



UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

„Introduction to migration health”

Travel Medicine

Dr. Erika Marek, PhD

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Overview of the presentation

- Introduction, professional background and interest
- Recent trends in irregular migration in Europe and Hungary
- Fundamental terms in relation to migration and asylum
- Public health aspects of irregular migration
- Some research activities of our team at the University of Pécs in relation to migration-health issues
- Introduction of a health educational program provided for asylum seekers and lessons learnt

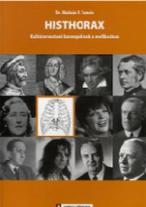
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Department of Operational Medicine

- (Subdepartment) Migrant and Ethnic Minority Health Programs
- Subdepartment Military Medicine, Disaster Medicine, and Law Enforcement Medicine
- Subdepartment Medical Humanities





Prof. Dr. Lajos Bogár, MD
Head of the Department

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MEMHP Staff members, 2017

Permanent members of our multidisciplinary staff

					
I. Szilard, MD, PhD Head of MEMHP coordinator	E. Marek, MSc, PhD senior lecturer biologist, health educator	K. Golesorkhi, PhD senior lecturer health economist	Z. Katz, Pharm.D assistant prof. pharmacist	N. Arnold, MA management consultant	Zs. Fischer informatitian

Cooperating external staff from UP (in research, teaching)

						
L. Emody, MD, DSc microbiologist	A. Barath, MA, DSc psycho-sociologist	I. Kiss, MD, DSc epidemiologist	Zs. Orsos, MSc, PhD biologist	K. Berenyi, MD epidemiologist	Sz. Fekete, MA, PhD sociologist, manager	Cs. Salamon, MA psychologist

Introduction: Fields of my professional research interests

- **health and healthcare aspects of migration:**
 - including medical assessment of asylum seekers,
 - migrants' access to healthcare,
 - infectious diseases,
 - occupational health aspects of migration,
 - psychological and mental health aspects of migration,
 - healthcare of victims of trafficking and violence (SGBV),
 - gender issues, and discrimination, etc.
- **community health programs** focusing on vulnerable/marginalized populations (migrants, Romas or other ethnic minorities, sex workers, etc.)
- **intercultural competence** training for medical students and health care professionals and how it works in practice in health and social-care settings
- **health education, health promotion** (any level and form, with a special focus on vulnerable populations, and sexual health of adolescents)




Background and relevance Recent migration trends



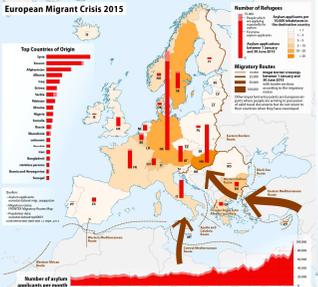
Global population: 7,57 mrd (09/2017)
~ 3-4 % of total population (appr. 250 million people)
live outside their country of origin

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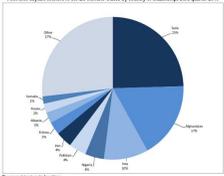
Actuality of the topic - migration trends

Europe, European Union

WHO-European Region: 77 million migrants (estim.); appr. 1 in every 12 people!
EU-28: appr. 55 million people (internal/external migrants) (20 million 3rd country national)



2015: appr. 1.2 million asylum appl.
By 30/09/2016.: 950 thousand

2016

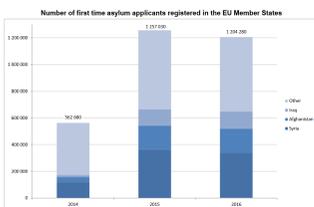
25% Syrian
17% Afghani
10% Iraqi

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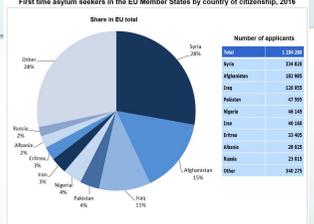
Data from 2016 and first quarter of 2017, EU-28

46/2017 - 16 March 2017

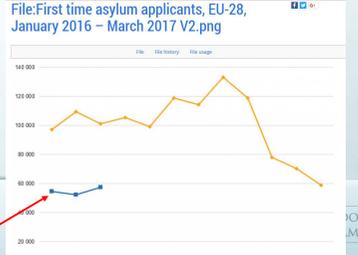
Asylum in the EU Member States
1.2 million first time asylum seekers registered in 2016
 Syrians, Afghans and Iraqis continued to be the top citizenships



Slight decrease during 2016 in the number of newly registered asylum applicants in the EU-28 (1.2 million)
6 application out of 10 are submitted in Germany.
2017. first quarter: decrease!



Country	Number of applicants
Syria	334 638
Afghanistan	182 895
Iraq	128 468
Pakistan	47 395
Nigeria	46 145
Egypt	46 048
Ukraine	21 468
Russia	20 825
Iran	21 815
Other	249 275



http://ec.europa.eu/eurostat/documents/2995521/7921609/3-16032017-BP-EN.pdf/e5fa98bb-5d9d-4297-9168-d07c67d1c8e1

Sea arrivals to Europe, in 2017 by 04, Sept

Refugees and migrants entering and crossing Europe via the Mediterranean and Western Balkans routes

Sea arrivals in 2017

125,989

Last updated 07 Sep 2017

Dead and missing in 2017 (estimate)

2,428

Last updated 07 Sep 2017

Previous years	2016	2015	2014
Sea arrivals	362,753	1,015,078	216,054
Dead and missing	5,096	3,771	3,538

Demography of Mediterranean sea arrivals from January 2017

Men Women Children

Refugees and migrants (left) reach the Italian coast from Libya and cross the sea to Sicily. The image shows the arrival of 170 migrants from Libya, including 100 women and 70 children, who were rescued by the Italian coast guard. The image was taken on 04 Sep 2017. The image shows the arrival of 170 migrants from Libya, including 100 women and 70 children, who were rescued by the Italian coast guard. The image was taken on 04 Sep 2017. The image shows the arrival of 170 migrants from Libya, including 100 women and 70 children, who were rescued by the Italian coast guard. The image was taken on 04 Sep 2017.

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Picture and data from: <https://data2.unhcr.org/en/documents/download/58838>

Situation in Hungary

- 2007. Join to Schengen Area
- Dublin Regulations
- Since 2013 dramatic increase

In 2015 more than 300 thousand migrants crossed Hungary, out of those:

177.135 registered asylum seekers!
86% arrived outside Europe: 36% Syrian, 26% Afgani, 8.5% Pakistani, 5.2% from Iraq. 14% were European, economic migrants from Kosovo.

