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HEALTH AND REINTEGRATION

Returning to Space But Not to Time: A Life Course Approach to Migrants' Health, Continuity of Care and Impact on Reintegration Outcomes

Executive Summary

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Cover photo: Medical staff conduct a health check up on an Ethiopian migrant at a hospital in Bossaso before his return to Ethiopia with IOM's assistance. © IOM 2020 / Muse MOHAMMED

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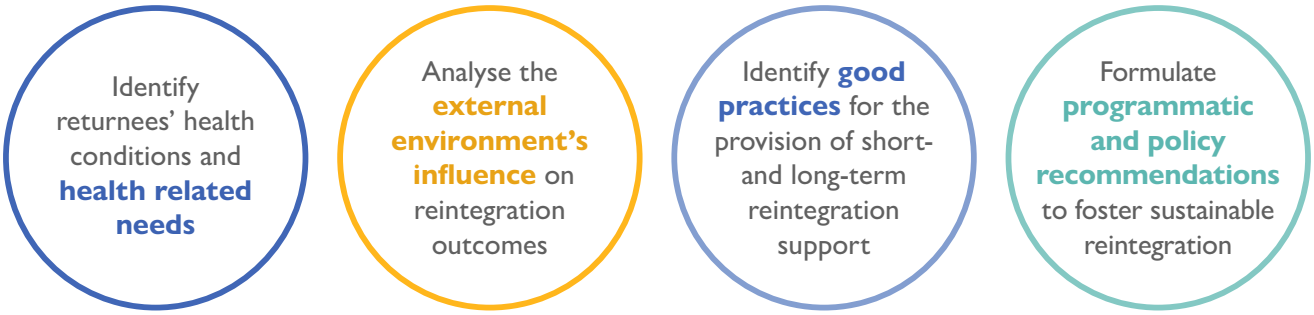
METHODOLOGY & OBJECTIVES

This project was the result of a collaboration between the International Organization for Migration (IOM), Samuel Hall and the African Centre for Migration and Society at the University of the Witwatersrand in South Africa. The aim of this research was to explore the links between health needs, access to care, and sustainable reintegration of returnees.

Within this, the study had four objectives:



The study followed a mixed methods approach, conducted between March and July 2022, in six selected countries (Brazil, Ethiopia, the Gambia, Georgia, Pakistan and Senegal). Study participants were recruited by referrals from each respective IOM country office, along with snowball sampling.

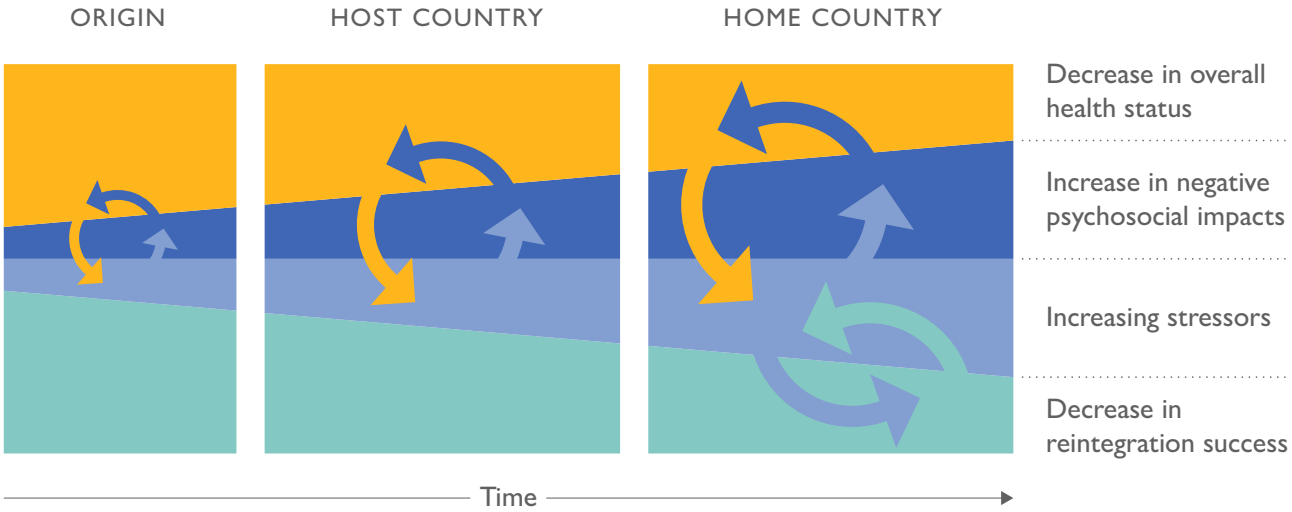
A combination of quantitative and qualitative methods was adopted:

- A survey on the health-related needs of returnees (n=296)
- Semi-structured interviews with returnees (n=110)
- Key informant interviews with key stakeholders (n=76)
- Programmatic case studies to identify reintegration and health programming (n=47)
- Expert group of academics and global leaders in the field of migration and health engaged (n=5).

