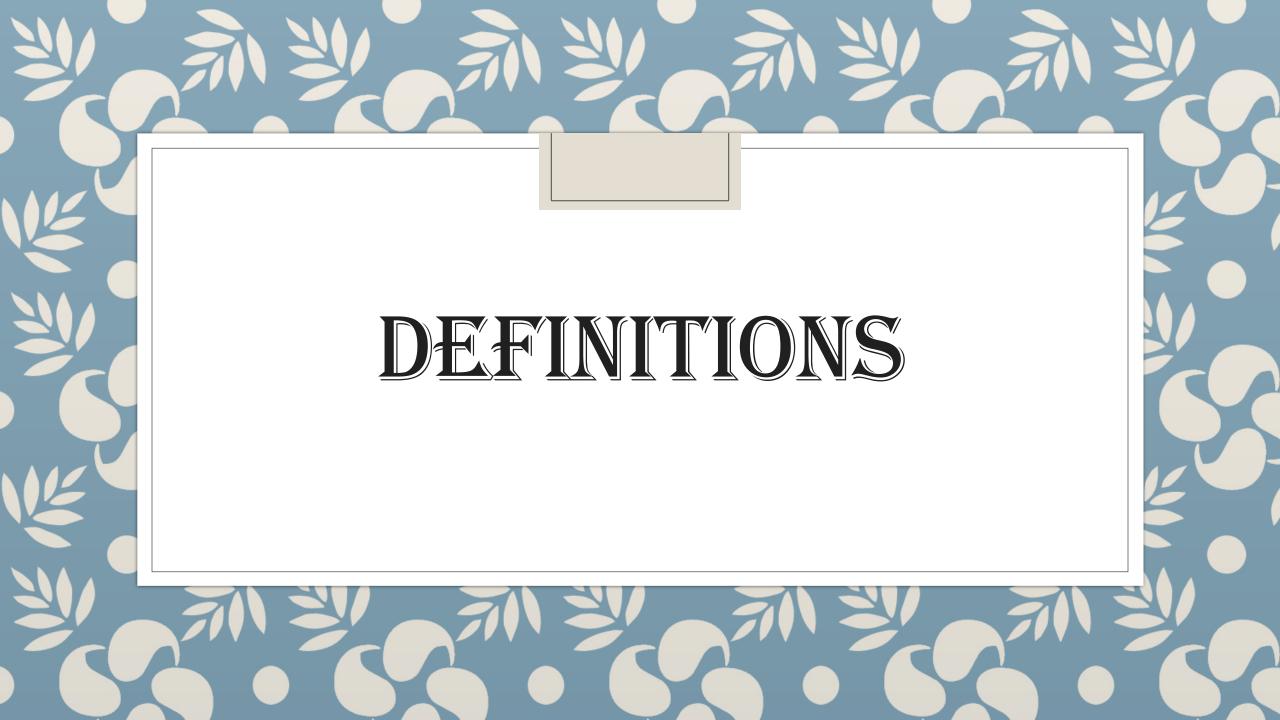


# **AGENDA**

- Introductions
- Definitions
  - Migration globally
  - Migration in Canada
- Migration as determinant of health
  - One example to discuss: detention
- Access to health services for migrants
  - One consideration: does health system financing have an impact?
- Conclusions/considerations

# INTRODUCTIONS

- Who am I? And why am I talking to you about migration?
- Who are we in the room?
- Agreements



# WHO IS & MIGRANT?

• "... a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally-defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students."

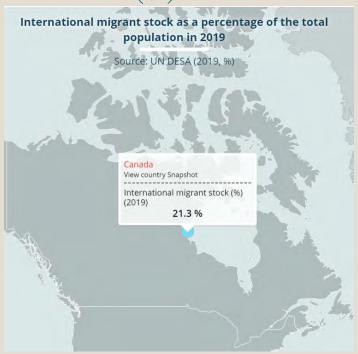
IOM UN Migration
<a href="https://www.iom.int/who-is-a-migrant">https://www.iom.int/who-is-a-migrant</a>
Last accessed 06 October 2019