In 2016, 29.432 registered asylum seekers, 98% from outside Europe: 37% Afgani, 16% Syrian, 14% Pakistani, 11% Iraqi

2017, first half: 1979 asylum application (they have to wait for decision in transitzone) (40% Afgani, 22% Iraqi, 16% Syrian)

Nr. of asylum seekers in Hungary (2010-2016)

HUNGARY, 2015-2017

Transit zones along Hungarian Schengen Border next to Serbia, 2016-2017

http://www.bmbah.hu/jomla/index.php?option=com_k2&view=item&id=1060:kepek-a-tranzitzonakbol&Itemid=1227&lang=hu



QUESTIONS

Arising questions:

- ...how do we know these migration data?
- ...are they correct/reliable/valid or only estimations?
- ...why is it important to collect these data?
- ...what do these terms refer to?

How do we understand these data: 177.315 asylum applications in Hungary in 2015...How is it interrelated to the number of refugees in Hungary in 2015?

WHO IS MIGRANT?

First important step:
to define the population
we are talking about...



Types of migration (very simplified classification)



Legal migration: documented migration

- obtain legal residence qualifying documents (ie. visa, passport, etc.)
- family reunification, contemporary, migrant workforce, exchange students, fellowship programs, etc.

Illegal/irregular = undocumented migration

- try to enter the country without permissions, legal documentation, passports, ID card, health insurance, immunization cards (ie. by trafficking, through green borders, etc.)



Some key terms in asylum affairs....



Asylum seeker: the irregular migrant following the submission of his/her application for asylum to the national Immigration and Asylum Office.

... **Refugee** is the foreigner, who...
...owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his/her origin and is unable or, owing to such fear, unwilling to avail himself/herself of the protection of that country.
Geneva Convention (1951)

Asylum provides legal grounds for staying in the territory of Hungary and simultaneous protection against refoulement, expulsion and extradition.

Recognition of asylum granted by Hungarian authorities*:

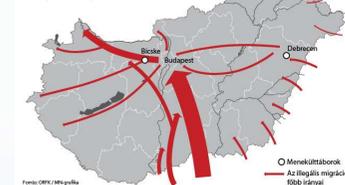
1. refugee (menekült)
2. beneficiary of subsidiary (oltalmazott)
3. temporary protection (menedékes)

*2007. évi LXXXV tv. A menedékjogról



In this meaning, in Hungary in 2015...

Illegal migration routes



There were...

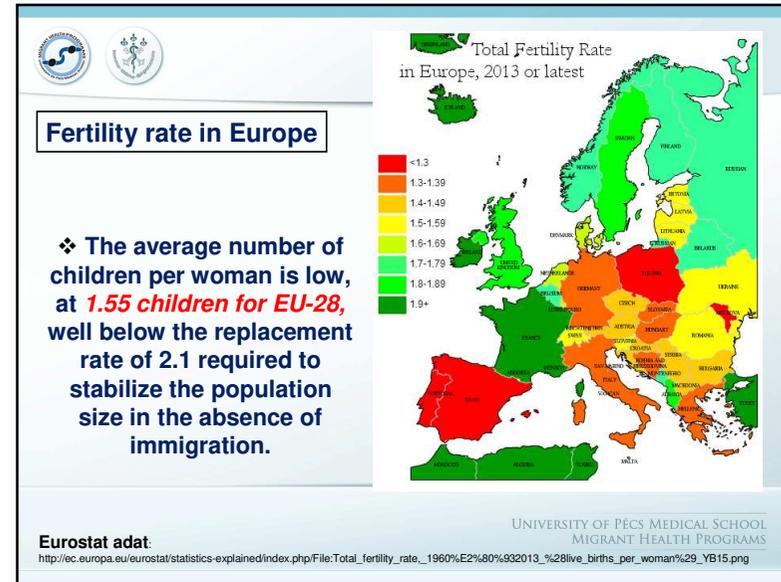
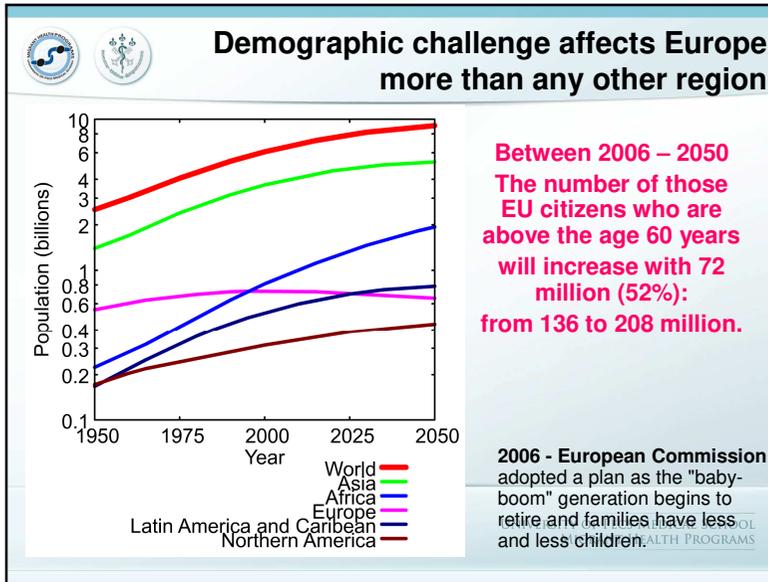
- appr.: 300.000 arriving
irregular migrants

→ it is an estimation!

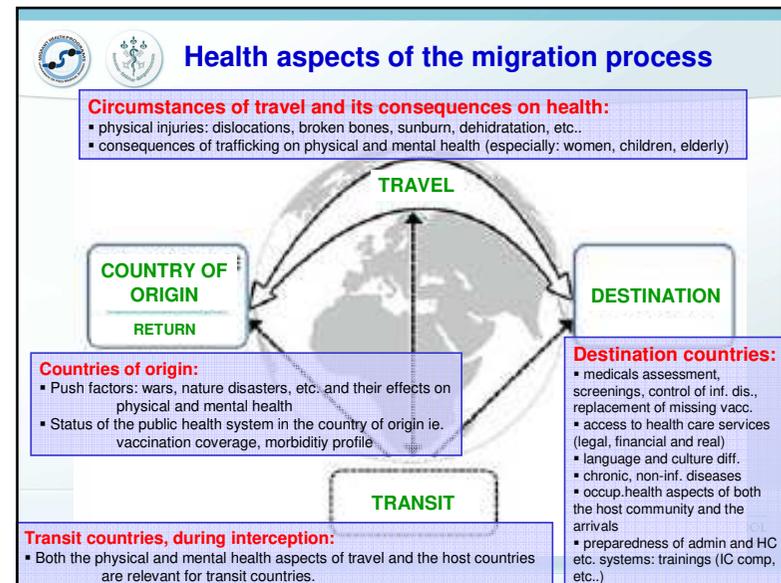
-out of those there were: 177.315 asylum applicants
→ it is a correct number, registered by immigration
authorities (majority left the country!)

