REPORT OF AN INTER-REGIONAL ROUNDTABLE DISCUSSION ON:
ADDRESSING HEALTH VULNERABILITIES OF MIGRANTS IN LARGE MIGRATION FLOWS

25 April 2016
Geneva, Switzerland

Asia-Europe Foundation (ASEF)
International Organization for Migration (IOM)
The Inter-regional Roundtable Discussion on “Addressing Health Vulnerabilities of Migrants in Large Migration Flows”, co-organised by the Asia-Europe Foundation (ASEF) and the International Organization for Migration (IOM) on 25 April 2016 in Geneva, Switzerland, marked the first expert-level Roundtable aimed at examining unprecedented migrant health issues emerging across Asia and Europe. The discussion focused on a comparative analysis of the public health challenges faced in transit and receiving nations in the Mediterranean Sea and the Andaman Sea.

The Roundtable brought together 40 participants, experts and representatives from the governments, UN agencies, inter- and non-governmental organisations and the academia to share and discuss their experience, knowledge and perspectives on the challenges and interventions made by countries and humanitarian actors to address the recent migration crisis in Asia and Europe. During the discussions, participants agreed on key recommendations categorised into three broad areas, namely, increased state responsibility, structured healthcare response and social integration strategies in receiving countries, and seamless inter-sectorial collaboration among international and national institutions. Recommendations were developed with the underlying understanding that there should be long-term and all-rounded healthcare services focused on irregular migrants. In addition, these services should build on the 2030 Sustainable Development target of attaining universal health coverage and ‘leave no-one behind’.
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INTRODUCTION

As of January 2016, a staggering figure of 1,084,625 migrants were estimated to have entered the European space by both land and sea routes. Out of this figure, close to 97 per cent arrived via sea journeys. On the other side of the globe, in the South-east Asian region, the Andaman Sea has seen up to 121,000 migrants\(^1\) from Bangladesh and Myanmar reaching foreign shores since 2014. However more than 5000 migrants were also reported to have perished in this process in 2015 alone. Driven by conflict, persecution or poverty, migrants and refugees braved highly dangerous sea and land crossings putting themselves at the mercy of fate, smuggling networks, border police, humanitarian assistants and sympathetic or unsympathetic governments and societies. Many remained unaccounted for by authorities as humanitarian assistance struggles to keep up with this unprecedented surge of migrant flows. The migration crisis across Europe and Asia highlights the need to address migrants’ vulnerability to ill-health; in particular, children, the elderly, pregnant women, people with disabilities, those with chronic illnesses, and those ending in detention or taking dangerous, dirty and degrading jobs because they are low-skilled and/or in an irregular migration status. Many of the pressing issues faced by these refugees and migrants include starvation, dehydration, physical and psychological trauma, contracting communicable diseases, lack of basic sanitation and risk of contracting common water-borne diseases in overcrowded vessels and shelters. While humanitarian actors are on high alert to address possible outbreaks of communicable diseases and the health needs of migrants, governments are challenged to address urgent humanitarian and public health needs while navigating the social and political implications with regards to their national constituencies and regional partners.

With the scope of discussing the views and experiences of countries and humanitarian actors called to respond to health needs associated with large migration movements, the Asia-Europe Foundation (ASEF) partnered with the International Organization for Migration (IOM) Regional Office for South-Eastern Europe, Eastern Europe and Central Asia and organized in a roundtable a panel of experts from Asian and European governments, international organisations, non-governmental organisations and academia. The inter-regional roundtable provided an avenue for an interactive and analysis of the public health challenges faced within the two regions; to draw out common learning points and best case practices to better manage similar phenomena in the future. Increasingly, platforms for sharing knowledge and experience on migration and health are needed, and timely for various stakeholders, particularly in an interconnected world where global migration flows affect everyone in one way or another.

\(^1\) In this report, the term “migrants” is defined in accordance with the IOM definition that describes migrants as “… any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. IOM concerns itself with migrants and migration-related issues and, in agreement with relevant States, with migrants who are in need of international migration services”. However, to maintain the intellectual integrity of the report the term “migrants and refugees” is used in the summary of the presentations when specifically mentioned by the speaker.
II PRIMARY CONCERNS AND OBJECTIVES OF THE ROUNDTABLE DISCUSSION

The forum was divided into two sessions based on the two main geographical locations or regions currently experiencing the unprecedented surge in migration, known as the European Migration Crisis and the Andaman Sea Refugee Crisis. The first session, the “Health Vulnerabilities of Migrants along Transit Routes in Europe” was dedicated to health issues and concerns faced by migrants, as well as governments and humanitarian organizations in Europe. The second session was on the “Health Vulnerabilities of Migrants Crossing the Andaman Sea” addressed the health issues of migrants who crossed the Andaman sea towards Malaysia and or Australia, transiting in Thailand and Indonesia in early 2015. Moderated by IOM and ASEF respectively, each session presented the experiences, perspective and recommendations of relevant governments and key partners, the international organisation, non-governmental organisations and academia on each topic. After the presentations, the floor was opened for questions and interventions by participating countries and organizations. A summation of the points discussed were given after each session, in addition to the consolidated conclusion presented before the closing of the event.

