



2023 APRU Virtual Global Health Case Competition

Bridging Barriers to Care: Reaching Urban Migrant Communities

INTRODUCTION

Thank you for participating in the 8th annual APRU Global Health Case Competition. We hope that you will have a challenging and rewarding educational experience. Please remember that this case represents a complex scenario and that there is no single “right” plan. Your challenge is to develop and justify a strategy to respond to the challenge. We encourage teams to consider a balance of innovative yet realistic, evidence-based solutions. Note that this challenge is hypothetical but many economies around the world are currently considering how to address this problem.

OVERVIEW

In this challenge, teams will help a vulnerable population of informal migrants and/or refugees/asylum-seekers to navigate a local healthcare system in one large city in the Asia-Pacific region. The overall challenge is to build long-term relationships with the target community to encourage them to access free basic healthcare services.

BACKGROUND

International migration is a global phenomenon that is growing in scope, complexity, and impact. (1) The United Nations defines an international migrant as someone who has resided outside of his or her country of birth for at least 12 months. (2) As of 2020, there were an estimated 281 million international migrants worldwide, representing about 3.6% of the world's population. Of these, 164 million were migrant workers, accounting for about 62% of the global stock of international migrants. (3) The majority of the world's international migrants live within their region of origin (about 54.9%). (3)

The number of forcibly displaced people in the world rose to a new high of close to 100 million in 2022; this figure includes people forced to leave their homes due to conflict, violence, or disasters. (4,5) Globally, an estimated 27.1 million refugees and 4.1 million asylum-seekers have fled their countries as of 2021. They were displaced largely due to ongoing conflicts in a few countries, namely Myanmar, Afghanistan, Syria, and the Democratic Republic of the Congo. (3) Refugees are defined as those who have crossed an international border and cannot return home. Asylum-seekers are those who have fled their homes and are seeking international protection under law but whose status has not been definitely determined yet. (5) In addition, internally displaced persons (IDPs) are considered those who have not crossed international borders but who have been forced to leave their homes, generally because of natural and man-made disasters, human rights violations, armed conflict, and/or generalized violence. Globally there are close to 55 million forcibly IDPs around the world at the end of 2021, who live in their country of origin but who are unable to return home. (3) The overwhelming majority of IDPs are women and children who are at risk of abuse of their basic rights. Many IDPs face the difficulties as refugees but aren't granted the same rights under international law. (6)

Where do they come from and where do they go?

The number of people living outside their countries of origin reached a historical high in 2020, representing almost four times the numbers as compared to 1960 when international migrants numbered 77.1 million globally. In the last decade alone, nearly 60 million more people became international migrants; much of this increase has been driven by labor or family migration. The international migrant share of the world's population also is rising, standing at 3.6% in 2020, up from 3.2% a decade earlier, and 2.6% in 1960. (3)

When international migrant populations are examined by region, Europe is currently the largest destination for international migrants, with 87 million migrants (30.9% of the international migrant

population), followed closely by the 86 million international migrants living in Asia (30.5%). Northern America is the destination for 59 million international migrants (20.9%), followed by Africa with 25 million migrants (9%). Over the past 15 years, the number of international migrants in Latin America and the Caribbean has more than doubled from around 7 million to 15 million (5.3% of all international migrants), making it the region with the highest growth rate of international migrants. Around 9 million international migrants live in Oceania (3.3% of all migrants). (3)

Oceania has the largest proportion of its total population who are international migrants (22% of the population was born in another country.) Northern America has the second largest share of international migrants at 15.9% of the total population, followed by Europe at 11.6%. As has been the case for the past 50 years, the United States remains the primary destination for migrants, at over 51 million international migrants, followed by Germany, Saudi Arabia, the Russian Federation, and the United Kingdom. (3)

With nearly 18 million people living abroad, India has the largest emigrant population in the world, making it the top origin country globally. Mexico is the second most significant origin country at around 11 million, followed by the Russian Federation, China, and the Syrian Arab Republic. (3)

The Health and Human Rights Concerns of Migrants, Refugees, Asylum-Seekers

The major drivers of voluntary migration include income inequality, conflict, and climate change. (7) The majority of voluntary migrants leave their home economies in search of a better job or education. For those without resources and support, migration may be the only available to escape poverty and instability. Other refugees and asylum-seekers are forced to flee persecution, violence, or human rights violations, such as torture and discrimination based on ethnicity, sexual orientation, or other minority status. (8-10) These journeys, which begin with the hope for a better future, often also warrant fear and danger.

