical needs and provide established referral pathways.

**AVAILABILITY & ACCOMMODATION** | Assist returnees to acquire needed medication by coordinating import of medicine from the host country

**ACCEPTABILITY** | Returnees appreciated IOM's assistance because they felt dignified with receiving support.

**APPROPRIATENESS** | Sending medical doctors to accompany returnees on the flight back; funding air transport of medical equipment such as wheelchairs for returnees with disabilities.

*"When I came back to Senegal, the medicines were expensive: I had to spend 18,000 CFA francs per month; it was difficult and my income did not allow it. I even had to sell my phone to buy these medicines. I have not taken my medication for over a year now."*

*Eva, Returnee Senegal*

# Structural Recommendations

Build a **continuum of care** for migrants

Fund **gender specific initiatives** on reintegration and health

Strengthen **transnational information sharing and safeguarding**

Reinforce **screening and referrals upon return.**

**Integrate reintegration and health programs, and include health indicators** in IOM surveys across migration stages.

Establish **formal collaboration arrangements** between national actors and civil society



**Add a follow up longitudinal study** on how returnees' health and reintegration outcomes interact over time.



# Zooming in on Mental Health

# Mental Health Matters - Highlights



1

POPULATION  
DEMOGRAPHICS ARE  
AFFECTED BY  
DIFFERENT MENTAL  
HEALTH STRESSORS

2

COMMUNITY  
HEALTH IS ON  
THE DECLINE

3

MENTAL HEALTH  
CONDITIONS ARE  
HEAVILY STIGMATIZED  
WITHIN AFGHAN  
SOCIETY

*"I feel difficulty integrating into this community because the places where we live belong to the municipality. A week ago, some people came from the authorities and insisted that we evacuate this place. The host community doesn't like us and blames us for creating insecurity, pollution, and disturbance. Before, [where we now reside] was a park area and a good place for their children to pass time...The host community also doesn't have good behaviour with us and hates us. They say bad things about us. They didn't let us pray at their [mosque].*

*Therefore, I feel that I don't belong in this community."*

*- Male IDP, Kabul*

# Gendered Differences in Mental Health

**Mental health causes, needs & consequences are highly gendered**

Displacement combines with economic and social isolation to disproportionately affect women

Men are often perceived to be more justified in experiencing mental health conditions than women

Girls and boys are affected in gendered ways



*"There have been times that I have brought rat poison in the house [for committing suicide]. I don't want people to remember me with nasty names due to this living condition...I have seen many people in bad condition. For example, they wanted to kill their entire family members by giving them rat poison." - Male IDP, Herat,*

# Community & Individual Perspectives

## COMMUNITY PERSPECTIVES

- **Social stigmatization** of people with mental health conditions
- Due to **prohibitive costs** of formal mental health and psychosocial support (MHPSS), reliance on imams for mental health support



**NO DURABLE SOLUTION WITHOUT MENTAL HEALTH SUPPORT AT A COMMUNITY LEVEL**

***Mental health problems arrive when you, as an unemployed person, return home at the end of the day. If your child, who doesn't even have a pair of shoes, asks for something and you can't fulfil it for him/her, then it would result in mental health problems. I face a lot of sleepless nights due to unemployment."***<sup>38</sup>  
- Male, Herat

## IDP & RETURNEES' PERSPECTIVES

- **Absence of shelter** as a mental health stressor
- Absence to schools and **feelings of being "strangers"** in the community
- The **potential of mental health support for (re)integration**

# Recommendations

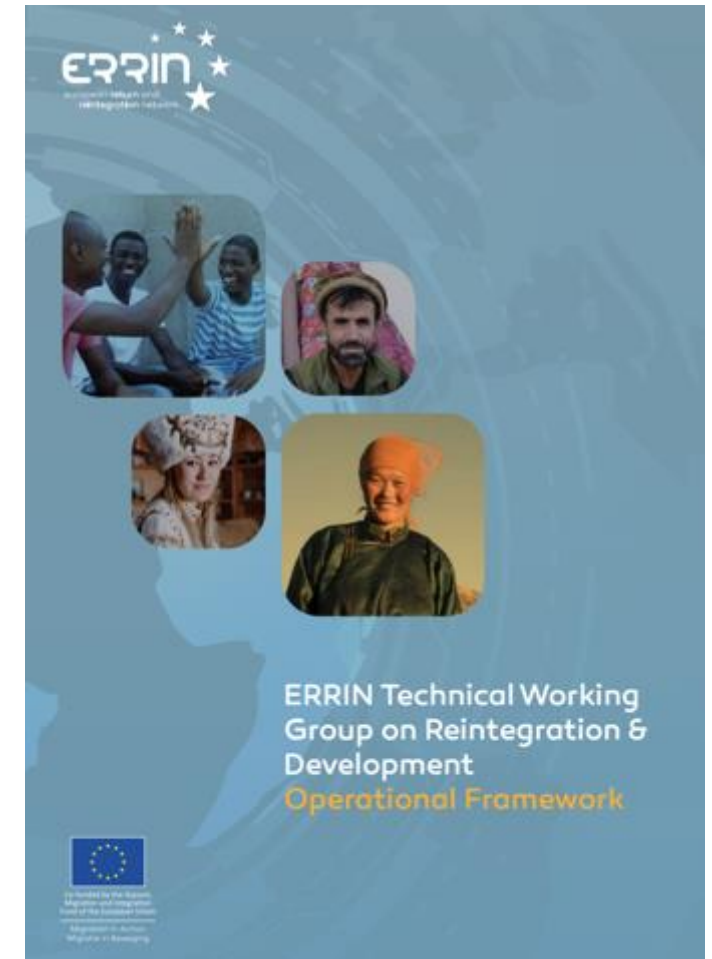


# Conclusion & a Question

**How can we overcome these challenges and ensure that health support reaches those who need it the most?**



**SETTING STANDARDS FOR EFFECTIVE REINTEGRATION & DEVELOPMENT INITIATIVES** - including referral systems, monitoring and anticipating needs.