# WHERE ARE MIGRANTS?

# INTERNATIONAL MIGRANT STOCK (%) RANKING



### INTERNATIONAL MIGRANTS STOCK (%) CANADA

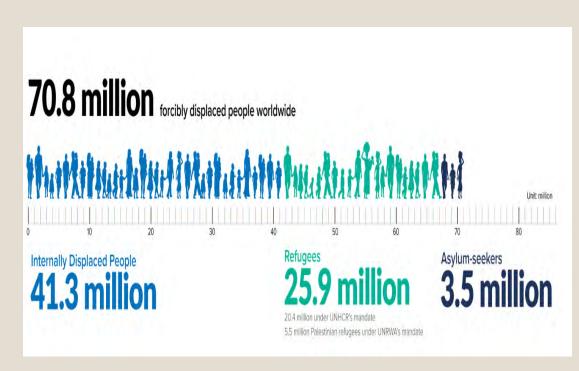


Migration Data Portal

https://migrationdataportal.org/

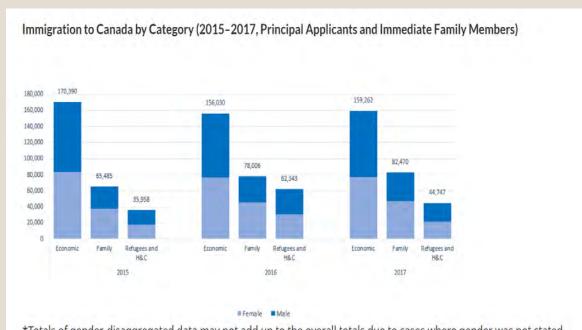
# MIGRANT HEALTH DATA: CHALLENGES

#### GLOBALLY



United Nations High Commission for Refugees https://www.unhcr.org/figures-at-a-glance.html Last accessed 05 October 2019

#### IN CANADA



\*Totals of gender-disaggregated data may not add up to the overall totals due to cases where gender was not stated.

Annual Report to Parliament, Citizenship, Refugees and Immigration Canada. https://www.canada.ca/en/immigration-refugecitizenship/corporate/publications-manuals/annual-report-parliamentimmigration-2018/report.html

# MIGRANT HEALTH DATA: CHALLENGES

Early release, published at www.cmaj.ca on June 28, 2010. Subject to revision.

**CMAJ** 

http://www.cmaj.ca



Canadian Guidelines for Immigrant Health

#### Migration and health in Canada: health in the global village

Brian D. Gushulak BSc MD, Kevin Pottie MD MCISc, Janet Hatcher Roberts MSc, Sara Torres MSW, Marie DesMeules MSc, on behalf of the Canadian Collaboration for Immigrant and Refugee Health

#### ABSTRACT

Background: Immigration has been and remains an important force shaping Canadian demography and identity. Health characteristics associated with the movement of large numbers of people have current and future implications for migrants, health practitioners and health systems. We aimed to identify demographics and health status data for migrant populations in Canada.

Methods: We systematically searched Ovid MEDLINE (1996–2009) and other relevant web-based databases to examine immigrant selection processes, demographic statistics, health status from population studies and health service implications associated with migration to Canada. Studies and data were selected based on relevance, use of recent data and quality.

Results: Currently, immigration represents two-thirds of Canada's population growth, and immigrants make up more than 20% of the nation's population. Both of these metrics are expected to increase. In general, newly arriving immigrants are healthier than the Canadian population, but over time there is a decline in this healthy immigrant effect. Immigrants and children born to new immigrants represent growing cohorts; in some metropolitan regions of Canada, they represent the majority of the patient population. Access to health services and health conditions of some migrant populations differ from patterns among Canadian-born patients, and these disparities have implica-

#### **Key points**

- International migration reduces the effects of distance and results in rapid links between epidemiologic disparities that have implications for preventive care.
- Some migrant populations have health needs that reflect their place of origin and experiences that differ from Canadian-born patients.
- Better appreciation of the nature and source of these disparate health parameters can reduce diagnostic delay and lead to culturally and linguistically appropriate health services.

populations of this size has important implications for health practitioners, health systems<sup>2</sup> and the health of individuals.<sup>3,4</sup>

Health status is associated with quality of life and use of formal and informal health services.<sup>3</sup> Overall, immigrants appear to be healthier than the Canadian-born population, by virtue of being capable, both physically and mentally, of successfully moving themselves, and often their families, from one country to another.<sup>6</sup> However, over time, this healthy immigrant effect is lost.<sup>7</sup>