The inter-regional roundtable dialogue brought together 40 representatives from the permanent missions, United Nations and international organisations in Geneva; as well as experts from University of Queensland/Australia, IOM Regional Office in Vienna, IOM Regional Office in Brussels, Ministry of Health - Greece, United Nations High Commissioner for Refugees (UNHCR) - Malaysia, Médecins Sans Frontières (MSF) Netherlands, MERCY Malaysia and ASEF to discuss, share experience and identify some solutions to the public health challenges of large migration flows, particularly in transit countries. Government participants included the representatives from permanent missions of Austria, Bangladesh, China, Greece, Germany, Hungary, India, Indonesia, Italy, Kazakhstan, Korea, Malaysia, Malta, the Netherlands, Norway, Pakistan, the Philippines, Poland, Portugal, the Russian Federation, Spain, Switzerland and Thailand. Agencies present were ASEF, MERCY, MSF, UNHCR, UNISDR, WHO and IOM.

This report summarizes the presentations and deliberations of the inter-regional roundtable discussion, “Addressing Health Vulnerabilities of Migrants in Large Migration Flows,” organised by Asia-Europe Foundation (ASEF) and International Organization for Migration (IOM) on 25 April 2016 in Geneva, Switzerland.
The roundtable discussion was opened by Ms Jacqueline WEEKERS, Senior Migration Health Policy Advisor, Migration Health Division (MHD) of the IOM. Ms Weekers stated that the meeting was very timely as large, acute, and mixed migration flows are increasing worldwide, and common understanding of the health vulnerabilities of migrants and effective responses have to be found. Many people are being displaced from Africa, the Middle East and South Asia, with Europe having received over one million migrants in 2015 and more than 180,000 in 2016, so far. Europe has become the most dangerous destination for non-organised migration flows. In 2015 alone, over 5,400 migrants went missing or lost their lives crossing international borders, according to the IOM missing migrant project, of which 75% occurred in the Mediterranean. Of the approximately 800 gone missing in South-east Asia, about 70% occurred in the Bay of Bengal and Andaman Sea.

She emphasised that the true crisis is not one of migration, but of migration management and coordination. Circumstances surrounding the migration process can expose migrants to health risks, particularly those who migrate in an irregular way or are forced, and vulnerable groups, such as children, pregnant women, people with disabilities, both mental and physical, and the elderly. Policies across sectors have been slow to adequately address the specific vulnerabilities and health needs of migrants. The political climate has not enabled the implementation of adequate health policies for migrants as migration routes become more dangerous and negative sentiments towards migrants grow.

Ms Weekers ended on a positive note providing a roadmap of key regional and inter-regional milestones that can ensure that migrants’ health gets the place it deserves in the global health and development agenda. This meeting is one of the important multisectoral and inter-country dialogues that can offer progress in the issue of migrants’ health.

### III SUMMARY OF THE DISCUSSION

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### Session 1: Health Vulnerabilities of Migrants along Transit Routes in Europe

**Session 1** on “Health Vulnerabilities of Migrants along Transit Routes in Europe” focused on the health issues and concerns faced by migrants during their travel across the Mediterranean Sea and Europe to Germany, the Netherlands, Sweden and other destination countries in the European Union from the perspective of Greece, IOM and MSF. Also, the session included discussions on the interventions and experiences, as well as recommendations of the speakers representing some of the key stakeholders. The session was moderated by Dr Jaime CALDERON, the Senior Regional Migration and Health Specialist of IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia.

Before introducing each speaker, Dr Calderon provided a short overview of the migration trends and patterns, as well as the public health challenges faced by transit countries in Europe. He explained that Western Europe has been a destination country for irregular migrants since year 2000. However, the sharp increase in the number of people moving in 2014 to 2015 and the associated deaths and suffering associated with it has put the problem on the map as a European Migration Crisis. In 2015, more than a million migrants entered Europe crossing the Mediterranean Sea and more than 3,700 have died in the process. Closure of routes, increasing number of migrants, deplorable conditions, starvation and dehydration, basic sanitation and hygiene issues, and control of communicable diseases including mental and psychosocial issues represent significant challenges for migrants’ health. Humanitarian and health support is needed from reception onwards, adding to the imperative of providing emergency health support to migrants rescued at sea.

The first speaker, Dr Yiannis BASKOZOS, General Secretary of Public Health, Greece, started the session with an overview of the Greek national experience and National Action Plan. He stated that issues related to the health of migrants and refugees should be seen not as a problem but as an opportunity to strengthen public health policies. Around 900,000 migrants and refugees arrived in Greece by sea in 2015 and 150,000 in 2016 so far, 90% arriving from the Syrian Arab Republic, Afghanistan, Iraq, Pakistan and Islamic Republic of Iran. The number of migrants and refugees currently exceeds the reception capacity of the host country, yet efforts are focused on improving capacities. UNHCR has reported that water, washing facilities and hygiene items are in adequate supply at refugee sites in Greece, and that no acute starvation has been observed, but that they are subject to improvements. The main healthcare
needs are due to 5 conditions: trauma, respiratory tract infections, chronic diseases, and gastrointestinal and skin maladies. Constant healthcare provision and emergency treatment are needed in conjunction with efforts to deter the spread of infectious diseases, adhere to the principles of Public Health, and improve living conditions in the refugee sites to address healthcare issues and to respect, protect and fulfil human rights.

