

Migrant-sensitive or migration-aware?

Building capacity for culturally pertinent health care



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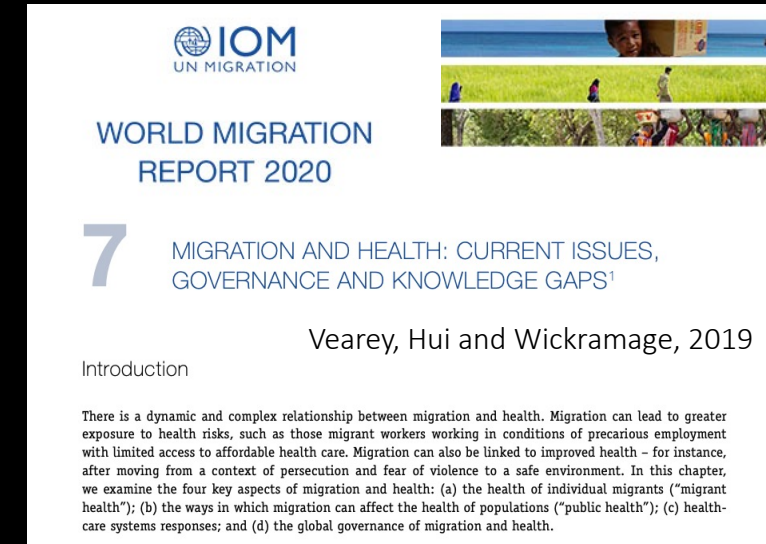
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Migration and health

- **Migrant health:** the health of individual migrants
- **Public health:** the ways in which migration can affect the health of populations
- **Systems responses** to migration and health
- **Global governance** of migration and health



AN EFFECTIVE RESPONSE REQUIRES CONSIDERATION OF THESE FOUR COMPONENTS

A MIGRATION-AWARE APPROACH TO HEALTH

a whole-health system response whereby population movement is embedded as a central concern in the design of interventions, policy and research

MIGRANT-SENSITIVE

A predominantly facility-based response that considers migrants a vulnerable, homogenous and static population requiring specialised, culturally competent responses.

- Individual focus & vulnerability-oriented: risks further stigmatising migrant populations
- Viewed as a homogenous population; focus on international migrants
- Migrants often considered 'static'
- Emphasis on cultural competency
- Focus on facility-level responses; limited systems response
- Potentially stigmatising

RIGHT-TO-HEALTH FOCUS

Without careful messaging, migrants may be perceived as sick, a burden on services, and in a larger number than they are.

MIGRATION-AWARE

A whole-health system response whereby population movement is embedded as a central concern in the design of interventions, policy and research.

- Population focus & public health approach
- Heterogeneity of migrant populations acknowledged; consideration of internal migrants
- Recognition of spatial & temporal aspects of migration
- Systems response

MIGRATION & HEALTH IN ALL POLICIES

Facilitate the mainstreaming of migration into health governance and health into existing migration governance systems.

Domain 1: people-centredness

Competency standards under this domain relate to the provision of quality health services to the beneficiaries of health systems.

Competency standard 1: provides people-centred health care to refugee and migrants

Behaviours

- 1.1. Adapts practice to the needs of the person in view of their migration and displacement experiences, taking into consideration the impact of these experiences on access to health care, including barriers to access.
- 1.2. Adapts practice to the needs of refugees and migrants in view of their individual characteristics, including the intersection of sex, gender identity, age, disability, sexual orientation and legal status, taking into account social determinants of health throughout migration and displacement transitions – including transit, arrival and possible return – and their impact on individual health needs across the life course.
- 1.3. Addresses mental health and the psychosocial support needs of refugees and migrants by providing trauma-informed care and interventions sensitive to experiences of chronic hardship, traumatic events, grief and facilitating referrals.
- 1.4. Supports universal access to quality health care, irrespective of the person's legal status and related legal, administrative and financial barriers to access, recognizing the particular vulnerabilities of children on the move.
- 1.5. Facilitates continuity of care by supporting the person to hold their own health information and documentation and to understand how to seek further care, recognizing the mobility of refugee and migrant populations.