- not necessarily out of these applications, but in 2015
there were 508 decisions on accepted applications:
→ 508 newly registered refugees

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Public health aspects of irregular migration



COUNTRY OF ORIGIN HEALTHCARE ASPECTS



- Push-factors, definition of „refugee“ (ENSZ, 1951): owing to fear of being persecuted for reasons of race, religion, ethnicity, etc....
- countries affected by civil wars, natural disasters and/or developing countries: **public health system** not exist or dysfunctional: lack of doctors, medications, clear water and food supply, common: war injuries, persecutions, etc.
- **IMPORTANT**
 - Vaccination coverage of countries of origin, unknown immunization status!
 - Differences in morbidity profile: in the prevalence of infectious diseases
 - Cultural and religious differences: regulations, value of health, health behaviours, etc.



Country profiles of the 12 most common sending countries

WHO assignment, 2015



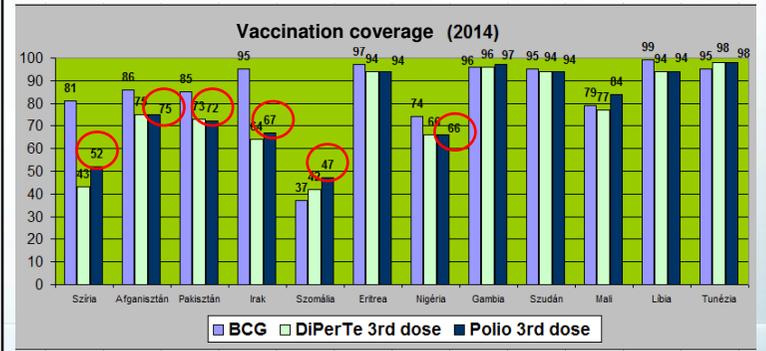
1. Syria
2. Afghanistan
3. Pakistan
4. Iraq
5. Somali
6. Eritrea
7. Nigeria
8. Gambia
9. Sudan
10. Mali
11. Libya
12. Tunisia

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IMMUNIZATION COVERAGE OF CERTAIN VACCINATIONS

Data collection from existing (reliable?) data sources

BCG, DiPerTe, Polio immunisation



Country	BCG	DiPerTe 3rd dose	Polio 3rd dose
Szíria	81	43	52
Afganisztán	86	75	75
Pakisztán	95	73	72
Irak	95	67	67
Szomália	37	42	47
Eritrea	97	94	94
Nigéria	74	66	66
Gambia	96	97	97
Szudán	95	94	94
Mali	79	77	84
Libia	99	94	94
Tunézia	95	98	98

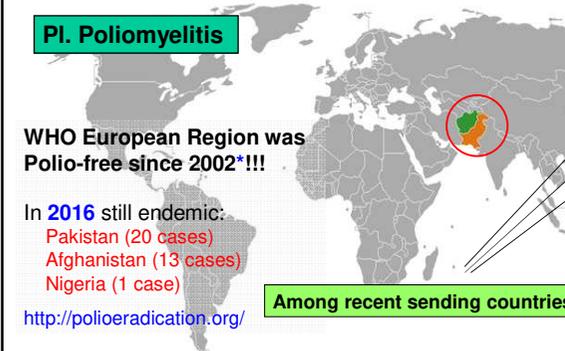
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WHO UNICEF review of national immunization coverage, 1980-2014
http://apps.who.int/immunization_monitoring/globalsummary/wucountrylist.html

Why is it important?

Risk: re-emerge of Vaccine Preventable Diseases (VPDs)
(ie. diphteria, pertussis, morbilli, poliomyelitis)

PI. Poliomyelitis



WHO European Region was Polio-free since 2002*!!!

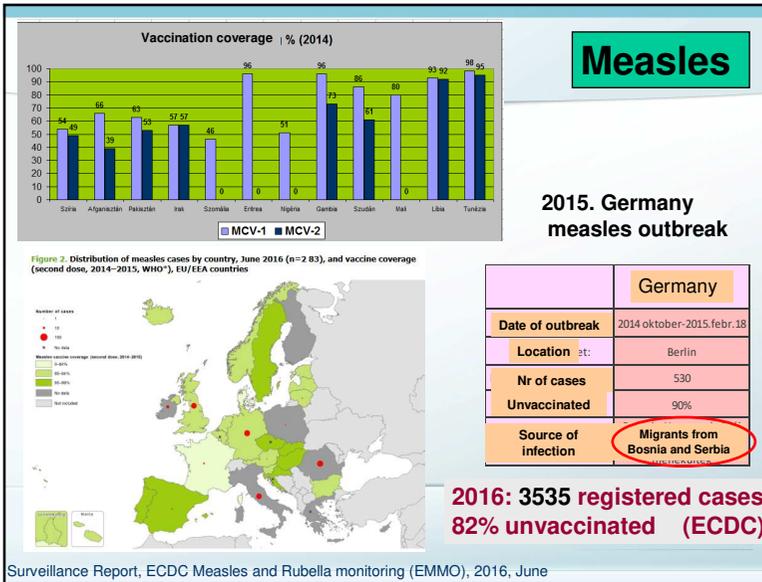
In 2016 still endemic:
Pakistan (20 cases)
Afghanistan (13 cases)
Nigeria (1 case)

<http://polioeradication.org/>

Among recent sending countries!

