



Dr Jo Williams

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Auckland Regional Public Health Service
(ARPHS)

Saturday, August 10, 2019

(Plenary)

14:40 - 15:00 Refugee Health

REFUGEE HEALTH

Jo Williams

Refugee Health Screening Service (RHSS)

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Waitemata
District Health Board
Best Care for Everyone



Working with the people of Auckland, Waitemata and Counties Manukau

Acknowledgements

- RHSS/ARPHS Colleagues
- Dr Martin Reeves
- Former refugees who have resided temporarily at the centre

Who is a refugee?

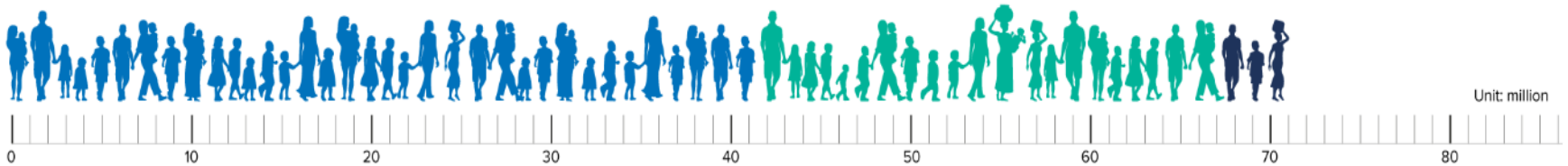
- **Under the mandate of United Nations High Commission for Refugees...**

“...Someone who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality, and is unable or owing to such fear, is unwilling to avail himself or herself of the protection of that country..”