The full report provides an analysis of the health needs of returnees and its impact on reintegration outcomes based on the mixed methods study.

KEY FINDINGS: 10 MESSAGES

Figure 1. A life course approach to returnees' health and reintegration outcomes



1. A majority of returnees had good health prior to migration, which deteriorated on the journey.

The vast majority of returnees reported having good health prior to migration, which deteriorated along the migration journey, and remained as such upon return. The survey with returnees found that only 1 per cent of respondents reported having poor health prior to migration, which increased to 37 per cent at pre-return, and decreased to 25 per cent post-return, although this remains much higher than baseline at pre-migration. This is in line with the literature suggesting that the "healthy migrant effect" often does not last long after arrival at destination. This was more pronounced among female returnees, forced returnees, returnees who spent at least six months abroad, and returnees who have returned between 1-2 years ago, highlighting the need for an intersectional approach.

2. Exposure to harmful environments during migration has a cumulative effect on the health of returnees, often resulting in a "dual burden" on long-term physical and mental health.

Earlier acute health events, such as work-related injuries or physical violence while abroad, often translated into longer term chronic health conditions for returnees, including physical diseases (e.g. disability, chronic pain) and mental illnesses (e.g. post-traumatic stress disorder), resulting in a "dual burden" on their health with knock-on effects on reintegration outcomes. Returnees often recognized the cumulative nature of negative health consequences from their migratory experiences abroad and when they return, particularly when their health needs were not addressed in a timely manner. The worsening of health was often perceived as a "loss" among returnees, and in some cases this may be irreversible.

3. There is strong evidence on the linear relationship between poor health and poor reintegration outcomes among returnees post-return.

A key finding in the study was a linear relationship between health and reintegration in the study sample. The worse the health of returnees at post-return, the worse their overall reintegration outcome becomes. This linear trend was found to be statistically significant using regression modelling ($p<0.001$). This was based on a composite overall reintegration score computed using the survey data, comprising indicators from each of the three reintegration dimensions (economic, social, psychosocial). Results showed that the worse the

returnees reported their health to be at post-return, the worse was their composite reintegration score, as well as for each dimension. The same groups who reported worse health post-return often also reported worse reintegration outcomes.

4. A two-way relationship between health and reintegration, often resulting in vicious cycles, is mediated by multi-level stressors.

Across the three dimensions of reintegration, a two-way relationship between health and reintegration exists. It was clear that the impact of returnees' health-related needs on their reintegration outcomes was as important as in the reverse direction. This bidirectional relationship between health and reintegration was underpinned by multiple pathways between health, health access, economic reintegration, social reintegration, and psychosocial reintegration. Returnees were often caught in a vicious cycle of poor health and poor reintegration. The data indicates that negative impacts of health and reintegration reinforce each other, making it harder for returnees to break out of the vicious cycle as time passes. Intergenerational impact was also highlighted since the health effects of returnees who struggle with health and reintegration may negatively affect their next generation's health, well-being, and development.

5. Returning to an unsupportive environment is detrimental to returnees' mental and physical health.

Returnees' unmet health needs were found to negatively impact psychosocial reintegration in several ways: restricted participation in social activities, social seclusion by family, and consequences of mental health distress. Poor self-reported health was also associated with poor social networks. Research findings clearly suggested that returning to an unsupportive environment was a major contributing factor towards returnees' poor mental health, including at the family, peer, and community levels, especially in cases of "failed migration" episodes. Self-perceived stigma and discrimination often results in low self-esteem, which causes mental health distress as well as withdrawal from social interactions and activities, reinforcing a vicious cycle.