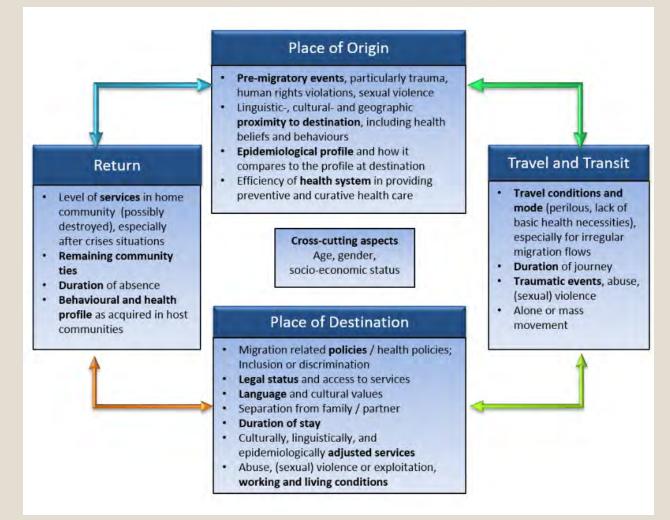
Health status is not equivalent across all subgroups of immigrants. Certain migrant populations experience a higher risk of infectious diseases, cancer, diabetes and heart disease, which has clinical implications for those providing care to migrant communities. The health of migrants is a product of

Gushulak et al., 2011. Migration and health in Canada: health in the global village. *CMAI* 183(12): 952-958

DOI: <a href="https://doi.org/10.1503/cmaj.090287">https://doi.org/10.1503/cmaj.090287</a>

# MIGRATION AS DETERMINANT OF

# MIGRATION AS DETERMINANT OF HEALTH



IOM UN Migration.

https://www.iom.int/socialdeterminants-migrant-health

# MIGRATION DETERMINING HEALTH: ONE EXAMPLE



#### CFPC Position Statement: A call to limit the detention of immigrants

#### May 2019

This position statement was created by the members of the Prison Health Program Committee of the College of Family Physicians of Canada (CFPC). The committee aims to represent the interests of all CFPC members who provide care to incarcerated men, women, and youth and to these individuals families and communities; for these CFPC members this care may be part of a broad-scope family practice or a special interest/focused practice.

#### Background

While the issue of migrant detention dominated the news in 2018 due to developments in the United States. Canada also has a long history of detaining immigrants. In the federal government's fiscal year of 2016–2017 alone Canada detained more than 6,000 migrants, including 162 minors—of whom 11 were unaccompanied.

Migrants may be detained in Canada for not providing identification deemed adequate by immigration authorities, for being at risk of not attending immigration appointments such as those prior to deportation, for being deemed a threat to public safety, or for administrative purposes, such as to complete an admission interview. The vast majority of migrants who are held in immigration detention are not suspected of having committed a serious crime.<sup>2</sup>

The Canadian Border Services Agency (CBSA) is responsible for the detention of migrants. However, more than one-third (38.5 per cent) of individuals detained for immigration purposes in 2016–2017 were held in the prison system rather than in specific CBSA-managed facilities. Detention status is reviewed monthly in administrative hearings, but there is no set time limit for detention; in 2016–2017 in Canada 439 detainees were held for more than 90 days.

Both nationally and abroad, Canada has faced criticism over its immigration detention system. Given the lasting repercussions of the federal government's separation of Indigenous families in the past, an Indigenous organization in Canada has called for a review of Canada's migrant detention practices. Recent unexplained deaths and hunger strikes of detained migrants in custody have galvanized action regarding this situation in Canada. Sec. The Global Detention Project—a not-for-profit human rights organization based in Geneva, Switzerland—has compared Canada's system unfavourably with those of many similar countries, and our country's use of prisons for the detention of migrants is one source of criticism's Furthermore, in contrast with

College of Family Physicians of Canada – Prison Health Committee. May 2019. https://www.cfpc.ca/cfpc-position-

statement-limit-detention-immigrants/

# MIGRATION DETERMINING HEALTH: ONE EXAMPLE

#### Policy alternatives

The CFPC believes the federal government should end indefinite detention of immigrants, and further take steps to limit the use of detention, given the demonstrated adverse health effects of imprisonment and detention. Many European Union countries have set statutory limits to detention; for example, the limit is three months in France and Sweden and six months in Germany. After these periods of detention detainees are to be released, regardless of the respective government's case or concerns.

#### Calls to action

- 1. The CFPC calls for the federal government to limit the use of immigration detention as a practice given the health harms associated with imprisonment and detention.
- 2. The CFPC recommends that Canada immediately end the indefinite detention of migrants. The CFPC suggests that Canada implement a 90-day time limit for immigrant detention, within which the government should resolve any concerns it has about a migrant.
- 3. The CFPC recommends against holding migrants for immigration detention purposes in provincial prison systems.
- 4. The CFPC calls for an end to the shackling of detainees who require care outside of detention facilities. The level of care people in detention receive should be at least equivalent to that afforded to Canadians in general, with special attention paid to their vulnerabilities.