Refugees - Global Picture

70.8 million forcibly displaced people worldwide



Internally Displaced People
41.3 million

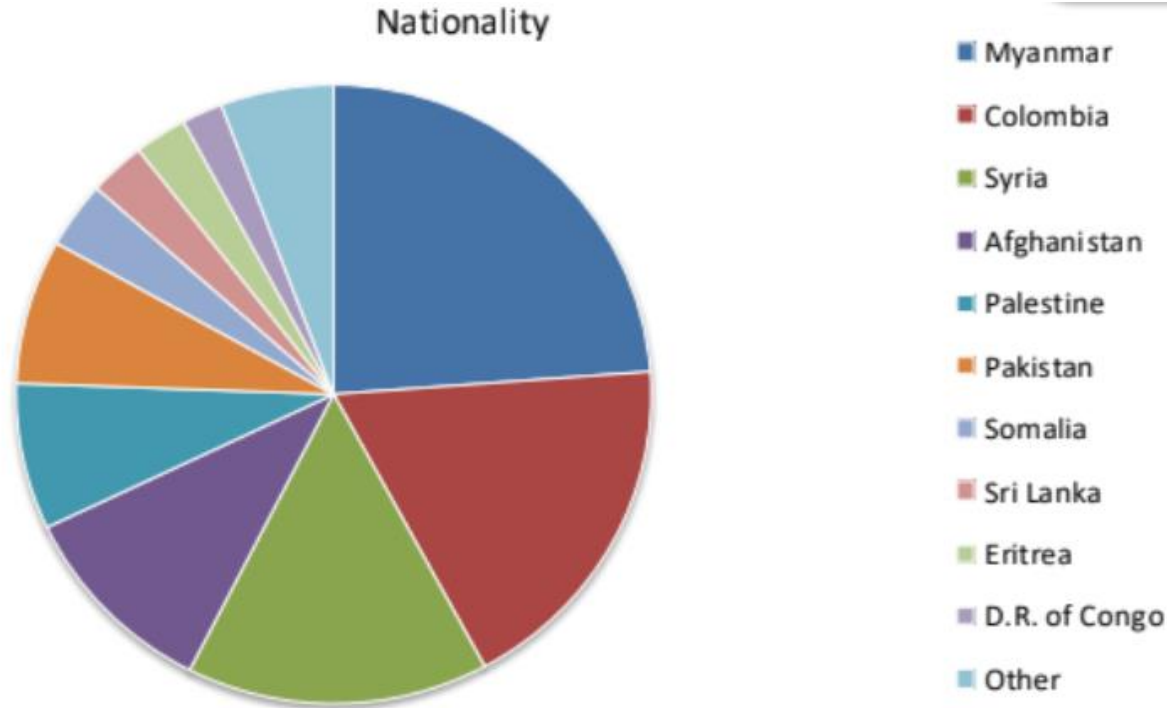
Refugees
25.9 million

20.4 million under UNHCR's mandate
5.5 million Palestinian refugees under UNRWA's mandate

Asylum-seekers
3.5 million

Which countries are NZ's quota refugees coming from?

2018-2019





Mangere Refugee Resettlement Centre

To provide a welcoming, safe and supportive environment for newly arrived New Zealanders



Refugee Health Screening: 3 phase process

1. Off-shore
2. NZ: Health Screening at MRRC.
3. Transition to resettlement location Health Services

RHSS Aim: Supporting refugees to become healthy New Zealanders

1. Off-shore refugee health screening (IOM)

- Exclude certain categories of disease from resettlement
- Identify serious health issues
- Routine eg: some vaccinations, HIV screening, FBC, Cr, CXR
- Convey information to receiving countries



2. Health Screening at RHSS - Purpose

- Prevention of spread of infectious disease
- Assessment – physical, mental health, social
- Management plan – GP, Referral
- Transition to primary health care sector

Key aspects of Screening in NZ

1. History and examination
2. Laboratory tests and chest xrays
 - Core screening tests bloods/stools
 - Age/sex related conditional tests
 - TB Screening
3. Dental
4. Immunisations

Changing epidemiology, 1995->2014

- Refugee camps → private accommodation
- Infectious/deficiency disease → chronic disease
- Few medicines → multiple medicines



Ethnic groups over time

Ethnicity 1995 – 2000 n=2992	%		Ethnicity 2010 -2014 n=3051	%
Iraqi	29.2		Burmese	32.7
Ethiopian	23.1		Bhutanese	18.4
Somali	17.6		Columbian	15.8
Vietnamese	5.9		Iraqi	9.6
Iranian	4.4		Afghani	8.7
Sudanese	3		Sri Lankan	5.8
Afghan	2.3		Palestinian	1.8
Other	16.4		Other	7.3