Competency standard 2: promotes the agency of refugees and migrants at individual and community levels

Behaviours

- 2.1. Assesses the person's health literacy and health system literacy, including identifying areas of strength and specific areas of risk.
- 2.2. Supports refugees and migrants to develop their health literacy and their awareness of the right to health.
- 2.3. Supports refugees and migrants to improve their knowledge of, and ability to navigate, the host country's health system.
- 2.4. Addresses language and cultural considerations when supporting people to be informed of their options for health care, make decisions about and manage their own health.
- 2.5. Engages with diaspora communities to promote the agency of refugees and migrants at a community level.
- 2.6. Identifies processes for safe and appropriate engagement with the person's family or community to facilitate the provision of health care, including when addressing barriers to access.
- 2.7. Recognizes the impacts of family separation on the health of refugees and migrants, including mental health impacts.

Domain 2: communication

Competency standards under this domain relate to effective communication between health workers and people accessing health services.

Competency standard 3: engages safe and appropriate aids to meet language and communication needs of refugees and migrants

Behaviours

- 3.1. Recognizes the person's right to timely, gender- and age-appropriate information, including assistance with communication.
- 3.2. Mitigates language and communication barriers by engaging trained individuals including interpreters and cultural mediators, as appropriate, to facilitate communication between the person and health workers, wherever necessary.
- 3.3. Uses language and communication aids that are appropriate, sensitive and age- and gender-appropriate.
- 3.4. Adapts practice to work effectively with people who have limited literacy skills, as appropriate, in person or remotely, using appropriate aids.

Competency standard 4: supports refugees and migrants to obtain information about their health care

Behaviours

- 4.1. Ensures that the person understands information in view of the language, communication and literacy skills, and understanding.
- 4.2. Communicates in plain language, avoids jargon and uses appropriate aids.

Domain 3: collaboration

Competency standards under this domain relate to the practice of teamwork, which underpins culturally sensitive care. Effective communication, collaboration and conflict resolution between health workers and professionals across different sectors is needed to address the impact of non-health-related factors on the person's health.

Competency standard 5: engages in collaborative practice to promote the health of refugees and migrants

Behaviours

- 5.1. Engages with broader social and community support, including legal, education, employment, housing and other social support services as appropriate, to address the impacts of non-health-related factors on the person's health in the context of migration and displacement and to facilitate specialized care.
- 5.2. Undertakes effective handover of care to other health workers through verbal and/or written communication, including information about relevant individual, cultural and language considerations and needs as well as migration- and displacement-related factors.
- 5.3. Utilizes the skills, including language and communication capabilities, of health workers from refugee and migrant backgrounds in supporting people with experiences of migration and displacement.
- 5.4. Engages effectively with government departments, nongovernmental and civil society organizations, communities and other health workers to provide integrated and coordinated health, mental health and psychosocial support services to refugees and migrants.

Competency standard 6: responds to migration- and displacement-related surges in demand for services

Behaviours

- 6.1. Responds flexibly and collaboratively to surges in demand for the provision of health-care services in view of increased levels of migration and displacement.

Domain 4: evidence-informed practice

Competency standards under this domain relate to the generation and integration of evidence and information to practice.

Competency standard 7: promotes evidence-informed health care for refugees and migrants

Behaviours

- 7.1. Uses evidence-informed guidelines and standards, where available, to respond to specific health needs of refugees and migrants in planning and delivery, including mental health and psychosocial first aid, pain management and medication management.
- 7.2. Recognizes how the health needs of refugees and migrants differ from those of the general population.
- 7.3. Identifies where additional evidence is needed to promote the health of refugees and migrants.
- 7.4. Participates in the generation of evidence, where possible, to inform development of guidelines and standards to respond to the health needs of refugees and migrants.
- 7.5. Supports the translation of evidence into practice with refugees and migrants.