Registered asylum-seekers and refugees are granted full access to the national healthcare system, while the remaining incoming migrant population only has access to the national healthcare system in the case of an emergency. In the current changing environment, versatility and alertness are the key characteristics needed for effective responses. Dr Baskozos highlighted that what is most needed at this time to address the health vulnerabilities of arriving migrants and refugees to Greece is financial support, expertise and the appropriate staffing of the health system. According to Dr Baskozos, the implementation of the recent agreement between the EU and Turkey represents a significant and difficult challenge with respect to human rights and the needs of migrants and refugees. Greece cannot bear the weight of migrants and refugees on its own, and also cannot and will not consent to actions that endanger their lives, due to the practice of closed borders which has been adopted unilaterally by certain EU Members. The situation is unlikely to find quick solutions and is about to become rather permanent, thus action needs to be taken in a structured way. He concluded by stating that laws need to change towards providing free access to healthcare for every migrant.

Ms Roumyana PETROVA-BENEDICT, Senior Regional Migration Health Manager for Europe and Central Asia, IOM, shared the work of Equi-Health, an IOM project tasked to foster a more harmonised EU approach to enhance the health of migrants. The migrant integration policy index (MIPEX), a framework towards which the project has contributed, is a tool which measures policies to integrate migrants through 167 indicators in 38 countries. MIPEX is meant to monitor existing integration policies, including in the health sector. Entitlement to health services, policies to facilitate access, responsive health services and measures to achieve change need to be taken into consideration when developing sound integration policies.

Providing universal healthcare coverage could be more cost-effective than just providing emergency health care, justifying the expansion and improvement of healthcare services for migrants. A very recent study in Germany demonstrated that if all asylum seekers had the same access to the healthcare system, total spending for medical care over the past 20 years could have been cut by 22 per cent.²

The implementation of relevant existing policies³ in the EU, such as the provision of necessary healthcare, including emergency care and essential treatment of illness, as well

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as medical assistance to applicants with special needs that is articulated in the Council Directive 2003/9/EC, has to be supported. IOM’s objective is to conduct research, promote a mechanism for data collection, strengthen capacities and provide recommendations. Some positive changes can be seen, but the sudden increase in the number of migrants entering and crossing countries across Europe has overburdened the health systems, bringing into surface the fundamental deficiencies in the infrastructure, guidelines, referral mechanisms, sustainable funding and resources, preparedness and staff support. Furthermore, the financial and structural challenges affect efforts to address and provide long-term solutions to these concerns.

Within the last year, conditions of vulnerability have increased due to the length of stay of migrants at transit and reception centres, with a worsening in their physical and mental health. At the moment there is no systematic health assessment in these locations, and those that are performed are mainly focused on communicable diseases. In the efforts to enhance migrant-sensitive health systems, staff training sessions for health and law enforcement personnel were organised under the Equi-Health project. Furthermore, a Handbook for Health Professionals and a Personal Health Record has been developed by IOM with the support of the European Commission and the contribution from the European Centre for Disease Prevention and Control (ECDC) as a tool to evaluate migrants’ health at reception and to involve the public health system at the local level in the continuity of care and sharing of health data throughout migrants’ journeys.

Ms Petrova-Benedict concluded with several recommendations, including: to promote dialogue and exchange practices to reach effective cooperation; to continue rescue at sea operations with medical staff on board; to foster a structural response that is not emergency-based; to develop common protocols; to ensure personnel are adequately trained including in intercultural competence; to support occupational health of personnel involved; and to ensure continuity of health and increased data collection.

Ms Linn Maria BIORKLUND, Humanitarian Affairs Advisor, MSF, presented the role of the organisation in improving refugees and migrants’ health conditions and its view on the current situation.

Since 2015, the “European Migration Crisis” has cast the spotlight on a number of facts that have been deprioritized. The hardship people endure while fleeing and migrating...
is shocking. Closing borders does not stop people from moving; it simply shifts their routes often to more dangerous ones. Deterrence policies have a direct negative impact on humanitarian and medical effects as people are forced to select more dangerous and less reliable routes. People from different places of origin use the same routes. While legal categorisation such as refugees, asylum-seekers, migrants were created to facilitate all peoples’ rights and needs, practice shows these often are exclusive. Furthermore, increasing humanitarian aid to third countries, namely transit countries, does not absolve EU member states of their responsibilities to receive, assist and protect refugees.

Efforts to prevent or limit people from fleeing and moving have serious implications on their health including: lack of and discrimination in access to health care, violence and violations of human rights, torture and ill-treatment, interruption of chronic treatment, mental health disorders, sub-standard living conditions leading to diseases and, labour exploitation and human trafficking.

Direct and indirect health consequences of the war in the Syrian Arab Republic were presented. Direct consequences entailed a surge in the number of weapon-wounded and mental health issues and indirect consequences included the regression in the control of communicable diseases, reduced access to health care and poor water and sanitation infrastructure.