Infectious diseases

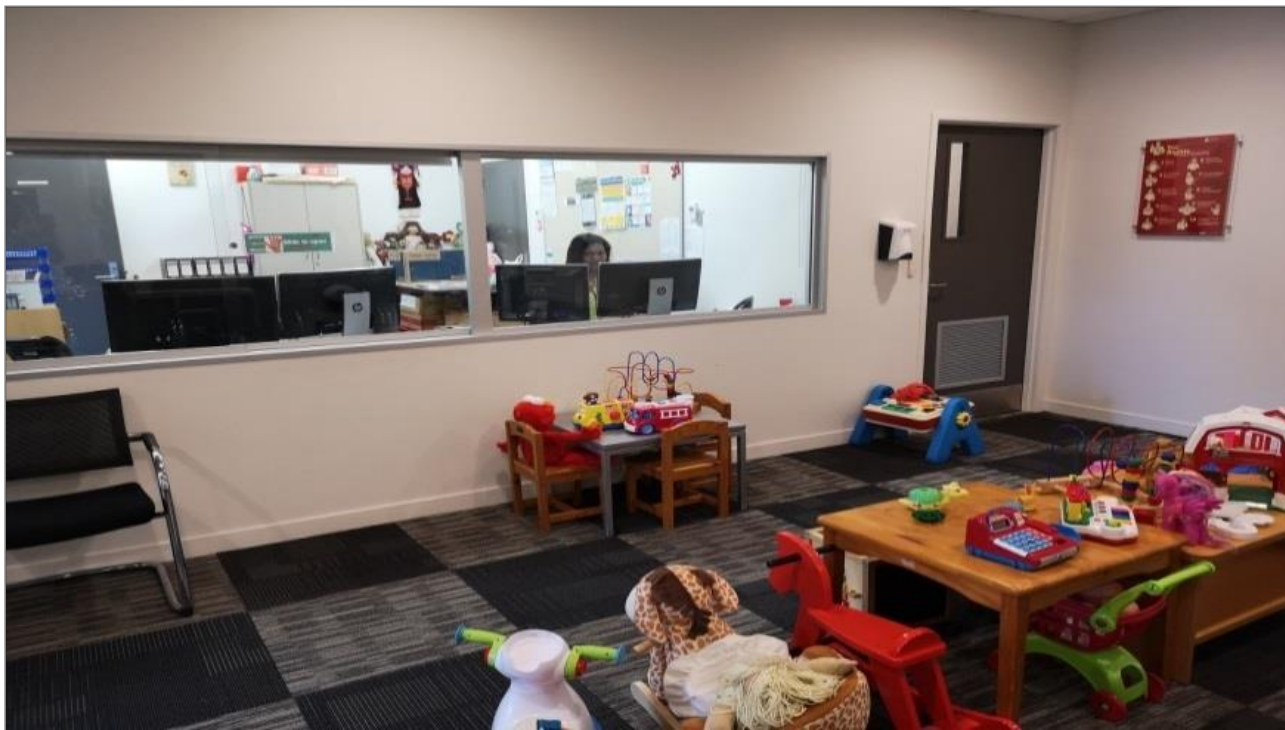
Infectious disease	1995 – 2000 (2992 people)	2010 – 2014 (3051 people)
TB disease	2%	0.18%
HIV	2%	0.45%
Schistosomiasis	22%	3%
Gut parasites	31%	15%

Micronutrients

Micronutrient	1995-2000 (2992 people)	2010-2014 (3051 people)
Iron deficiency	22.3%	10.4%

Chronic disease

Chronic disease	1995 – 2000 (2992 people)	2010 – 2014 (3051 people)
Diabetes	24 (0.8%)	91 (3%)
Hypertension	74 (2.5%)	244 (8%)





3. Regional settlement

Primary Health Care

- NZ imms schedule
- Referrals – specialists and mental health
- Screening programs
- Disability / needs assessment and support

Red Cross

- Dental Enrolment
- Optometry Appointments
- Link to Primary Health Services
- SOCIAL WORKERS