While many documented migrant workers are formally hired as skilled workers and professionals, the vast majority of migrant workers are employed in low-skilled, low-paying, and low-status jobs. It is estimated that 15-20% of the migrant workers are in an “irregular” situation, meaning that they do not have legal protection from the host economies. (11) This exposes them to even greater risks and vulnerabilities. Although informal workers may help meet the demand for labor in their host economies, they often experience even worse negative mental, social, and physical consequences than documented workers. (12)

Migrants need healthcare, just like everyone else. While non-communicable diseases (NCDs) cause a huge burden of disease around the world, with more than 15 million people aged 30-69 years due from an NCD every year. The process of migration often means that continuity of care for NCDs is disrupted, while at the same time the risk of NCDs increases. Migration can contribute to poor health outcomes of untreated NCDs. NCD risk factors are exacerbated by social determinants of health surrounding the migration process. And this population may face unique challenges in maintaining healthy lifestyles. (13) In addition, many migrants have poor mental health because of stressful or traumatic experiences. These can severely impact their quality of life, causing hopelessness, sadness, fatigue, anger, etc. More serious long-term conditions include depression, anxiety, and post-traumatic stress disorder. (14)

Recent Global Backlash

Migration can also bring significant improvements in physical, mental and social well-being, which can enable migrants to make significant social and economic contributions in the host economies, as well as back home. (11-12, 16) For example, global remittances hit a record high in 2019 at US\$719 billion, including US\$548 billion to low- and middle-income economies. The top remittance receiving economies were India, China, Mexico, the Philippines and Egypt. (3) The International Office on Migration reports that “delivering equitable access for migrants will reduce health and social costs, improve social cohesion and, most importantly, will contribute to healthier migrants in healthier communities.” (16) As the United Nations Secretary-General Antonio Guterres pointed out, “migration powers economic growth, reduces inequalities and connects diverse societies.” (17) A comprehensive, multi-sector approach with cooperation across governments and community-based/aid organizations is needed to meet the unmet needs of migrant populations.

The rise in global mobility and its positive and negative impacts on nations, migrants, families and communities have contributed to the increased attention toward the topic of international migration within the global community. In recent years, far-right populist parties have made migration central to their political campaigns. Anti-immigrant sentiments have been increasingly witnessed around the world. These sentiments have caused backlash and tension in some countries where migrants and refugees have suffered increased discrimination and less government support. (18) While some governments have welcomed refugees and have provided assistance and guarantees of safety, many others have been far less accepting. Some countries have tried to prevent refugees from entering their

countries, or have failed to provide basic services to this population despite the obligation under international law.

A hostile environment may push migrants and refugees further underground, discouraging them from accessing services, and heightening vulnerabilities and their risk of exploitation and violence. Their positions as foreigners with limited power and resources often places them in precarious, unstable positions where they can be exploited. Many migrant populations already face a precarious existence, living in poverty in a country where they don't speak the language, and don't understand their rights. In addition, myriad other barriers can prevent migrants from accessing services, such as the need to have an identification card, or the lack of knowledge about where and how to access services. Undocumented immigration status, social exclusion, and lack of migrant-inclusive programs and policies contribute to major health disparities for migrant populations. (12,16,19)

THE CHALLENGE

Increasingly, migration is gaining attention as a social determinant of physical health, mental health and social well-being. Policies that can address migration-related health vulnerabilities and provide better access to health care services are requisites for achieving the Sustainable Development Goals. (9) The scale and significance of migration throughout the Asia-Pacific region makes it a critical topic for research, education, and policy.

In this challenge, teams are tasked with providing a comprehensive plan to build relationships with a community of migrant workers or refugees/asylum-seekers and to convince them to access free health services. Your plan should be established to include a plan to not only initiate contact with the potential patients but to maintain long-term contact for continuity of care.

Your team, acting as consultants, has been asked by the government of one large city in the Asia-Pacific to provide an innovative proposal to improve healthcare-seeking among informal migrants and/or refugees/asylum-seekers. A large foundation has agreed to provide the consortium of community-based organizations with funding for basic healthcare services for this group. Important services includes special attention to preventative care, mental health care, and the management of NCDs. However, while the services are now available for free, other barriers may limit the population's use of such services.

If your proposal is selected by the local city government, your team would work closely with several community-based organizations over the next four years. The plan is how to encourage these vulnerable groups to access services by identifying how best to reach this marginalized and hard-to-

reach population, and how to bridge the most salient barriers to care. Your budget of USD\$200,000 would support fund the program but actual healthcare services would be free to patients and would be financed by a private foundation. You can choose to focus on one specific population of origin, or you can broadly target all of the informal migrants/refugees in your city. You can also choose to focus solely on informal migrants, or refugees/asylum-seekers. Or, you can incorporate all of these groups into your plan.

The plan should include the following:

- Analysis of existing or development of new programs or tools to facilitate contact with the population of interest
- Health promotion/communication program that will be culturally-relevant to the population of migrants/refugees most prevalent in the chosen setting
- Potential strategies to address barriers to health-seeking behaviors among the chosen population, such as language barriers, fear and mistrust, or cultural issues
- Strategies to continue to communicate with patients after they have sought care, to provide test results, linkages to specialized care, etc.

The video should include:

- An analysis of the local context (target population, barriers to care)
- A detailed description of the main program objectives and activities
- A justification for this approach including a theoretical model, if appropriate
- Consideration of the sustainability of this program after the initial four years
- Appropriate references
- Brief timeline of activities
- Very basic budget

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