Humanitarian and health needs among refugees and migrants in Greece were shared, including the most common morbidities and drivers of vulnerability. The last example of health vulnerabilities among displaced populations was from migration detention centres. People on the move are often detained for a variety of reasons. In detention they suffer from medical problems caused or aggravated by substandard conditions, the length of detention, and the lack of consistent or adequate medical assistance. In MSF’s experience, detention is a cause of suffering and is directly linked to the majority of health problems for which detained migrants require medical attention.

Recommendations on limiting migrants’ health vulnerabilities include: safe and legal channels for people seeking asylum and legal migration pathways, ambitious search and rescue mechanisms to save lives at sea, reception according to the EU standards (adequate reception conditions, vulnerability assessment, different types of medical care available, provision of health care from chronic diseases), intra-EU relocation schemes, and ending violence and abuse. It is important to note that migrants are often healthy at the inception of their journey, and it is during the migration cycle that they are exposed to health risks and become vulnerable due to poor travel and living conditions.

Ms Biorklund concluded by suggesting possible ways to limit health vulnerabilities, such as by providing alternatives to unsafe migration routes through the implementation of safe and legal channels for people to seek asylum and migrate. In the absence of safe routes, comprehensive search and rescue at sea mechanisms should be set up, as well as adequate reception systems that provide medical care and assess vulnerabilities. Improved shared responsibility through resettlement and intra-EU relocation schemes is key, while there needs to be an end to the ongoing violence and abuse causing high levels of human suffering.

Finally, the integration of refugees and migrants into their new home societies should be strengthened, and access to primary and secondary health care improved including treatment for people who suffer from chronic diseases.

During the open-floor discussion, questions were raised by the representatives of India, the Philippines, Italy, Thailand and the World Health Organization (WHO). The difference in terminology between “migrants” and “refugees” was discussed, “migrants” being a more broad and comprehensive term which encompasses “refugees”. Comments emphasised the advantage of providing non-emergency health care for migrants due to its cost effectiveness and it being a good public health practice. It was also recommended that migrant health policies should be included in national plans and implemented to strengthen migrant-sensitive health systems. Health monitoring and data collection are important in the support of such implementation. Migrants have to be treated without discrimination and this should be a shared responsibility of the international community. Migrants contribute to the economy and should not be treated as a burden, but as an opportunity.

Cooperation, coordination and solidarity are crucial for the success of migrant-friendly policies. Good quality services, universal health coverage, education, employment and mental health and psychosocial support, and integration should be the key priorities. Short and long-term assistance
aimed at the integration of migrants and providing them with a right to work is also necessary. It was once again emphasised that the responsibility must be shared among governments, international organisations and non-governmental organisations (NGOs).

Ms Weekers concluded the first session highlighting that providing health services for all migrants is a public health and economically sound approach. She acknowledged that the international community and states had become more aware of the issue of health vulnerabilities faced by migrants, but that at the same time, not much movement towards constructively addressing these vulnerabilities had been made due to the political environment around migration and the economic concerns of states when addressing migrant health. There have been some positive developments in the form of relevant research being used to inform policymaking, but she emphasized that the need for more such research on cost effective ways to deal with migrant health would be essential to change policies.

Session 2: Health Vulnerabilities of Migrants Crossing the Andaman Sea

Session 2 “Health Vulnerabilities of Migrants Crossing the Andaman Sea” was moderated by Ms Sunkyoung LEE, Acting Director for ASEF’s Political and Economic Department. Ms LEE highlighted that the long-standing racial tensions across the South Asian and South-east Asian borders have driven a group of stateless minority to seek refuge in some of the neighbouring countries such as Indonesia, Malaysia and Thailand. In the period from January 2012 to May 2015, an estimated figure of 130,000 displaced individuals departed by sea in search of better shores. This number significantly increased in 2015. As reported by UNHCR, approximately 33,600 refugees and migrants travelled through South-east Asia in mixed maritime movements, approximately 1,000 of them had either crossed the Straits of Malacca or attempted to reach Australia from Indonesia, Sri Lanka and Viet Nam.

These mixed maritime movements resulted in scores of deaths at a fatality rate 3 times higher than those witnessed in the Mediterranean Sea. The number of deaths has been attributed to starvation, dehydration, disease and abuse by human smugglers. Australia, UNHCR and Malaysia provided their interventions and experiences in managing the health impacts at receiving sites.

Associate Professor Ignacio CORREA-VELEZ, Faculty of Health, School of Public Health and Social Work, Queensland University of Technology, gave the first presentation on Australia’s response to the health needs of irregular migrants and refugees, and best case practices.

Australia Refugee and Humanitarian Programme has offshore and onshore components. Australia resettles nearly 14,000 refugee and humanitarian entrants per annum; and in 2009–2013 around 52,000 irregular migrants arrived onshore by boat from South Asia, South-east Asia and the Middle East. As of February 2016, about 1,800 people are in immigration detention and 29,000 asylum seekers live in the community on bridging visas.