Country	Polio (nr of confirmed cases) (2014)
Szíria	1
Afganisztán	28
Pakisztán	306
Irak	2
Szomália	5
Eritrea	0
Nigéria	6
Gambia	0
Szudán	0
Mali	0
Libia	0
Tunézia	0

*2 cases were detected in Ukraine in 2015!: cVDPV-k



PREVALENCE OF CERTAIN INFECTIOUS DISEASES

Data collection from existing (reliable?) data sources

Communicable and infectious diseases							
	Cholera (nr of reported cases, year)	Meningitis (nr of suspected, reported cases)	All forms of tuberculosis (notification rate / 100.000)	HIV (nr of newly reported cases)	Malaria (incidence rate/1000)	Malaria (total nr of cases)	Polio (nr of confirmed cases) (2014)
Szria	689 (1979)	No data	17	37	no data	22	1
Afganisztán	3957 (2013)	No data	189	162	1.8	319.742	28
Pakisztán	1069 (2013)	No data	164	5	no data	3.472.727	306
Irak	1 (2013)	No data	25	21	0.0	8	2
Szomália	6864 (2013)	No data	285	72	no data	59709	5
Eritrea	1 (2008)	No data	92	<500	no data	21317	0
Nigéria	6600 (2013)	1175	338	230.000 (estim)	no data	no data	6
Gambia	1 (2008)	214	173	1.400 (estim)	no data	240.792	0
Szudán	13681 (2009)	207	108	353	no data	989.946	0
Mali	23 (2013)	327	60	12.000 (estim)	no data	1.367.218	0
Libia	22 (1995)	No data	40	802	no data	88	0
Tunézia	656 (1973)	No data	32	73	no data	68	0

Lack of available prevalence/ incidence data, lack of updated databases

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Regional Health Observatory Data Repository – 2013, <http://rho.emro.who.int/rhodata/node.main>

Further (less significant) health risks based on the different morbidity profile of countries of origin

- The prevalence of certain 'indicator' disease (tbc, AIDS etc.) may be multiply higher in the country of origin than in the host country
- Certain diseases are **not typical for the host countries**
 - difficulties (technically and professionally) in diagnosing and treating such unknown diseases (eg. malaria, Dengue-fever etc.).
- Some diseases may show **different signs and symptoms**
 - difficulties in diagnosing (eg. *Varicella in black people*)

Global TB incidence

World Distribution of Dengue - 2005

The migration-related health hazards are confirmed by the fights against the outbreaks (eg. Morbilli (measles), pertussis, cholera etc.) occurring in reception centres... due to under-immunization!!!

HEALTH CONSEQUENCES OF TRAVEL CIRCUMSTANCES ...on physical and mental health

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES ARRIVAL

In what health status do these people arrive to transit/host countries?

- partly different tasks of crisis situation (ie. 2015) and non-crisis situation (before 2015):
 - **In crisis:** providing care for „mass”, on-site, urgent care
 - **In non-crisis situation:** providing care as needed, conducting the necessary medical assessment

Most common conditions among arrivals:

- fever, sunstroke, dehydration, exhaustion, fatigue-fever
- infections with **diarrhea and vomiting**
- upper and lower **respiratory infections** (esp. after autumn)
- in females, pregnant women: **urogenital infections** (due to the lack of hygiene)
- **injuries** acquired during bandering (wounds, ulcers, strains, fractures, etc..)
- in children: conjunctivitis, nappy-dermatitis, small, itchy rashes (miliaria)
- **insect-bites**, skin and hair parasites: **lice and scabies**
- anxiety, depression, PTSD and other **psychological problems** (trauma, torture)
- in adults, elderly: musculoskeletal disorders, diabetes, hypertension, tumors
- in all age-groups: **signs of torture and war**

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES

Medical screening pre-requisite for recognition in Hungary

„Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are **obliged...** to subject him/herself **to health tests and medical treatment ...** and **to the replacement of any missing vaccinations** prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease”

Asylum seekers' health screening in Hungary:

- **ectoparasite screening:** for lice and scabies
- **blood test:** HIV1/HIV2, luesz, hepatitis-B, C screening
- **feces test (stool sample):** typhi/paratyphi
- **chest screening**

Lack of EU-wide screening protocol!!!

Problems:

- lack of health care professionals, HRC → 2-3 weeks delay
- lack of patients' cooperation, „leaving”, discontinue treatment
- problems due to linguistic, cultural religious differences
- lack of uniform (EU/national) regulations (screening protocol)
- lack of documentation (useless, repeated examinations)
- lack of knowledge (HCW): ie. entitlements to services

2007. évi LXXX. Törvény a menekültjogról, 301/2007. Korm. Rend. a menekültjogról szóló 2007. évi LXXX. tv végrehajtásáról

Screening examinations performed at the largest Refugee Reception Centre in Hungary

Effectivity of medical screenings: completed blood tests

Year	arrivals	completed blood tests
2007	821	621
2008	1884	300
2009	2856	297
2010	1370	305
2011	894	277
2012	1176	281
2013	9324	949
2014	11327	706

Chest screening, faeces sample max 1-2 %

5% and 1.6% of the tested blood-sampled were positive for HepatitisB or HepatitisC, it is multiply higher then the HepB and C positivity of the majority population.

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES
Asylum seekers' access to Hungarian health services

Health care services free of charge:

- **basic medical care:** family-doctor service (GP/pediatrician)
- **age-specific compulsory vaccination**
- **outpatient and inpatient examination and care in emergency situations** (including medical treatment, medication, bandage, surgical operation)
 - examinations, medical treatment and medical supplies necessary **until the recovery** from the illness or the **stabilisation of the health conditions** following the outpatient or inpatient medical care
- **ambulance service**, if the patient's health conditions exclude any other forms of transportation
- **emergency dental care** and tooth preservation treatment
- **pregnancy and obstetric care** and in specific cases surgical operations directed at abortion
- persons eligible for benefits under the "public health care card system" may order medicine, medical supplies and bandages for free or with 90% or 100% social security subsidy

Those under protection (as refugee, or under temporary protection) may have access to the above detailed free medical services for 6 months after recognition (without insurance)

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES
Asylum seekers' access to Hungarian health services

Crisis in 2015: irregular migrants' access to health services (who not registered)

Az elismerési eljárás megindítása iránti kérelem benyújtása előtti egészségügyi ellátásra való jogosultság

Az egészségügyről szóló 1997. évi CLIV. törvény rendelkezései alapján, Magyarország területén tartózkodó valamennyi személy részére igénybevétele alapjául szolgáló jogviszony előzetes igazolása nélkül biztosítani kell

- a járványügyi ellátások közül **compulsory vaccines** a külföldre történő kiutazás miatt szükséges védőoltást), a járványügyi ellenőrzés szűrővizsgálatot, a kötelező orvosi vizsgálatot, a járványügyi elkülönítést, a fertőző betegek szállítását;
- **Rescue** amennyiben az adott személyi sérüléssel járó baleset, tömeges baleset, egészségügyi válsághelyzet, életveszély, vagy annak gyanúja, heveny vagy riasztó tünetekkel járó esetek, szülészeti esemény, ha az erős fájdalom vagy egyéb súlyos heveny tünet csillapítása, heveny tudatzavar, veszélyeztető állapot vagy annak gyanúja miatt azonnali ellátásra szorul;
- **Emergency care** n a külön jogszabályban meghatározott ellátásokat.

