

Back to the Future for Migrants: Growing Challenges of Access

**Geneva Forum
Toward Global Access to Health**

**Manuel Carballo and Anusha Sundaram
International Centre for Migration and Health**

*more people are moving, faster
and further than ever before*

*UN estimates 195
million in 2005*

people on the move

migrants

*internal, irregular cross-border,
refugees, environmentally pushed*

*real figure may be
at least 3 times that*

pestilence of chronic and possibly worsening poverty

growing global demand for labor

growing push

migrants

man-made and natural disasters

growing global culture of wealth

moving with pre-migration health profiles

acquiring newer ones in the host country

**growing resistance to migrants
refugees and asylum seekers**

migrants

modifying again in host countries

presenting new configurations and paradigms in host countries

access is

the ability to use healthcare and other services in a timely fashion so as to achieve good health outcomes...

services must exist

services must be known to exist

access means

services must be psy.soc. accessible

services must be legally accessible

services must be "affordable"

conditionality of access

services for migrants?

epidemiologically targeted?

services must exist

migrants are not seen as a priority



psychosocially/culturally sensitive?

linguistically adapted?

in geneva >50% only knew of the cantonal hospital

60% could not name a hospital

services must be known to exist

limited information out-reach



only 61% knew of UMSCO

only 41% knew of targeted social services

50% felt they were not understood by doctors

34% felt doctors did not like them

services must be equally accessible

perception barriers



35% felt nurses did not understand them

27% felt nurses did not like them

> 95% were not covered by medical insurance

25% did not attempt or how to get it

services must be legally accessible

legal administrative barriers



those that tried had been turned down

all of them were unofficial and hence not there

unofficial migrants are exploited

incomes of CHE 50% as mentioned

services must be "affordable"

income and economic security barriers



no "official" time off to seek care

constant fear of losing whatever work they have

poor family planning

high rate of unintended pregnancies

high rate of abortion

**emerging RH
implications**

late antenatal care

more frequent preg.complications

worse perinatal outcomes

late if any gynecological care

late stage problems

out-of sight and out-of reach

do "we" want migrants?

do "we" believe in public health?

do "we" believe in equity and its benefits?

where next?

develop evidence based public health

if so provide paying insurance coverage

if so develop evidence-based out-reach

if so develop culturally tailored prevention

if so encourage training of related personnel