The support available to humanitarian entrants includes: Settlement services such as a cultural orientation, arrival reception and assistance, finding accommodation, linking with health and social services, Complex Case Support Programme, adult migrant English programme, and translating and interpreting services; mainstream services such as Medicare (universal access to health care), social security and job services; and community support. The several models of healthcare that are provided to refugees and irregular migrants living in the community were also presented, which include: GP primary care; Community health centre; refugee Specialist community clinic or centre; Refugee health nurse; Hospital specialist clinic; and mixed, a combination of the listed models of care vary across and within jurisdictions but all share a focus on primary health care.

The health of migrants is a reflection of their previous experience in their country of origin, and while staying in refugee camps and detention centres. Research conducted among recently arrived refugees from Africa, the Eastern Mediterranean and South-east Asia attending a refugee specialist clinic in 2009⁴ found high prevalence of schistosomiasis, and vitamin A and D deficiency. High prevalence of stunting was found among South-east Asian children younger than 15 years of age. There is strong evidence from research conducted in Australia and internationally that prolonged detention of irregular migrants leads to substantial impact on mental and physical health and that, therefore, prolonged detention is a harmful policy.

Best practices were shared, including “Asylum seekers integrated healthcare pathway”, implemented in Melbourne in 2012. Once asylum seekers are released from detention, they are linked up with on-site health professionals (supported by interpreters) who screen and triage their health needs and then offer health appointments with appropriate hospital services or primary health care providers for ongoing care if required. Another best practice is a coordinated primary health care approach, where reception and settlement services, using a case management model, linked up refugees with generalist refugee-focused health care services. These services then work in close collaboration with mainstream primary care providers, specialist refugee-focused health services, interpreter services, and other health and non-health services to provide long-term quality health care. The Primary Health Networks are the key integrative body for this coordinated approach.

Associate Professor Ignacio Correa-Velez concluded that prolonged detention of irregular migrants is harmful and that one size of healthcare models does not fit all. There should be various models of healthcare tailored to migrants’ needs and local contexts. Government support for generalist primary health care and a focus on refugee and irregular migrants-centred care are needed. Strategic policy frameworks, partnership, collaboration and advocacy should therefore be prioritized. Furthermore, Associate Professor Correa-Velez recommended that health screening guidelines be adapted to local contexts, as there are often issues of cultural competence and cultural differences. Additionally, access to free interpreters, case coordination, clear protocols for the transfer of health information, training of primary health care workforce around refugee health and cultural competence, and refugee/migrant community participation and empowerment are essential to reduce the health vulnerabilities of migrants.

Dr Susheela BALASUNDARAM, Associate Programme Officer (Health), Programme Section, UNHCR, gave an overview of the situation of migrants in Malaysia.

Malaysia is not a signatory to the 1951 Geneva Convention and therefore there is no legal framework that deals with refugees. There is only an immigration act which does not differentiate between migrants and refugees. The majority, 93 per cent of the refugees that arrive to Malaysia come from Myanmar, there are over 50 nationalities and all are urban refugees. The rate of death is three times higher than in the Mediterranean due to abuse by smugglers, starvation, dehydration, folate and B12 deficiencies. To decrease the health vulnerabilities faced by migrants, a balanced diet and the distribution of vitamin B1 (Thiamine) at communities and detention centres are needed when Beri-beri is suspected. However, limited funding remains a challenge to adequately support all health care needs for migrants and refugees.

The recommendations for governments include coordination of response, the dispatching of multidisciplinary teams, allowing safe and prompt disembarkation, ensuring adequate provision of food and water, quick response to immediate medical needs and prompt referrals for care addressing migrants’ physical and psychological needs, and seeking alternatives to detention. Insurance schemes for irregular migrants and refugees should also be promoted. International and non-governmental organisations should focus on providing safe shelters for those with special needs, ensuring access to asylum procedures and psychological support and building community awareness to report arrivals. Dr Balasundaram concluded by emphasising that an all-inclusive approach, one that truly leaves no one behind, is needed with respect to access to health care. The physical availability of health care is no longer enough, it is necessary that it is also affordable, minimising financial risk to those accessing it, and accessible by different languages and cultures.

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Dr Mohammad Iqbal OMAR, Ex-officio Member of Executive Council, MERCY Malaysia, presented the experience of MERCY Malaysia related to the humanitarian assistance provided to irregular migrants in the wake of the Andaman sea crisis of 2015.

Human trafficking and smuggling related to irregular maritime migration in South-east Asia has been an issue in the region for decades. Currently there are around 150,000 refugees settled down in Malaysia. After widespread intercommunal violence in Myanmar in 2012, there are approximately 133,000 internally displaced persons (IDP) living in IDP camps with limited access to health care, education and livelihood opportunities. Since 2012, it is estimated that 150,000 migrants have left Myanmar by boat, of which over 1,100 people are estimated to have died at sea along this route since 2014, including an estimated 370 deaths in 2015.