2015. 07.21. <http://www.migrationaid.net/files/oe-p-allasfoglalas.pdf>



COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES
VACCINATION

„Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are **obliged...** to subject him/herself to health tests and medical treatment ... and **to the replacement of any missing vaccinations** prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease”

- **vaccination of children of foreign nationality**
 - ❖ Children of foreign nationality **staying in Hungary for more than 3 months** shall receive the outstanding, age-appropriate vaccination as it is prescribed by the Hungarian vaccination schedule.
 - ❖ The pediatrician initiating the vaccination of the child records the 3-months residence time thereby he examines the child at least 2 times within a year and between the two visits, at least, 2 months shall be omitted.
- **vaccination status of adults in unknown, they have no documentation**
- **no common EU policy exists regarding vaccination**

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 Source: *Epinio*, 19 (1) – National Centre for Epidemiology, Source of the picture: *unicef.hu*

Psycho-social care: PTSD, anxiety, depression, etc.

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES

Age-assessment: task of the forensic medicine specialist:

- importance: different regulation/access for those above 18 years
- no exact protocol exists: complex examination: dentistry, carpal bones, sexual maturation (not really recommended), psychological maturation

Age assessment is strongly needed for (these) 'child' migrants!!!



Computer analysis of photographs of the 'child migrants' who arrived in London from the Jungle camp suggests many could be in their 20s and 30s.

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 Source: *Epinio*, 19 (1) – National Centre for Epidemiology, Source of the picture: *unicef.hu*

Authorities' difficulties in data collection: identification, multiply registration, age-assessment



Passports for Syrians (التوربين)
Retail and Consumer Merchandise





Syrian passports for sale on Facebook.



Difficulties is registering and in identification...

- Lack of passports, visa, ID cards
- False documents, multiply ID cards
- Invalid data: nationality, country of origin, age (under/above 18)
- Multiply registration as first EU country (Dublin agreements)
EURODAC system → identification by fingerprints
SIS= Schengen Information System
NO LINKAGE TO HEALTH DATA!!!
- Lack of cooperation: fear of detention, criminalisation, expulsion

COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES

Two approaches from occupational-health point of view:

1. Occupational health aspects of those working with arriving migrants
2. Occupational health aspects of the arriving migrants, questions in relation to their employment and integration

Occupational health aspects 1.:

- Occupational health and preparedness of employees working with newly arrived irregular migrants and asylum seekers: ie. border police & police staff, SWs, HCWs, administrative workers at immigration offices, volunteer workers at reception centres, etc.




COMMON HEALTH ASPECTS OF TRANSIT AND DEPARTURE COUNTRIES Occupational health 1.

Original article
Perception of Occupational Risks and Practices of Self-protection from Infectious Diseases Among Workers in Contact with International Migrants at Hungary's Border

Istvan Szilard¹, Zoltan Katz¹, Karoly Berenyi², Peter Csepregi³, Andras Huszar⁴, Arpad Barath⁴ and Erika Marek⁴

¹Department of Operational Medicine, Medical School, University of Pecs, Hungary
²Department of Public Health, Medical School, University of Pecs, Hungary
³National University of Public Service, Hungary
⁴Department of Community and Social Studies, Faculty of Humanities, University of Pecs, Hungary

- 2013. questionnaire survey
- 70 participants: HCWs and police staff
- 10 sites: BCPs, RCs, ADCs (border crossing points, reception centres, asylum detention centres)

- increased risk for physical and mental occupational health hazards (direct contact with blood and other discharge, being eye-witness of traumatic events, daily physical and verbal violence)
- significant lack in employees' health awareness and risk perception (signs, transmission and prevention of infectious diseases, etc.)
- deficiencies in proper application of preventive measures (rubber gloves, etc.)
- deficiencies in their professional training program (no health TP at all)



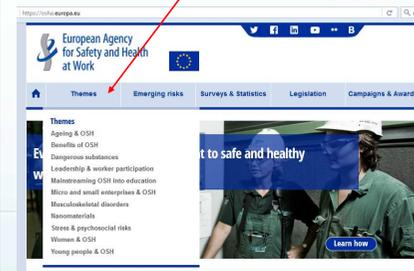
This research was realized in the frames of TAMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program” The project was subsidized by the European Union and co-financed by the European Social Fund.”

HEALTH ASPECTS OF DEPARTURE COUNTRIES INTEGRATION: Occupational health 2.

Two approaches from occupational-health point of view:

1. Occupational health aspects of those working with arriving migrants
2. Occupational health aspects of the arriving migrants, questions in relation to their employment and integration

The question of the health of **migrant workforce** is still not on their agenda!



Problems (by literature):

- increased occupational health risks,
- more common workplace accidents,
- not tailored entry-on examinations
- worse working conditions,
- issues of legality, insurance
- '3D jobs'

↓

Difficult
Dirty
Demanding



Occupational health Agency of EU: www.osha.europa.eu



TRAINING PROGRAMS FOR A MIGRANT-SENSITIVE HEALTH CARE SYSTEM

Migration-health contents in training activities of UP-MS Department of Operational Medicine, Migrant and Ethnic Minority Health Programs:

- **Gradual training for medical students:**
 - Compulsory courses: Family Medicine, Occupational Health seminar 1-1 class
 - Elective courses: ie. Medical aspects of humanitarian assistance, Travel Medicine, Health care in the EU, + Roma Health for medical students
- **postgradual training programs:**
 - PhD kurzus: „Health challenges of international migration” (since 2016)
 - OFTEX postgraduate training for medical doctors (since 2017)
- **NEW: „Specialist in Migrant Health” Postgraduate Training Program: 2018!**