6. Returnees face additional barriers to health-care access, on top of those shared by the general population.

The relationship between health and social reintegration (i.e. access to social services) was primarily in the direction of the effects of access to health-care services on returnees' health. Returnees who were not able to seek health care had worse health than those who were able to. Returnees' willingness and ability to access health-care services were influenced by multiple individual and structural factors. Some factors are specific to returnees and are augmented as a result of being a returnee, as compared to general access issues shared by both returnees and the general public in countries of origin. When compared to pre-migration stage, returnees reported being denied care more often at post-return. In face of unmet health needs, returnees reported resorting to a variety of coping strategies. Poor access to positive social determinants of health, including decent housing, nutrition, legal protection, was also found to have negative impacts on returnees' health.

Table 1. Barriers to accessing health care specific to returnees versus shared by the non-returnee population

BARRIERS SPECIFIC TO RETURNEES	BARRIERS FACED BY RETURNEES SHARED BY THE NON-RETURNEE POPULATION
• Denial of care because health condition (such as accident) occurred overseas • Discrimination against returnees who were victims of trafficking • Misconceived perceptions towards returnees in relation to sexually transmitted diseases • Financial difficulties in affording health service when returnees are not economically reintegrated • Lack of information on how and where to access care, particularly if returnees have been away for prolonged periods • Lack of documentation or identification papers, particularly if returnees have been away for prolonged periods • Language barriers, particularly if returnees have been away for prolonged periods	• Cultural barriers due to stigmatization of certain health conditions (such as mental health) • Lack of health insurance • High costs of health services, including medication • Long waiting time • Lack of specialist in local area • Medication shortage or unavailability • Transportation costs associated with accessing health care

7. Economic reintegration is often prioritized over unmet health needs, creating negative feedback loops.

Economic reintegration was often prioritized by returnees over their health needs, with long-term implications on their health and reintegration, such as delayed treatment reducing capabilities to work and lead a decent life. Similar to the other two dimensions, economic reintegration was found to be worse among returnees with poorer health post return. Being unable to re-integrate economically impacts returnees' health both directly (e.g. mental stress) and indirectly (e.g. unaffordability to access health care). On the other hand, poor health impeded on returnees' ability to seek employment and business opportunities, and there were several cases of unemployment due to disability incurred during their migration journey. Health-care related expenses also limited returnees' ability to grow their business.

8. Countries' health systems and universal health coverage influence returnees' health and reintegration outcomes.

In each of the countries we studied, the health system clearly influenced returnees' health access and outcomes, thereby having knock-on effects on returnees' reintegration outcomes. The likelihood of positive economic and social reintegration outcomes is influenced in many ways by the availability of universal health coverage and quality of health system in the countries of origin. In countries without universal health coverage, returnees often experienced delayed care or no care at all with long term health consequences. In countries with stronger universal health coverage, returnees have better access to free health services and medication so they do not have to pay (or pay less) out-of-pocket medical expenses. The shorter waiting times also enable returnees to attend to their health needs in a timelier fashion, which is conducive to their economic productivity and social reintegration.

9. Returnees often experience continuity of care issues and a drop in quality of care post-return.

The variation in health systems across time and thus the care received by returnees created issues related to quality and continuity of care. Returnees often compared their experiences of health systems along their migration journey between host countries and countries of origin. In most cases, returnees experienced a drop in quality of health care post-return. Common reasons included: lack of specialists in their local areas, non-coverage of services, longer waiting times, and delayed treatment, poorer quality of care, and shortage or unavailability of medication. In several incidents, returnees described how the poor quality of health service they received post-return had led to harmful health effects. While less common, some returnees - primarily from Brazil - found that the affordability and quality of care received had improved upon return. Discontinuation of medications, often due to unavailability or high costs, is also common among returnees.

10. Sustainable interventions require migration-aware health systems and recognition of the interdependence between health and reintegration.

Awareness remains low among key stakeholders that returnees' health and reintegration outcomes are closely interlinked. As a result, many migration and health programmes and policies remain siloed. A holistic approach that considers the various dimensions of health and reintegration and their linkages is necessary to ensure returnees' sustainable reintegration. While in-kind support or financial assistance provided by IOM or non-state actors was often crucial for returnees' acute health needs, such an approach proved to be not sustainable in the long run, especially when subsidising returnees' access to public health services. This is particularly so for returnees with long term health conditions who require regular follow-up, as compared to returnees with acute or one-off health needs. Key informants emphasized the need for a systems strengthening approach to cater for returnees' health and reintegration. Where "migrant-sensitive health systems" are recognized, this is often focused on the inclusion of migrants in countries of destinations rather than considering the needs of migrants across the migration journey, including returnees post-return. Sustainable interventions will require migration-aware systems and recognition of the interdependence between health and reintegration.