Domain 5: personal conduct

Competency standards under this domain relate to the ethical behaviour of health workers, specifically in relation to interactions with refugees and migrants in health-care settings. Competence within ethical conduct of health workers in all settings, including acting with integrity and maintaining ethical boundaries, is extensively addressed in the WHO Global competency framework for universal health coverage.

Competency standard 8: engages in lifelong learning and reflective practice to promote the health of refugees and migrants

Behaviours

- 8.1. Maintains awareness of own culture, beliefs, values and biases.
- 8.2. Demonstrates awareness of institutional discrimination experienced by refugees and migrants, in particular its impacts on health status.
- 8.3. Demonstrates awareness of intersections of systems, structures and patterns of power that determine a person's position of disadvantage and impact their access to, and experience of, health care.
- 8.4. Addresses the impact of own culture, beliefs, values and biases as well as institutional discrimination on interactions in health-care settings, including by continually adapting practice to respond to the needs of relevant communities.
- 8.5. Contributes to introducing or improving cultural sensitivity in existing practices by modelling appropriate behaviour and avoiding culturally insensitive practices.

Competency standard 9: contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement

Behaviours

- 9.1. Engages in self-care practices to manage own mental health and well-being when working in the context of migration and displacement.
- 9.2. Contributes to a supportive team environment to manage the mental health and well-being impacts of providing care to refugees and migrants.

WHAT IS NEEDED

ADOPT A MIGRATION-AWARE APPROACH:

a whole-health system response whereby population movement is embedded as a central concern in the design of interventions, policy and research

LEADERSHIP & GOVERNANCE

SERVICE DELIVERY

FINANCING

WHOLE OF
GOVERNMENT
&
WHOLE OF SOCIETY
RESPONSE

STRUCTURAL VIOLENCE

KEY COMPONENTS OF AN IMPROVED RESPONSE

Develop a National Migration & Health Task Team (N-MHTT) to improve intersectoral & multi-level action between government departments & other governance actors including civil society, international organisations, academia and business sector.

Make use of the WHO Refugee and Migrant Health Global Competency Standards for Health Workers.

Promote universal healthcare coverage.

A Whole-of-government & Whole-of-society response to address underlying structural violence including access to secure livelihood activities; anti-foreigner sentiments & xenophobia; stigma & moralizing in relation to gender identity, sexual orientation & pregnancy

HEALTH CARE SECTOR



Care is provided based on **need**, not immigration status.



Health care practitioners pursue **medical ethics**, and are not coopted for immigration enforcement.

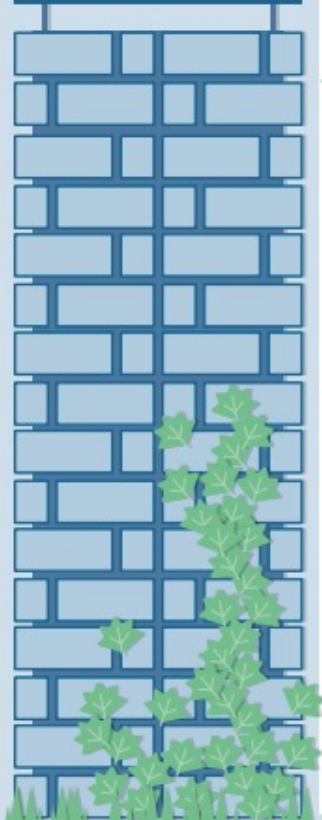


Patient data is **not shared** with migration authorities without consent.



All **patients feel safe** to seek health care.

THE FIREWALL: Clear separation of roles



MIGRATION AUTHORITIES



Authorities are **trained to respect** the firewall.



Immigration enforcement does **not interfere** with access to health care.



Safe spaces are respected.



Health professionals' **independence** and patients' **privacy** upheld.



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GOVERNMENT
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https://picum.org/wp-content/uploads/2020/02/Firewall_Health_ENG_WEB.pdf

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