In May 2015, Malaysia and Indonesia agreed to provide temporary shelter for the refugees for up to a year, after which the international community should assist to repatriate and resettle the refugees to a third country. UNHCR bears sole responsibility for the processing of all asylum-seekers and refugees in Malaysia. MERCY Malaysia was granted permission by the Government to enter the Belantik Immigration Detention Centre to provide short-term emergency healthcare assistance, primary health care and nutritional support to detainees in 2015. The objective of MERCY Malaysia is to improve the health status of migrants held in detention in Malaysia. MERCY Malaysia targets provision of primary healthcare, screening for detainees and staff, distribution of a “basic hygiene kit”, immunisation of detainees and staff, provision of medical equipment and provision of nutritional packages to asylum-seekers and irregular migrants in Belantik Immigration Detention Centre (IDC), which is currently greatly over capacity. Psychosocial assessment of children was also an output of the emergency response implemented by MERCY Malaysia. The Government also allowed MERCY Malaysia to deliver humanitarian assistance to refugees arriving by boat.

The absence of national legal frameworks regarding refugee status is problematic. Malaysia not being a signatory to the 1951 Geneva Convention and to the 1967 New York Protocol raises challenges and increases the vulnerability of irregular migrants and asylum-seekers because they do not have a legal status. Domestic concerns predict the growing presence of refugees could worsen the social, economic, political, health and security problems associated with irregular immigrants in Malaysia.

Dr Omar concluded with recommendations, including the initiation of effective search and rescue operations, allowing safe disembarkation, and providing entrants the right to work, education and access to healthcare. Ultimately, the support from Governments is needed to move migrant-sensitive policies forward.

During the open-floor discussion statements were given by the representatives of Thailand, United Nations Office for Disaster Risk Reduction (UNISDR) and IOM. The questions included achieving better integration of migrants, reducing risks that migrants face when leaving the country of origin and data collection national databases.

The answers highlighted that data is difficult to collect, particularly in urban settings, due to the constant movement of people and undocumented migrants. It was indicated that mobile phone technology had been used to track movements and to pass on information to populations. Poor communication with patients and lack of cultural competence is seen to often be the largest barrier to migrants’ integration. It was underlined that the widely used practice of detaining migrants for a long time could be detrimental to the health of migrants. Lack of solidarity and the need for “migrants friendly” legal frameworks was emphasized.

Asked to share a take-away from the second session, the three take-aways given by the speakers were:

a. “While we are focusing on UNHCR registered refugees we should not forget about the unregistered ones.”

b. “Be creative, think outside the box, innovate and create.”

c. “Prolonged detention of migrants is proven to be harmful for the health of migrants, and a practice to reconsider.”
The discussion elaborated on the common health risks faced by migrants in both regions, and the public health challenges faced by countries affected by the crises, best practices to address the health needs of migrants along the transit routes were shared and recommendations on how to address health vulnerabilities of migrants and refugees were given. Reported health risks for migrants and challenges for health systems as well as desired responses showed great similarities between the two regions, illustrating the importance to hold discussions between regions as a means to further the migrant health agenda. The event also underlined the continued relevance of the existing WHA Resolution 61.17 on the health of migrants and related action points for governments and actors, as well as the need to monitor progress.

The public health issues and concerns that were emphasised during the discussion included the need to expand the capacity of public health systems and health care workers to accommodate and adequately address the health needs of sudden and growing influx of migrants and to ensure healthcare provision and emergency treatment throughout the phases of the migration process. The need for development and implementation of long-term solutions for health systems and related financial impacts were addressed, including the lack of appropriate capacity-building and trainings for migrant health workers; restrictive policies that limit migrants’ access to affordable health services, particularly for the irregular migrants; and, the lack of data collection systems to document, share and provide reference for interventions and policies. Moreover, more leadership and coordination within ministries of health is needed, as well as among and within other sectors within governments.

Examples of “positive developments” or “existing tools” included the capacity building (Training of Trainers) on migrant health and intercultural competence for health and non-health professionals in Europe, and creation of a Handbook for Health Professionals and a Personal Health Record that has been developed by IOM with the support of the European Commission and the contribution from the ECDC as an effort to evaluate migrants’ health at reception and to involve the public health system at the local level in the continuity of care and sharing of health data throughout migrants’ journeys. Two good practices implemented in Australia include “asylum-seekers integrated healthcare pathway”, implemented in Melbourne in 2012, where once asylum-seekers are released, they work with specific healthcare providers and are given an opportunity to visit a doctor; and a long-term approach, where reception and settlement services are linked with refugee focused health care services and long-term care is provided. Additionally, Thailand currently offers all migrant workers, including undocumented migrants, the option of low cost health insurance through it's Ministries of Public Health and Labour. Furthermore, a recent study (Bozorgmehr and Razum, 2015) has shown the possible economic gains of providing all migrants with health care.