2014-15. Health educational program for asylum-seekers
→ aiming to improve access to health care for asylum seekers, and to prevent infectious diseases in migrant communities

Tasks as **WHO Collaborating Center** (hopefully from 2018):
→ main responsibility: **centre for migration-health training**



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Importance of dealing with migrants' health is clearly reflected in latest WHO and ECDC recommendations

ECDC: Evidence-based guidance for the prevention of infectious diseases among newly arrived migrants in the EU/EEA, Stockholm, 05-06 Oct 2016
http://ecdc.europa.eu/en/press/events/_layouts/forms/Event_DispForm.aspx?ID=341&List=a8926334-8425-4aae-b66a-7016919d563c&Source=http://ecdc.europa.eu/en/healthtopics/migrant-health/Pages/Events.aspx

ECDC: Expert Opinion on the public health needs of irregular migrants, refugees or asylum seekers across the EU's southern and south-eastern borders
<http://ecdc.europa.eu/en/publications/Publications/Expert-opinion-irregular-migrants-public-health-needs-Sept-2015.pdf>

ECDC: Infectious diseases of specific relevance to newly-arrived migrants in the EU/EEA
<http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.pdf>

WHO ROE: Stepping up action on refugee and migrant health. Outcome document of the High-level meeting on Refugee and Migrant Health, 23-24 Nov, 2015, Rome
http://www.euro.who.int/_data/assets/pdf_file/0008/298196/Stepping-up-action-on-refugee-migrant-health.pdf?ua=1

WHO ROE: Strategy and action plan for refugee and migrant health in the WHO European Region. 66th Session. 12-15, Sept. 2016, Copenhagen
http://www.sh-capac.org/pluginfile.php/1573/mod_folder/content/0/WHOEurope_MigrantHealthStrategyActionPlan_Sep2016.pdf?forcedownload=1

WHO ROE - University of Pécs: Public Health Aspects for Migration in Europe (PHAME) Newsletter
<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/phame-newsletter>




www.mighealth-unipecs.hu

UP MS MIGRANT HEALTH PROGRAMS

UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

Introducing University of Pécs Migrant Health Programs

The University of Pécs is the largest higher educational institution in Hungary with around 35,000 students at ten faculties (including more than 1000 foreign students at the Medical School alone). The Medical School is not only a site of students of various fields of health sciences but also an outstanding centre for regional health care provision, training and research. The mission is to bring the gap between scientific research and everyday practice by training of highly-qualified professionals. That is reflected by the more than 50 accredited Ph.D. programs of the Medical School alone.

As a new Initiative, University of Pécs Medical School is taking migration health as a new challenging field of health sciences with growing importance in both training and research. Migration is a recurring issue nowadays due to the growing number of immigrants in the EU. The estimated number of migrants in the EU grows from 10 million in the 2012 to the 2020, and the population flow is about 1 million yearly. The problem is multidisciplinary, migration health care and

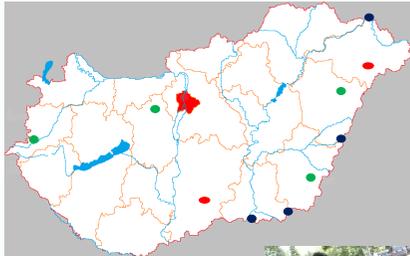
Investigations towards migration-related public health hazards at Chair of Migration Health, Department of Operational Medicine, UP-MS:

- **2007-2010. PHBLM project**
 - More than 60 border-crossing points,
 - Appr. 2200 border police workers
 - Hungary, Slovakia, Poland
- **2013. control and complementary investigations*** at certain Hungarian Schengen border crossing points, detention centers, reception centers (data collection is still ongoing)
- **2014. Improving the access to health care of migrant communities living in Hungarian reception centers**



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Visited sites (2013-2017)



Border crossing points

- Záhony (Ukr.)
- Ártánd (Rom.)
- Nagylak (Rom.)
- Szeged / Röszke (Serbia)

Detention centers

- Budapest Airport
- Nyírbátor
- Kiskunhalas

Reception centers

- Debrecen
- Békéscsaba
- Bicske
- Körmend






Research activities 2. (postdoctor)

2013.

„Assessment of public health hazards in Hungarian reception centers and Schengen Border Crossing Points”*

- „National Excellence Program”, Anyos Jedlik Scholarship Prize awarded by Office of Public Administration and Justice (OPAJ)

This research included:

- retrospectiv investigation and analysis of the **health documentation** concerning the time interval after the connection of Hungary (2007) to Schengen-zone (still ongoing)
- inspection of the **infrastructure** particularly from hygienic point of view;
- anonym questionnaire survey with both health care staff and border police staff to investigate into their awareness about their increased **occupational-health risks** (physical and mental)
- **focus-group discussions** with representatives of migrant communities in refugee centres about their access to health care

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National Excellence Program, 2013

„Assessment of public health hazards in Hungarian reception centers and Schengen Border Crossing Points”

1. Site visits and health data collection (medical screenings) at RCs, Detention Centres and BCPs








MEDICAL SCHOOL HEALTH PROGRAMS

National Excellence Program, 2013

Assessment of public health hazards in Hungarian reception centers and Schengen Border Crossing Points

2. Focus-group discussion with migrants living in Refugee Reception Centres about their access to healthcare in Hungary

3. Occupational-health risk assessment (questionnaire survey) with border police AND healthcare staff (working with migrants)





UNIVERSITY OF PECS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS



As reported, since their arrival to Hungary no one asked them about their previous vaccinations, they did not take part at screenings neither received real medical examinations, check-ups...



Furthermore, they even did not receive any **information** about their rights of their access to health care services...

*„This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program” The project was subsidized by the European Union and co-financed by the European Social Fund.”

National Excellence Program, 2014-15 Research activities 3. (postdoctor)

2014-15.

