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The Importance of a Proactive, Interdisciplinary, Multi-Departmental Approach to Migrant Health

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The need for a national migrant programme for Ireland, of which a Migrant Health Programme should be one strand, is becoming increasingly obvious. Without a coordinated, multi-departmental approach to migrant care, we risk providing a standard of care that is not evidence-based and does not serve the needs of asylum seekers/refugees or the Irish health system.

As of the week ending the 7th of August 2022, Ireland had taken in almost 48,000 refugees from Ukraine¹. The response to this crisis has shone a light on our willingness as a society to help a particularly vulnerable group of people. As public health physicians we are proud of Ireland's appetite to help.

The HSE has responded swiftly to this public health and humanitarian emergency and is prioritising plans to care for this unprecedented influx of people into our health and social service systems. However, as was the case with the COVID-19 response, this was reactive rather than proactive, and integrating such a large number of people into an already stretched health service is not without its challenges. The lack of resilience built into our health system means that there will be significant and sustained disruptions to services as the system tries to cope with this influx. This crisis has reinforced the long-standing need for a structured, adequately resourced Migrant Health Programme (MHP) within the HSE.

This programme should provide a national strategy, public health guidance, development of standards and the clinical governance to proactively meet the health and social care needs of all people seeking International Protection ('asylum') in this country, as well as of other vulnerable migrants. This can support health system resilience, preventing or minimising service disruptions. This MHP should be part of a broader strategic cross-departmental programme that provides services to people seeking International or Temporary Protection in a cohesive fashion, while leveraging national emergency management structures like those established to provide a whole of government response to COVID-19, when the needs exceed normal capacity, as with the unfolding crisis in Ukraine.

Asylum seekers and refugees are likely to have greater medical needs than the general population and they require quick and easy access to primary and secondary care. The needs of this population are likely to be complicated and will need a coordinated, multidisciplinary approach². The more pressing healthcare issues will likely include access to vaccination, interruption to antenatal and new-born care, nutritional issues, continuity of care for chronic illness, risk of trafficking and physical and emotional trauma³. These are complex issues, and it is difficult to see how a large cohort of vulnerable people with significant health needs can be absorbed into our healthcare system without some broader restructuring. Currently, we are not maintaining minimum standards around vaccination, psychological services, access to primary care and quarantine facilities⁴.

Even before this latest crisis, the numbers of people applying for International Protection in Ireland, approximately 150 per week since August 2021, was overwhelming the Direct Provision (International Protection Accommodation Services) system, with increasing numbers of hotels deployed as emergency temporary accommodation. While providing much needed immediate shelter and accommodation, hotels are unsuitable in the long term, lack adequate health and social supports, and increase the risk for outbreaks of infectious diseases such as Covid-19 and measles. It is clear that Ireland needs a sustainable, long-term approach to migrant care, which can deliver on the broader needs of the immigrant population. This needs to encompass much more than just healthcare. Needs assessments of Ukrainian refugees illustrates that people seeking refuge require access to food, water, hygiene, education, legal assistance, financial aid, employment, and accommodation- the broader determinants of population health^{5,6}.

A migrant health programme needs to be multidisciplinary and form part of a broader interdepartmental migrant programme to address these complex needs. It requires appropriate resourcing and should have modern information technology infrastructure, ideally utilising unique health identifiers. There should be a focus on health promotion and prevention of disease. Primary care, in particular, needs to be resourced to manage these vulnerable people. A MHP needs to focus on meeting the needs of all migrants, regardless of their country of origin. In recent years there has been a significant influx of refugees into Europe from Syria, the Balkans and Ukraine. Refugee crises are an unfortunate, and somewhat predictable, reality. The number and frequency of these crises is likely to increase in the coming years, which may intensify further due to the climate crisis, thus they need to be a key part of our planning. It is vital that we position ourselves to best serve these exceptionally vulnerable people in a proactive fashion. Managing situations such as this in the context of crisis management does not serve migrants or the health service well.

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References:

1. Arrivals from Ukraine in Ireland Series 5 - CSO - Central Statistics Office [Internet]. Cso.ie. 2022 [cited 2 August 2022]. Available from: <https://www.cso.ie/en/releasesandpublications/FP/p-ai/arrivalsfromukraineinirelandseries5/data/>
2. Villarroel N, Hannigan A, Severoni S, Puthoopparambil S, MacFarlane A. Migrant health research in the Republic of Ireland: a scoping review. BMC Public Health. 2019;19(1).
3. Kumar B, James R, Hargreaves S, Bozorgmehr K, Mosca D, Hosseinalipour S et al. Meeting the health needs of displaced people fleeing Ukraine: Drawing on existing technical guidance and evidence. The Lancet Regional Health - Europe. 2022;17:100403.
4. European Centre for Disease Control and Prevention. Key Considerations for on-site assessment of refugee transit points and accommodation centres in the EU/EEA in the context of refugees fleeing the war in Ukraine [internet]. ECDC;2022 [Cited 2 August 2022] Available from https://www.ecdc.europa.eu/sites/default/files/documents/key-considerations-on-site-assessment-refugee-accommodation-centres-Ukraine-War_0.pdf
5. World vision International. Rapid Needs Assessment of Ukrainian refugee children and families in Constanta, Romania. World Vision International;2022 [Cited 2 August 2022]. Available from <https://www.wvi.org/publications/ukraine/rapid-needs-assessment-ukrainian-refugee-children-and-families-constantia>
6. International Rescue Committee. RAPID NEEDS ASSESSMENT REPORT; Refugees from Ukraine in Poland. International rescue Committee;2022. [Cited 2 August 2022]. Available from <https://data.unhcr.org/en/documents/download/91748>