# Any Questions?

# THANK YOU!

CONTACT US

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Our research connects the voices of communities to change-makers for more inclusive societies.

# About Samuel Hall

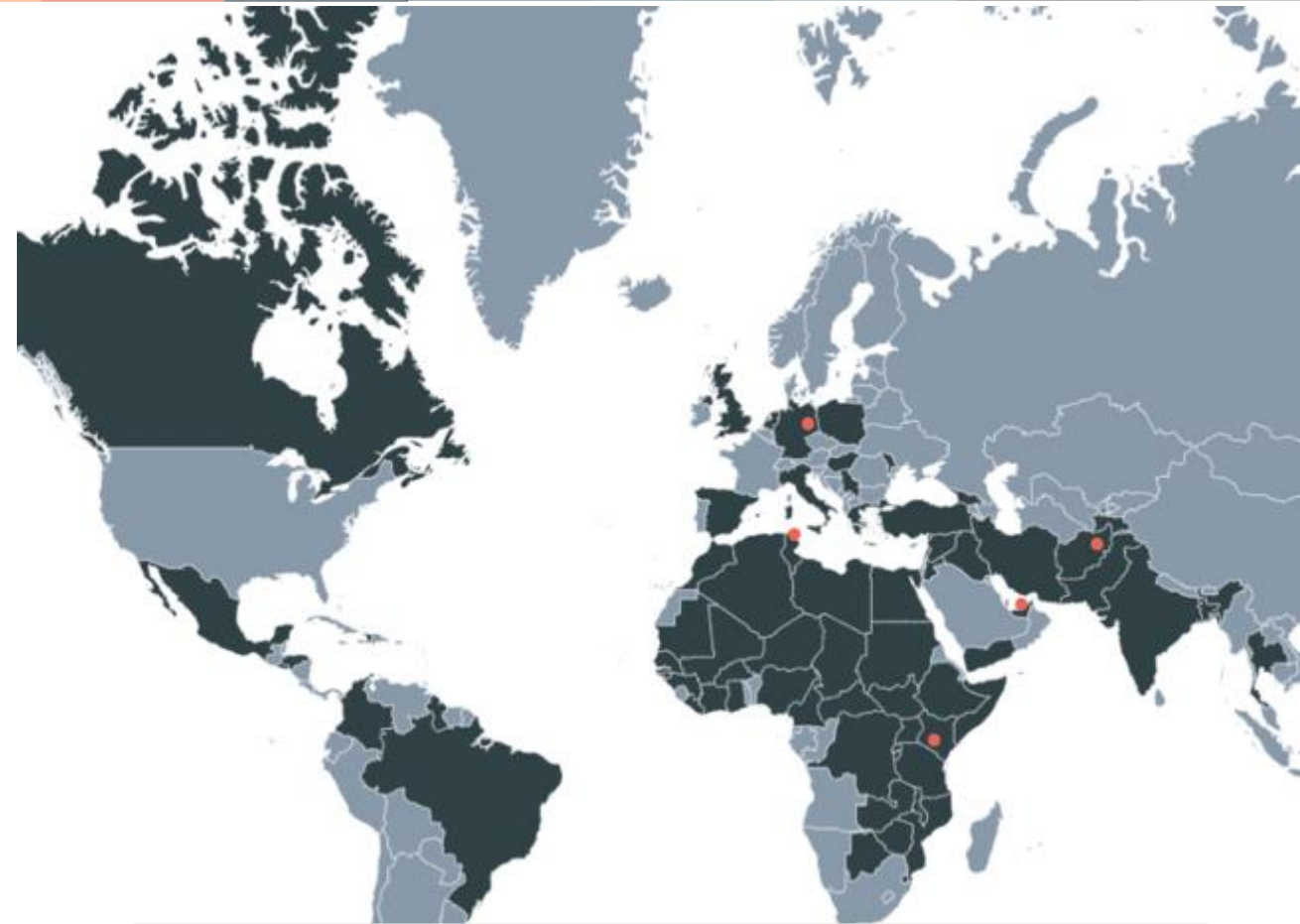
Samuel Hall is a social enterprise that conducts research, evaluates programmes and designs policies in contexts of migration and displacement.

**Our research connects the voices of communities to changemakers for more inclusive societies.**

Our approach is ethical, academically rigorous and based on **first-hand experience** of complex and fragile environments.

We have **over 18 nationalities** in our permanent team of 60 – from the Global North and the Global South. They represent communities affected by displacement as well as local academics.

Our team is **diverse and interdisciplinary**, with backgrounds in political science, economics, sociology, international development, anthropology, and philosophy.



We have conducted **300+ projects in 60+ countries over 10+ years** – including many of the world's most complex and challenging contexts.

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Ethiopia, Somalia