College of Family
Physicians of Canada –
Prison Health Committee.
May 2019.

https://www.cfpc.ca/cfpc-position-statement-limit-detention-immigrants/

# MIGRATION DETERMINING HEALTH: ONE EXAMPLE

# Supreme Court confirms right to challenge unlawful immigration detention through habeas corpus

Canadian Council for Refugees Media release



For immediate release 10 May 2019

#### Supreme Court confirms right to challenge unlawful immigration detention through habeas corpus

The Canadian Council for Refugees welcomes the Supreme Court of Canada's decision in the Chhina case which confirms that immigration detainees may challenge the lawfulness of their detention through habeas corpus.

The Court's decision strengthens protection in Canada of the fundamental right to liberty. Detention often has devastating impacts, even when it is only for a short period, particularly for children, refugee claimants, trafficked persons and individuals suffering from mental health issues.

The CCR was an intervener in this case, arguing that people detained under the immigration legislation do not always receive a fair hearing by an impartial decision-maker. This fact is illustrated by a recent external audit of detention reviews at the Immigration and Refugee Board. The Supreme Court cited the audit and reached a similar conclusion about the gaps in protections available to detainees under immigration legislation.

The CCR was represented in this case by Erica Olmstead, Peter Edelmann and Molly Joeck.

Canadian Council for Refugees. May 2019.

https://ccrweb.ca/en/media/supreme-court-detention-chhina

# ACCESS TO HEALTH SERVICES

# MIGRANT ACCESS TO HEALTH: ONE CONSIDERATION

Model	Financing	Provider	Access	Example
Beveridge	Public	Public	Universal	Scotland
Bismarck	Private	Private	Universal	Germany
Public insurance	Public	Private	Universal	Québec
Out of pocket	Private	Private	Resource- dependent	India

EU Member	Emergency Care	Primary Care	Secondary Care
Austria	Yes, with payment	Yes, with payment	Yes, with payment
Belgium	Yes, free	Yes, free	Yes, free
Germany	Yes, free	Yes, with payment	Yes, with payment
Denmark	Yes, free	Yes, with payment	Yes, with payment, but exceptions possible
Greece	Yes, unclear in law whether for free	Yes, with payment	Yes, with payment
Spain	Yes, free	Yes, with payment	Yes, with payment
Finland	Yes, with payment	Yes, with payment	Yes, with payment
France	Yes, free	Yes, free	Yes, free
Croatia	Yes, with payment	Yes, with payment	Yes, with payment
Ireland	Yes, free	Yes, with payment	Yes, with payment
Italy	Yes, free	Only in some regions, for free	Yes, free
Luxembourg	Yes, with payment	Yes, with payment	Yes, with payment
Malta	Yes, unclear in law whether for free	Unclear in law	Unclear in law
Netherlands	Yes, free	Yes, free	Yes, free
Poland	Yes, free when provided by ambulance teams	Yes, with payment	Yes, with payment
Portugal	Yes, free	Yes, free	Yes, free
Sweden	Yes, with payment, but low fee	Yes, with payment	Yes, with payment
United Kingdom	Yes, free	Yes, free	Yes, free

Fundamental Rights Agency. 2016. «Healthcare entitlements of migrants in an irregular situation in the EU-28 » <a href="https://fra.europa.eu/en/theme/asylum-migrat-borders/healthcare-entitlements">https://fra.europa.eu/en/theme/asylum-migrat-borders/healthcare-entitlements</a> Last accessed 07 October 2019

EU Member	Emergency Care	Primary Care	Secondary Care
Austria	Yes, with payment	Yes, with payment	Yes, with payment
Relgium	Yes, free	Yes, free	Yes, free
Germany	Yes, free	Yes, with payment	Yes, with payment
Denmark	Yes, free	Yes, with payment	Yes, with payment, but exceptions possible
Greece	Yes, unclear in law whether for free	Yes, with payment	Yes, with payment
Spain	Yes, free	Yes, with payment	Yes, with payment
Finland	Yes, with payment	Yes, with payment	Yes, with payment
France	Yes, free	Yes, free	Yes, free
Croatia	Yes, with payment	Yes, with payment	Yes, with payment
Ireland	Yes, free	Yes, with payment	Yes, with payment
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United Kingdom	Yes, free	Yes, free	Yes, free

Fundamental Rights Agency. 2016. «Healthcare entitlements of migrants in an irregular situation in the EU-28 » <a href="https://fra.europa.eu/en/theme/asylum-migrat-borders/healthcare-entitlements">https://fra.europa.eu/en/theme/asylum-migrat-borders/healthcare-entitlements</a> Last accessed 07 October 2019



Photo: Baijayanta Mukhopadhyay. 30 September 2017. Southbank, London, United Kingdom.