Recommendations that were given during the roundtable discussion included the following:

a. Promote the health of migrants in accordance with global health goals, such as the Sustainable Development Goals and Universal Health Coverage; and existing resolutions and international conventions that relates to the health of migrants.
b. Deliver needed migrant sensitive health services and adequate humanitarian services starting at the point of search and rescue at sea or land operations to the reception centres and other transit points in the country. Boats in distress should be actively searched for and humane disembarkation procedures conducted, including adequate reception conditions, and vulnerability assessments have to be ensured.

c. Recommend key structural adjustments, including changes in the legal framework that covers the health of migrants to one that works towards Universal Health Coverage that truly “leaves no one behind” as described in the 2030 Sustainable Development Goals. Ultimately, to ensure the well-beings of migrants, national policies must facilitate access to health and social services for migrants.

d. Provide financial support, good quality services, universal health coverage, education, employment, mental health and psychosocial support to migrants.

e. Strengthen capacity of health systems and health providers, including non-health actors such as border authorities and humanitarian personnel to deliver culturally appropriate and migrant sensitive services and assistance. This includes training on psychosocial first aid, as well as recruitment and training of cultural mediators and translators to support mobile and fixed facilities.

f. Promote dialogue among sectors and different parts of governments and among countries; continued exchange of practices to reach effective cooperation and coordination. The event itself was considered an effort in this direction.

g. Seek alternatives to detention, ensuring continuity of health and increased data collection. Comprehensive data collection is important for further elaboration of policies and correct understanding of the situation.

h. Facilitate integration of migrants into the society and promoting financially affordable health services and insurance schemes for migrants, particularly for irregular migrants and refugees.

i. Underline the development, collection and use of relevant research data for decision makers and policy development. In this respect, contribute to changing the negative narrative around migration and the perceptions of migration and migrants.

j. It was highlighted that the responsibility of addressing the health and humanitarian needs of migrants must be shared among governments, international organizations and NGOs. It is therefore essential to promote and support the establishment and implementation of effective cooperation and coordination mechanisms among various stakeholders.
ANNEX 1. PARTICIPANTS & ORGANISERS

Participants

Australia
Associate Professor Ignacio CORREA-VELEZ
Faculty of Health, School of Public Health and Social Work
Queensland University of Technology

Austria
Mr Raffael GOLDSCHMID
Intern
Permanent Mission of Austria

Belgium
Ms Roumyana PETROVA-BENEDICT
Regional Migration Health Adviser, European Region
Migration Health Division (MHD)
International Organization for Migration

Belgium
Mrs Konokporn (Juni) KAOJAROEN
Technical Officer Migration Health
World Health Organization

China
Ms YANG Junzhi
Third Secretary
Permanent Mission of the People’s Republic of China

Greece
Dr Yiannis G.BASKOZOS
Secretary General for Public Health
Ministry of Health

Greece
Ms Eirini NEOFYTON
Intern
Permanent Mission of Greece

Greece
Mrs Efthymia KARAVA
Health Counsellor
Permanent Mission of Greece

Greece
Mr Yannis TSAOUSIS
Chovgé d’affaires
Permanent Mission of Greece

Hungary
Mrs Zsófia CSIZMADIA
Third Secretary
Permanent Mission of Hungary

India
Mr Anil Kumar RAI
Counsellor (Humanitarian Affairs)
Permanent Mission of India

Indonesia
Ms Mustika HANUM
Third Secretary
Permanent Mission of Indonesia

Italy
Ms Caterine BATDOG
Permanent Mission of Italy

Italy
Ms Paola VIGO
Humanitarian Affairs Officer
Permanent Mission of Italy

Luxembourg
Philippe WEDER
Attaché Humanitarian/Health
Permanent Mission of Luxembourg

Kazakhstan
Ms Aïnour DANENOVA
Second Secretary
(Human Rights and Humanitarian Issues)
Permanent Mission of the Republic of Kazakhstan

Korea
Ms Yuna OH
Intern
Permanent Mission of Republic of Korea to Geneva

Malaysia
Dr Mohammad Iqbal bin OMAR
Ex-officio Executive council Member
MERCY Malaysia

Malaysia
Dr Susheela BALASUNDARAM
Associate Programme Officer (Health)
UNHCR Malaysia

Malaysia
Ms Priscilla Ann YAP
Second Secretary
Permanent Mission of Malaysia

Malta
H.E. Mr Olaph J. TERRIBLE
Ambassador, Permanent Representative
Permanent Mission of Malta

Netherlands
Ms Gina BARK
Humanitarian Affairs Advisor
Médecins Sans Frontières
**Netherlands**  
Mrs Linn Maria BIORKLUND  
Humanitarian Affairs Advisor  
Médecins Sans Frontières

**Russian Federation**  
Anastasia BAGDATIEVA  
Attaché  
Permanent Mission of the Russian Federation

**Norway**  
Ms Nora Sandvik LING  
Intern  
Permanent Mission of Norway

**Russian Federation**  
Ms Veronika ZHIRNOVA  
Data Management and Communications Team  
The Global Fund

**Pakistan**  
Mr Bilal Akram SHAH  
First Secretary  
Permanent Mission of Pakistan

**Spain**  
Gonzalo vEGA MOLINA  
Counsellor for Humanitarian and Migratory Affairs  
Permanent Mission of Spain

**Philippines**  
Mr Enrico FOS  
Permanent Mission of the Philippines

**Switzerland**  
Ms Natasha STEGMANN  
Associate Expert (Health Labour)  
Permanent Mission of Switzerland

**Syria**  
Dr Chadia WANNOUS  
Senior Policy Advisor  
United Nations Office Disaster Risk Reduction

**Thailand**  
Mr Pakawat SRISUKWATTANA  
First Secretary  
Permanent Mission of Thailand

**Organisers**

**Asia-Europe Foundation**

Ms Sunkyung LEE  
Acting Director

Ms Ayesha ISKANDER  
Project Officer

**International Organization for Migration**

Dr Jaime CALDERON  
Senior Regional Migration and Health Specialist  
Migration Health Division (MHD)

