

Concept mapping using frameworks on refugee and migrant health to understand health risks and healthcare access during the migration journey

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on behalf of Healthcare Professionals for Global Health Special thanks to Drs Aula Abbara, Catherine Baker & Rita Issa











Refugees & Migrants

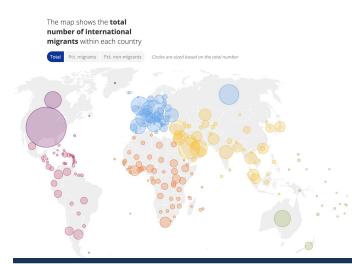
All migrants have the right to the "highest attainable standard of health" according to international law.

All migrants are entitled to equal access to preventive, curative, & palliative health care.

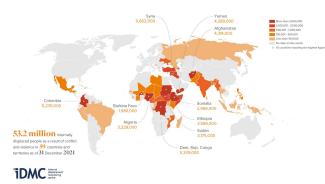
They also have rights to the underlying social, political, economic, and cultural determinants of physical and mental health, such as clean water and air and non-discriminatory treatment.

An opportunity to ensure that international solidarity, unity of intent, and our shared humanity triumphs over nationalist and exclusionary policies, leading to concrete actions to protect the health of migrants.





Total number of IDPs by conflict and violence as of 31 December 2021



Concept mapping





Question & Participants

What are the health risks as well as the barriers and facilitators to healthcare delivery during the migration journey?

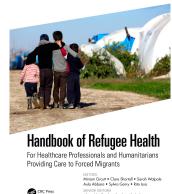




Disciplines & Data

























What & Who?

Scoping

Conceptualising

Deconstructing

Synthesising

Formulating

Validating

Concepts & Categorisation

Leadership/governance Conflicting policy goals between ministries responsible for health, immigration, and human resources

• Legislation is not migrant inclusive

Healthcare financing

- · Eligibility and enrolment in health insurance schemes
- Cross border health and social insurance schemes
- Migrant ability to pay when not enrolled in health insurance schemes

Service delivery

- Language skills or interpreter availability
- · Essential health packages for migrants regardless of documentation status
- Proximity and accessibility of services (eg, mobile units)

Health workforce Professional norms

- Discriminatory treatment and perceived "deservingness"
- Cultural competence of staff treating migrant patients (training)

Information and research

- Data collection systems
- disaggregated by migrant status Availability of databases on migrant health

Medical products and technologies

 Availability of essential medicines and technologies for migrant patients

Migrants' healthcare seeking behaviour

Factors affecting migrant

use of health systems:

barriers and opportunities

- Perceived health needs
- Existing health knowledge and practices including self treatment
- Perceived "deservingness" for services
- Age, gender, culture, education, or language Knowledge, information on health
 - insurance enrolment and accessing care
 - Legal status and possession of documents
 - Fear of arrest or deportation
 - Freedom of movement



What & Who?

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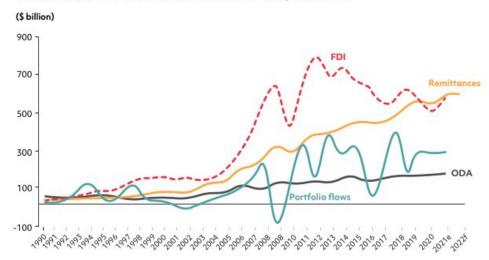
Validating

Deconstructing - Part One: Health Financing



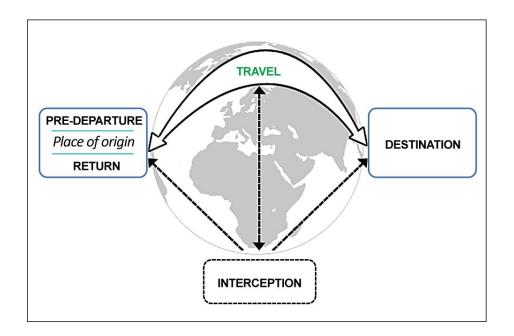


Figure 1.1a Remittances, Foreign Direct Investment, and Official Development Assistance Flows to Low- and Middle-Income Countries, 1990–2022



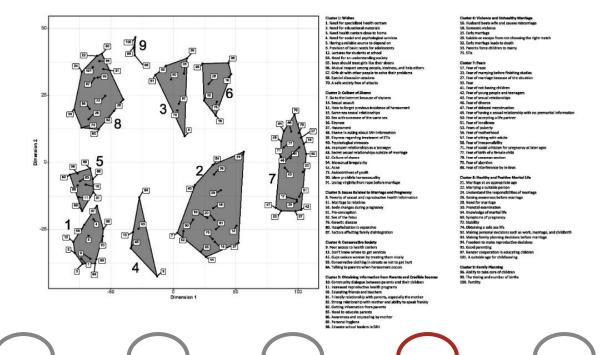


Deconstructing - Part Two: Migrant behaviours





Synthesising & Integrating



What & Who?

Scoping

Conceptualising

Deconstructing

Synthesising

Formulating

Validating

Formulating, Validating, & Re-formulating

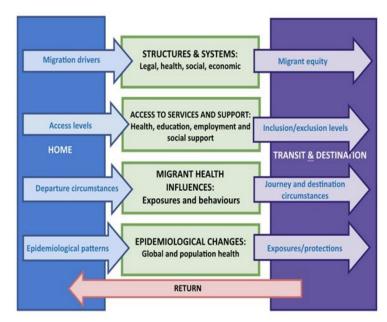


Figure 1. Conceptual framework for influence on migration and health.



How can YOU use concept mapping?

Contextual & Participative

Dynamic & Iterative

Illuminating & Creative



Conclusions

Refugee and migrant healthcare is a significant challenge that is a complex social phenomena involving multiple disciplines.

The health risks as well as the barriers and facilitators to healthcare delivery are highly context-specific.

Concept mapping is a participative process that helps us unpack this problem.

Give it a go!

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