„Improving irregular migrants' access to the health care in Hungary” *

- within the frame of „National Excellence Program”, New Central Europe Excellent Researcher Scholarship Prize awarded by OPAJ

This research included:

- the development and testing of a brief, health-focused training-program for irregular migrants about their rights to health care services, disease prevention, practical issues (health system in Hungary)



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„Improving irregular migrants' access to the health care in Hungary”

THE PROGRAM

- in August, 2014 - Spring, 2015
- four health promotional lectures
- in the largest Hungarian reception center, Debrecen
- lectures were provided in Hungarian (3) and in English (1)
- interpreted to Pharsi, Arabian, Albanian, Somali and French
- altogether **106 asylum-seekers** participated from **19 countries**:
 - Afganistan (33%)
 - Kosovo (17%)
 - Syria (7%), Iran & Serbia (5-5%)
 - Less than 5%: Palestina, Iraq, Somalia, Sudan, Pakistan, Sierra Leone, Mauritania, Armenia, Gambia, Libya, Ivory Coast, Nigeria, Senegal (+ 1 stateless man)
- **75.5%** completed our self-administered anonymous questionnaire
→ altogether 80 people

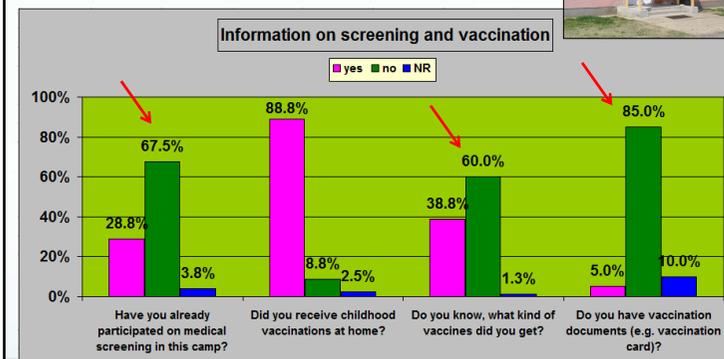


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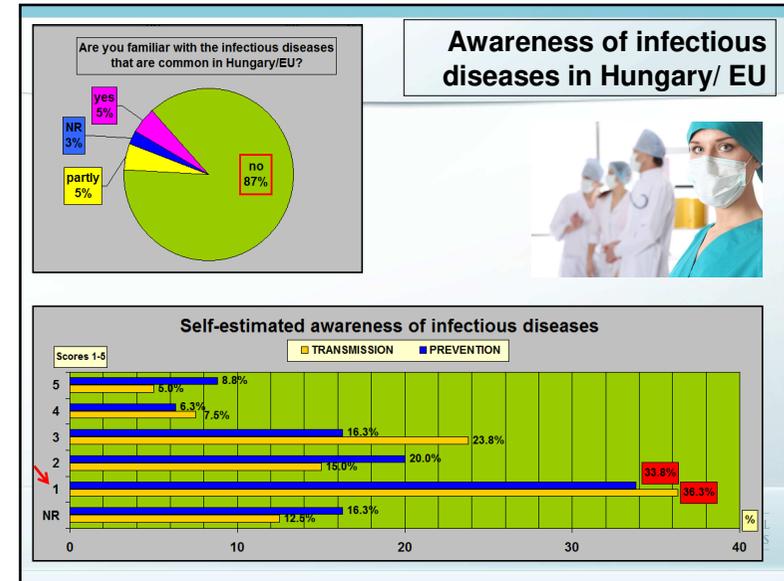
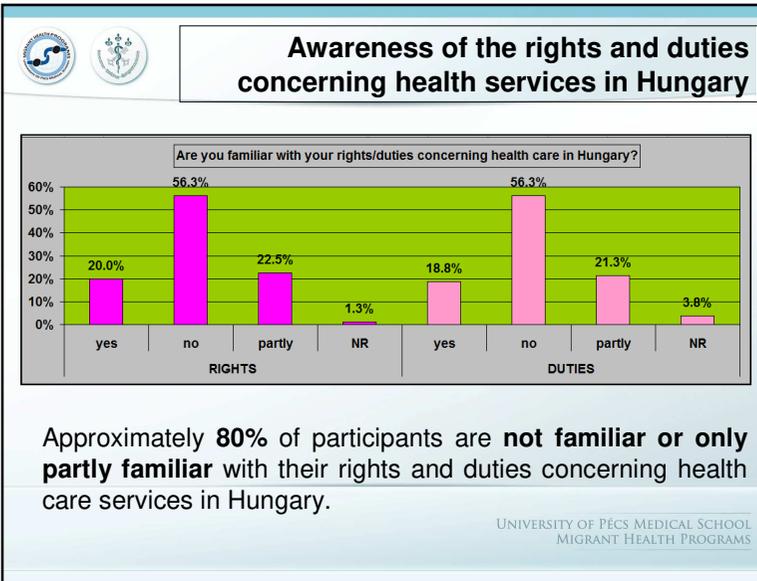
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Screening & vaccination



UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS



The educational program Part 1.

Health care assistance for asylum seekers and refugees and other protected people in Hungary
Dr. Zsolt Kovács
University of Pécs Medical School
Migrant Health Programs
OIN, Reception Centre
Debrecen, 14-15, August, 2014.

The Fundamental Law of Hungary declares that in Hungary...
..... every person shall have the right to physical and mental health."

Constitutional Law of Hungary (XXI. cikk) (2012. évi XLV. törvény)

Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are...
- to subject him/herself...
- to health tests
- medical treatment
- prescribed as mandatory by law or required by the relevant health authority and
- to the replacement of any missing vaccinations
- prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease;

Health screening is a part of the admission procedure to the reception centre...
What is happening during this screening?
- ectoparasite screening for scabies and lice
- blood-test
- to control HIV1/HIV2 infection (AIDS)
- hair screening (trichology)
- Hepatitis-B, C (hepatitis infectious inflammation of the liver)
- from feces: bacteriological screening for typhoparasitosis
- chest screening (X-ray), to control TB
- performed in Debrecen in an outpatient clinic
-> you get the referral here to the camp, but you should travel to Debrecen individually!

Health care in the reception centre
Basic medical care is provided in the camp!
- Family doctor (GP) (see also internet, or weekdays: 9-10 AM)
- Nurse service (nurses) (see also internet, weekdays: 8 AM - 4 PM)
- Medication in hospital (see also internet, weekdays: 8 AM - 4 PM)
- Family visitor nurse (care for pregnant women and newborn babies) on weekdays (see also internet) between 8 AM - 4 PM and holidays between 2 - 4 PM
The GP and paediatrician provides primary care for those living in the camp, and if necessary, they prescribe medication and may give referrals for secondary care (dentist and inpatient treatment).
Nurses may give only over-the-counter (OTC) medications, e.g. painkillers.
Pharmacy:
- First-aid service is available (24/24)
- colleagues of Corvina Foundation provide psychosocial help once a week

Health care services free of charge!
Health care services free of charge:
- The refugee or protected person is considered eligible for the provisions and supports, if their monthly per capita income does not exceed the smallest amount of old-age pension (€ 500, approx. 100 EUR).
> basic medical care: family doctor services (GP/doctorian) (inside and outside the camp)
> age-specific compulsory vaccination
> outpatient care in emergency situations (orthopedics, traumatology, ENT, cardiology, gastroenterology, etc.)
Psychological help:
- Psychological help is available (24/24)
- colleagues of Corvina Foundation provide psychosocial help once a week

UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

The educational program Part 1.