Ms Julie BAUER  
Administrative and Communication Migration health  
Communication and Support Staff  
Migration Health Division (MHD)

Ms Jacqueline WEEKERS  
Senior Policy Advisor  
Migration Health Division (MHD)

Ms Hwee Min LOH  
Intern/Note Taker

Ms Eliana BARRAGAN  
Programme Support Officer (Migration Health)  
Migration Health Division (MHD)
## ANNEX 2. AGENDA OF THE ROUNDTABLE DISCUSSION

**Monday, 25 April 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Registration and Welcome Tea</td>
</tr>
<tr>
<td>9:30</td>
<td>Welcome Remarks</td>
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<tr>
<td></td>
<td><strong>Ms Jacqueline WEEKERS</strong>, Senior Migration Health Policy Advisor, Migration Health Division (MHD), International Organization for Migration</td>
</tr>
<tr>
<td>9:40</td>
<td>Session 1: Health Vulnerabilities of Migrants along Transit Routes in Europe</td>
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<tr>
<td></td>
<td><strong>Dr Yiannis BASKOZOS</strong>, General Secretary of Public Health, Greece</td>
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<tr>
<td></td>
<td><strong>Ms Roumyana PETROVA-BENEDICT</strong>, Senior Regional Migration Health Advisor, European region, Migration Health Division (MHD), Head of Unit, Regional Office for the EEA, the EU and NATO, International Organization for Migration</td>
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<tr>
<td></td>
<td><strong>Ms Linn Maria BIORKLUND</strong>, Humanitarian Affairs Advisor, Médecins Sans Frontières</td>
</tr>
<tr>
<td></td>
<td><strong>Moderator: Dr Jaime CALDERON</strong>, Senior Regional Migration and Health Specialist, Regional Office for South-Eastern Europe, Eastern Europe and Central Asia, International Organization for Migration</td>
</tr>
<tr>
<td>11:00</td>
<td>Open Floor Discussions</td>
</tr>
<tr>
<td>11:50</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>13:10</td>
<td>Session 2: Health Vulnerabilities of Migrants Crossing the Andaman Sea</td>
</tr>
<tr>
<td></td>
<td><strong>Associate Professor Ignacio CORREA-VELEZ</strong>, Faculty of Health, School of Public Health and Social Work, Queensland University of Technology, Brisbane</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Susheela BALASUNDARAM</strong>, Associate Programme Officer (Health), Programme Section, United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Mohammad Iqbal OMAR</strong>, Ex-officio Member of Executive Council, MERCY Malaysia</td>
</tr>
<tr>
<td></td>
<td><strong>Moderator: Ms Sunkyoung LEE</strong>, Acting Director, Political and Economic Department, Asia-Europe Foundation (ASEF)</td>
</tr>
<tr>
<td>14:30</td>
<td>Open Floor Discussions</td>
</tr>
<tr>
<td>15:20</td>
<td>Closing Remarks</td>
</tr>
<tr>
<td></td>
<td><strong>Ms Sunkyoung LEE</strong>, Acting Director, Political and Economic Department, ASEF</td>
</tr>
<tr>
<td>15:30</td>
<td>End of Event</td>
</tr>
</tbody>
</table>
ABOUT THE ORGANISERS

The Asia-Europe Foundation (ASEF) promotes understanding, strengthens relationships and facilitates cooperation among the people, institutions and organisations of Asia and Europe. ASEF enhances dialogue, enables exchanges and encourages collaboration across the thematic areas of culture, economy, education, governance, public health and sustainable development. ASEF is a not-for-profit intergovernmental organisation located in Singapore.

Together with about 750 partner organisations ASEF has run more than 700 projects, mainly conferences, seminars and workshops. Over 20,000 Asians and Europeans have actively participated in its activities and it has reached much wider audiences through its networks, web-portals, publications, exhibitions and lectures.

For more information, please visit www.asef.org

The International Organization for Migration (IOM) is the leading inter-governmental organization in the field of migration. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

The IOM Regional Office in Vienna, Austria is one of the nine IOM Regional Offices worldwide. It is tasked in providing strategic guidance and programmatic, administrative and technical support to IOM missions in South-Eastern Europe, including Turkey, Eastern Europe and Central Asia as well as Isreal. The regional office also liaises with Vienna-based international organizations, which include the Organization for Security and Co-operation in Europe (OSCE), the United Nations Office on Drugs and Crime (UNODC) and the International Centre for Migration Policy Development (ICMPD). The Office covers five broad themes in migration management, namely Migrant Assistance, Labour Migration and Human Development, Immigration and Border Management, Operations and Emergency, as well as Migration Health.

For more information, please visit www.iom.int