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Commentary

Addressing refugee health through evidence-based policies: a case study

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ABSTRACT

The cumulative total of persons forced to leave their country for fear of persecution or organized violence reached an unprecedented 24.5 million by the end of 2015. Providing equitable access to appropriate health services for these highly diverse newcomers poses challenges for receiving countries. In this case study, we illustrate the importance of translating epidemiology into policy to address the health needs of refugees by highlighting examples of what works as well as identifying important policy-relevant gaps in knowledge. First, we formed an international working group of epidemiologists and health services researchers to identify available literature on the intersection of epidemiology, policy, and refugee health. Second, we created a synopsis of findings to inform a recommendation for integration of policy and epidemiology to support refugee health in the United States and other high-income receiving countries. Third, we identified eight key areas to guide the involvement of epidemiologists in addressing refugee health concerns. The complexity and uniqueness of refugee health issues, and the need to develop sustainable management information systems, require epidemiologists to expand their repertoire of skills to identify health patterns among arriving refugees, monitor access to appropriately designed health services, address inequities, and communicate with policy makers and multidisciplinary teams.

Introduction

Large numbers of people are currently fleeing from persecution or organized violence. By the end of 2015, the cumulative total of displaced persons in the world had reached 65.3 million, the highest ever: this included 40.8 million internally displaced persons and 24.5 million who had left their country and were dispersed over more than 164 other countries. Among the latter group, 51 percent were under 18 years of age [1]. In 2015, 12.4 million people worldwide were newly displaced due to conflict or persecution; more than half (54 percent) originated from the Syrian Arab Republic (4.9 million), Afghanistan (2.7 million), and Somalia (1.1 million) [1].

High-income countries have unique resources for sheltering refugees, but they shoulder only a small part of the burden compared with many low- and middle-income countries. Indeed, developing regions host 86 percent of the 16.1 million refugees under the mandate of the United Nations High Commissioner for Refugees (UNHCR) [1]. Refugees and asylum seekers migrate to other countries to escape persecution and violence, with the hope of successful resettlement or voluntary repatriation to their own countries. Refugee and asylum-seeker groups vary widely in education, health literacy, cultural beliefs, knowledge, attitudes, and behaviors. There is no “one size fits all” approach for identifying health needs and facilitating integration into each

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country's health care system. The legal status of refugees and asylum seekers is a key factor in obtaining government assistance such as housing, food, vocational training, and health insurance [2,3]. Traditionally, early-stage health assessment focused on communicable diseases (to avoid infection of the local population) and on mental health issues (to help cope with trauma caused by conditions in the home country, during transit, and on arrival in the receiving country) [2,4]. Increasingly, however, policy makers are concerned with ensuring equitable, long-term access to appropriate health services, including management of chronic diseases and development of comprehensive programs that address social determinants of health and evaluate the health impact of policies [5–7].

In 2009, the American College of Epidemiology initiated an effort to illustrate the contributions and role of epidemiologists in health policy for a wide range of public health issues. The initiative has resulted in more than two editorials and 11 peer-reviewed articles [8]. All papers in this series have used a similar methodology—convening experts in the field to identify lessons learned, and participating in an in-person working meeting to develop this and other case narratives on the role of epidemiology in health policy. In this article, we discuss the importance of epidemiology in policies on refugee health and related issues, highlighting lessons learned from effective examples and from challenges that have arisen in attempting to implement these examples, as well as identifying important policy-relevant gaps in knowledge. The focus will be on refugee movement over the past 15 years to Europe, the United States, Canada, and Australia.

Methods

The American College of Epidemiology's (ACE) Policy Committee convened in April 2016 an ad hoc working group of international experts in refugee health, epidemiology, policy, and program administration. The workgroup consisting of representatives from the US, Canada, and the Netherlands (European Union), developed this paper through an iterative review process.

The workgroup searched commercial library databases for peer-reviewed papers, reference lists, books, reports from international agencies and relief organizations, and unpublished data at national, state, and local levels from 1999 to 2016. The scoping review focused on definitions of refugees and migrants, their health needs, and existing refugee policies. We used a combination of key terms and various synonyms as search terms (Table 1).

Using EBSCO databases, we searched the literature using search features inherent to each database to refine the results by source types, publication year, subject, publications, language, age, geography, and more. For illustration purposes, a sample search limited to 1999–2016 year range using the following searching strategy produced a similar number of articles across all databases searched:

(refugees OR asylum seekers OR asylum applicants OR migrants OR unaccompanied minors) AND ("mental health" OR "infectious diseases") AND ("United States" OR US OR Europe OR Canada OR Australia) AND (police* OR law OR guidelines) AND (health assessment OR health screening)

Search results

The most relevant articles from this initial search came from EBSCO databases (a total of 448 hits), including PsychINFO (81 hits), Academic Search Complete (77 hits), MEDLINE (33 hits), Health Policy Reference Center (32 hits), and Health Source: Nursing/Academic Edition (28 hits). In addition, unique articles were identified in databases from other vendors and publishers, such as PubMed (73 hits), ScienceDirect (80 hits) from Elsevier, and Web of Science from Thomson Reuters (34 hits). In contrast to these low numbers of hits, Public Health from ProQuest retrieved 7622 results. The high number of hits in Proquest Public Health database is due to the inclusion of dissertations and theses (1299) and peer-reviewed articles (5141) that are unique to this particular database compared with the others. We excluded dissertations and theses from our review due to their length and comprehensive overview of a specific health problem. We also examined online reports in addition to gray literature to which we had previous awareness due to prior research experience.

The background information was focused on policies and statistics from high-income countries (United States, Europe, Canada, and Australia), excluding movement between low-income countries (e.g. from one African country to another). We excluded articles and reports on refugee health that were unrelated to epidemiologic research (e.g., descriptions of refugee programs without data or local descriptive case studies). In addition, we also excluded studies with convenience sample or descriptive case studies. The following migrant groups were not included in our final samples of references: internally displaced persons, economic migrants, and people entering the US, Canada, Europe, and Australia illegally from refugee-sending countries who do not apply for refugee status. The languages of articles were restricted to English, French, German, and Spanish because of authors' language proficiency and lack of time to arrange translating resources. Using Zotero, a citation management software, we removed duplicates of references and irrelevant studies based on previously defined exclusion criteria.

Based on our findings and group discussion, we developed an outline for the paper, and workgroup members were assigned to write and/or review sections based on their area of expertise. All members reviewed and commented on the manuscript and any inconsistencies or presentations of national differences were discussed via email and conference calls in an iterative process until consensus was reached.

Table 1
Concepts and key search terms used in the search process

Refugees	Health	Country	Policy	Other terms
■ Refugees	■ Mental health	■ United States	■ Policy	■ Definition
■ Asylum seekers	■ Infectious diseases	■ Europe	■ Law	■ Health assessment
■ Asylum applicants	■ Chronic diseases	■ Canada	■ Guidelines	■ Health screening
■ Migrants	■ Family planning	■ Australia		■ Lessons learned
■ Unaccompanied minors	■ Women's health			
	■ Dental health			
	■ Domestic violence			
	■ Child maltreatment			