Emergency situations

Emergency situations shall mean... any change in the health condition which would endanger the patient's life or would seriously or permanently deteriorate the patient's health in the absence of immediate care.

In the case of emergency situation specialized health services are provided by the health service provider with regional provisioning obligation (in Debrecen).

When family doctor is not available in the camp, in case of emergency the nurse on duty may call an ambulance!

What does 'emergency situation' include?

- unconsciousness, epileptic episodes, seizures, stroke, stroke sequelae and internal bleeding
- open-fracture
- choking, acute breathing failure, asthma attack, wheezing
- tearful, electric shock, burning, frost-bite, heatstroke
- delivery, miscarriage, acute gynaecological bleeding
- acute abdominal pain, colic (eg. appendicitis, bilious attack)
- acute psychic disorders, psychiatric suicide attempts, infections
- ... etc., etc.

Health care services free of charge

Additional health care services free of charge:

- inpatient examination (and medical treatment, costs of medication and bandage) provided in an emergency situation
- inpatient examination (and medical treatment, surgical operation, costs of medication and bandage) provided in an emergency situation
- examinations, medical treatment and medical supplies necessary until the recovery from the illness or the stabilization of the health condition following the outpatient or inpatient medical care
- ambulance service, if the patient's health conditions exclude any other forms of transportation.

But! Transfer for child screening is not included!

Health care services free of charge

Additional health care services free of charge:

- emergency dental care and tooth preservation treatment
- pregnancy and obstetric care
- and in specific cases surgical operations directed at abortion (if the mother's condition is threatening her life)
- persons eligible for benefits under the "Public health care card system" may obtain medicines, medical supplies and bandages for free or with 95% or 100% social security subsidy.

Obligatory vaccinations in Hungary (Hungary's MDR/2014)

Compulsory vaccinations:

- measles, mumps, rubella, diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Haemophilus influenzae type b, pneumococcal polysaccharide vaccine
- whooping cough
- scarlet fever
- rubella
- measles
- poliomyelitis
- hepatitis B
- Haemophilus influenzae type b
- pneumococcal polysaccharide vaccine

Recommended vaccinations:

- influenza
- hepatitis A
- hepatitis C
- hepatitis E
- hepatitis G
- hepatitis I
- hepatitis J
- hepatitis K
- hepatitis L
- hepatitis M
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- hepatitis IR
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UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

The educational program Part 2.

Prevention of infectious diseases

Prevention of infectious diseases

Infectious diseases

- conditions caused by certain pathogens (e.g. bacteria, viruses) or their toxic products. Pathogens are transmitted to the host organization from an other infected person (or animal) directly or indirectly (e.g. through vectors).

Prevention of infectious diseases:

- by vaccinations
- by screenings
- by using means of personal protective equipments (e.g. masks, rubber gloves etc.)
- by improving health hygiene: personal hygiene, environmental hygiene etc.

Classification of human-to-human infectious diseases by patterns of transmission:

- Food-or water-borne diseases
- airborne, droplet infections
- infections through bloodstream
- sexually transmitted diseases
- by skin-to-skin contact

UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS

The educational program Part 2.

1. Food or water-borne diseases: pathogens, transmission, prevention

Food-or water-borne diseases transmitted through air (food)

Pathogens: Bacteria: Salmonella, E. coli-infection, typhoid-paratyphoid, shigella etc. Viruses: Gastro-Enterovirus-infection, viral-hepatitis B, C, D, etc. Other: worms, protozoa-infections

Of these listed above, practically eradicated in Hungary: typhoid-paratyphoid, cholera, poliovirus (vaccination)

Food-or water-borne diseases transmitted through air (water)

Pathogens: Bacteria: Salmonella, E. coli-infection, typhoid-paratyphoid, shigella etc. Viruses: Gastro-Enterovirus-infection, viral-hepatitis B, C, D, etc. Other: worms, protozoa-infections

Of these listed above, practically eradicated in Hungary: typhoid-paratyphoid, cholera, poliovirus (vaccination)

Food-or water-borne diseases transmitted through air (food)

Prevention: Follow some simple personal, catering and environmental hygiene rules!

- avoided (e.g. in Hungary vaccination against Polio is obligatory)
- avoided through food
- avoided through water
- avoided through air
- avoided through contact
- avoided through insects
- avoided through animals
- avoided through plants
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Health educational leaflets & wall-posters



- 16 key messages concerning **'How to prevent infectious diseases?'**
- translated to 6 languages
- provided in two sizes:
 - A5 for participants (leaflet)
 - A0 for the RC as wall-posters



Lessons learnt 1.

When designing educational interventions for specific populations:

→ **thorough preparational work is essential:**

- **obtaining permissions if needed** (e.g. Office for Immigration and Nationality)
- **need –assessment:** consulting: both target group AND assistance providers
- **collecting preliminary information of the target population** (age, gender, ethnicity/nationality etc.)
- **organizational issues** (data, location, interpreters, invitation cards)
- **submitting materials for translation, preparation for interpretation** especially in the case of professional medical or juridical language
- **considering language, cultural, religious differences** (eg. muslim women)

→ **as for the educational intervention**

- **providing basic but relevant information**
when fewer is more: not too much, not too scientific, but still enough
- **providing practical information** (eg. how to remove a tick?)
- **building up the presentation systematically:** to make it easy to follow
- **repeating and laying a special emphasis on the key messages**
- **making presentation interactive**
→ immediate feed-back, friendly atmosphere

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Lessons learnt 2.

→ **as for the future**

- develop sustainable programs!

Therefore:

- **make the program repeatable:**
try to involve/train local partners: eg. **social workers**, health care workers or even members of the community (try to find the leaders!)
- **ensure the availability of the information/presentation, eg. through internet, multilingual educational websites etc.**
- pilot-test the program on a small group of the target population AND incorporate their feed-backs on the final program
- test, revise and update the information regularly (eg. Acts, Decrees)



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Thank you for your attention!

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