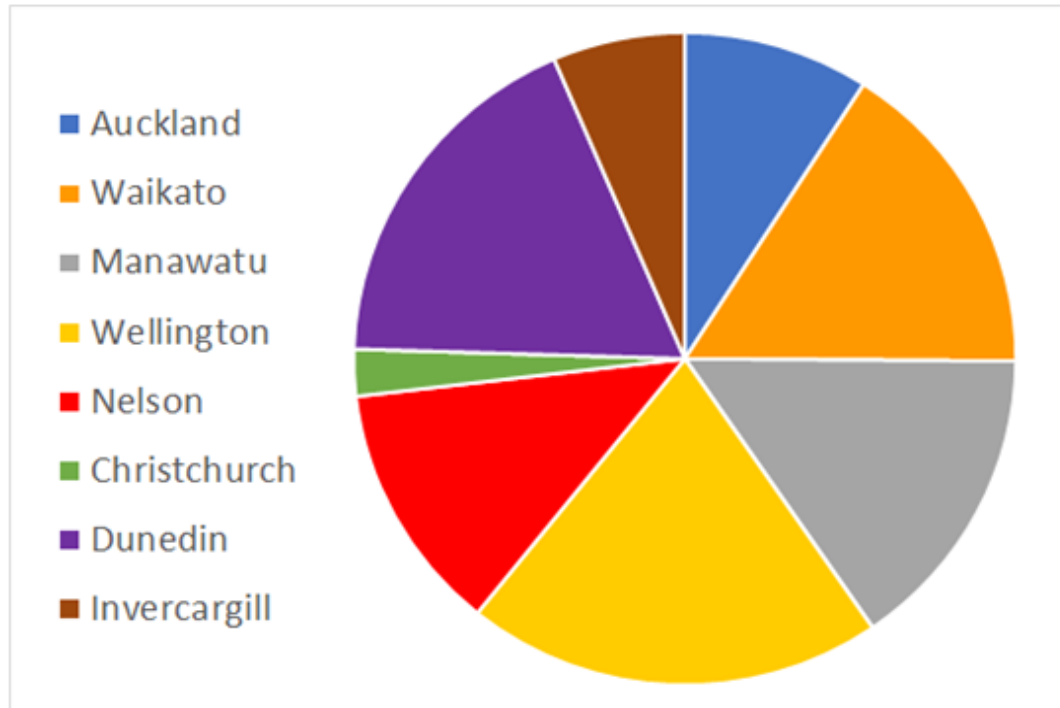
Public Health Nurse

- Action plan for abnormal Tb/LTBI
- Referrals (some areas)

Well-child providers

- Referral from RHSS

Resettlement areas

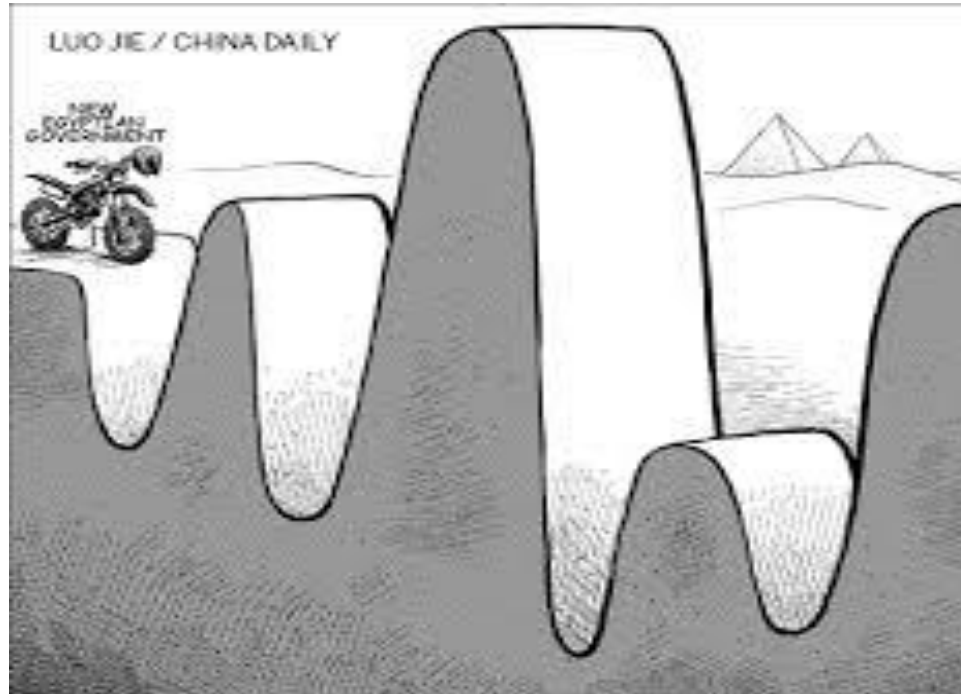


Interacting with former refugees

- Interpreters
- Variable health literacy
- Past trauma
- Fully funded
- Managing expectations
- Unpacking



Challenges of resettlement



Challenges of resettlement



Changes ahead July 2020

- Increase quota refugees to 1500 per year -7 intakes of 215 people, for 5weeks
- Extend overseas pre-arrival screening
- Initiation of chronic care off-shore
- MBIE/MOH leading program development
- MBIE contact: Anne Mouat – Senior Business Advisor, Health
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RHSS staff are available
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