À propos Actions Publications Témoignages Engagez-vous







10 000

personnes ont bénéficié des services et activités de Médecins du Monde depuis 2011 40%

des personnes qui viennent à notre Clinique ont accès au système de santé québécois mais ne le savent pas

#### LA SITUATION

Au Canada il n'existe aucune statistique fiable sur le nombre de migrants. Nombreux migrants sont en attente d'un statut depuis plusieurs années et pendant ce temps d'attente ils ne peuvent accéder aux services et aux soutiens gouvernementaux dans plusieurs provinces canadiennes.

Médecins du monde Canada.

https://www.medecinsdumon de.ca/en/clinique-pour-lesmigrants-sans-couverturemedicale-en



عربي ا By Leah Cowan in Tehran, Iran | 24 July 2019 | Español | Français عربي ا

Despite being partially blind since birth, Ali Hashemi works as a garbage collector in a small city near the Iranian capital Tehran to provide for his wife and three children.

While Ali takes his visual impairment in his stride, the significant costs of his medical treatment placed an ongoing strain on the family's limited income. Ali sometimes waived his regular medical care in order to meet other basic needs for his children, such as transport to school and even nutritious food.

"I have to see the doctor regularly for check-ups and to get medication, but this wasn't always possible. My family comes first for me – it will always be my obligation as a father and a husband to provide for them," he explains.

Ali is one of close to one million Afghans and Iraqis who fled insecurity in their own countries and currently live as refugees in Iran.

United Nations High Commission for Refugees. July 2019.

https://www.unhcr.org/news/s tories/2019/7/5/refugees-needmedical-care-iran-health-careprogramme-lifesaver.html

# MIGRANT ACCESS TO HEALTH: ONE CONSIDERATION

# From primary health care to universal health coverage—one step forward and two steps back

Primary health care (PHC), codified at the historic 1978 Alma Ata Conference, was advocated as the means to achieve health for all by the year 2000.¹ The principles of PHC included universal access and equitable coverage; comprehensive care emphasising disease prevention and health promotion; community and individual participation in health policy, planning, and provision; intersectoral action on health determinants; and appropriate technology and cost-effective use of available resources.² These principles were to inform health-care provision at all levels of the health system and the

sector threatens to minimise its role in promoting other health-related SDGs such as food and nutrition (SDG 2), gender equality (SDG 5), and water and sanitation (SDG 6); and, importantly, the reduction of inequality (SDG 10), promotion of environmentally responsible consumption/production patterns (SDG 12), and mitigation of climate change (SDG 4).

Moreover, the term coverage rather than care either suggests a limited scope of care or is being used to suggest enrolment in an insurance scheme. For many LMICs, this has meant operationalising UHC through

Sanders et al., 2019. « From primary health care to universal health coverage – one step forward and two steps back. » <u>Lancet</u> 394(10199): 619-621. DOI: https://doi.org/10.10161S1040-6736(19)31831-8

# CONCLUSIONS - THREE THINGS TO CONSIDER

- o Consider definitions in data carefully who is included, and who is not.
- Consider definitions in policy choices carefully what is included, and what is not.
- Consider the choices host societies make that have an impact on the lives of migrants – those choices can be shifted, for bad or for good!

# REFERENCES/RESOURCES\*

Canadian Council for Refugees
 <a href="http://ccrweb.ca">http://ccrweb.ca</a>

College of Family Physicians of Canada
 <a href="http://www.cfpc.ca">http://www.cfpc.ca</a>

Does Not Cops
 <a href="http://www.doesnotcops.co.uk">http://www.doesnotcops.co.uk</a>

• European Union Agency for Fundamental Rights <a href="https://fra.europa.eu">https://fra.europa.eu</a>

• Immigration, Refugees and Citizenship Canada <a href="https://www.canada.ca/en/immigration-refuge-citizenship">https://www.canada.ca/en/immigration-refuge-citizenship</a>

• IOM – UN Migration <a href="http://iom.int">http://iom.int</a>

Médecins du monde Canada
 <a href="http://medecinsdumonde.ca"><u>http://medecinsdumonde.ca</u></a>

Migration Data Portal
 <a href="https://migrationdataportal.org">https://migrationdataportal.org</a>

People's Health Movement – North America <a href="https://phm-na.org">https://phm-na.org</a>

• United Nations High Commission for Refugees <a href="https://www.unhcr.org">https://www.unhcr.org</a>

<sup>\*</sup>Please use these references/resources with a critical perspective ©

# THANK YOU

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