> *"There is no positive thing [from my migration that] I experienced. It has deteriorated. Before migration, I was poor and my worry was how to get money. Now I even lost my health. Nothing is worse than losing one's health. My life totally ended in tragedy."*
>
> *– Interviewed returnee, Ethiopia*

> *"If you have no clue about when you are going to do a treatment you need, if you don't know how much you are going to pay for it, if done privately... How are you going to build your future plans if there is a health-related urgency holding you back? It affects them tremendously."*
>
> *– Key informant, Brazil*

RECOMMENDATIONS

Based on the study's findings as well as gaps and opportunities identified, the following recommendations are proposed to enhance returnees' access to health care and to improve their health and reintegration outcomes. While some of the actions recommended are taking place in some countries, there is a need for more widespread and systematic uptake.

Implementing Actors

IOM IOM
ILO ILO
WHO WHO
CIV Civil society
STA State actors
DON Donors

Build a continuum of care across different stages of the migration cycle

IOM STA Conduct health needs assessment pre-return and post-return to identify returnees' existing or health needs.

IOM WHO Develop a training module for health workers to create migration-aware health systems with recognition of health needs across the migration journey, including returnees' post-return.

IOM WHO ILO Explore the feasibility and conduct pilot projects on innovative means of health insurance for migrants along the migration journey, such as cross-border health insurance and collective health insurance.

IOM WHO STA CIV Facilitate the realization of migrants' and returnees' right to health (includeing access to public health services) across the stages of migration.

Fund gender specific initiatives on reintegration and health

IOM WHO Develop a training module for health workers specifically on gender-specific health needs across the migration journey.

IOM STA Ensure health needs assessment (including mental health screening) are conducted by trained personnel of the same gender as the returnee.

Strengthen transnational information sharing and safeguarding

IOM WHO STA Facilitate the safe and confidential transfer of medical records and/or information from pre-return to post-return phase, taking into account differences in languages and names for pharmaceuticals and procedures.

IOM Expand IOM's pilot project on the electronic Personal Health Record system to ensure that returnees' health records are available at transit and destination countries, as well as in countries of origin upon return.

IOM Develop a leaflet or information package containing information on how returnees can access public health services and other returnee health support post-return.

IOM Develop an individual care plan for migrants with health-related needs prior to return that is linked to their reintegration needs.

Reinforce screening and referrals upon return

IOM STA Conduct mental health screening for returnees at baseline and at a regular interval to assess changes in mental health status.

IOM Develop a longer-term psychosocial well-being programme for returnees who experience mental health distress due to not being able to meet their own or families' expectations.

IOM Facilitate telehealth services (such as teleconsultation with a specialist) for returnees who may face barriers in access to care.

IOM Provide transport subsidy to returnees with health needs who have financial difficulties.

Align reintegration and health programming

IOM Strengthen follow-up support to returnees who have long term health needs, such as referring or signposting those who are unable to access health care or medications to health service providers.

IOM Strengthen follow-up support to returnees who have received economic reintegration assistance from IOM, particularly returnees who struggle to maintain their businesses post COVID-19.

IOM Reinforce training on financial and management skills for returnees who have received economic reintegration assistance from IOM, particularly those who are unable to access health care due to unaffordability.

IOM Identify economic opportunities for returnees with work-related injuries or disabilities that might limit their ability to easily seek employment.

IOM WHO Devise a set of health indicators to be included into routine IOM monitoring surveys across the stages of migration

IOM Create peer support networks for returnees with health conditions for mutual encouragement and information sharing.

IOM Raise awareness of returnees' needs and reduce stigmatization among government officials and local communities to which returnees return.

IOM Strengthen recognition of health-aware return and reintegration programming among key stakeholders working for migrants' return.

IOM Promote awareness among key stakeholders on a more holistic approach towards health and reintegration.

Strengthen governance and synergies in policies on migration and health

IOM STA Collect and share anonymized and gender- and age-disaggregated data on the health needs and outcomes of returnees to monitor migration and health trends.

IOM WHO STA Mainstream migrant-awareness into health systems policies at national, regional, and international levels.

STA CIV Establish formal collaboration arrangements between national actors and civil society to address returnees' health and reintegration needs.

DON Combine reintegration with development funding that supports the public health system – reintegration and development actors can collaborate with an entry point in the health sector.

Future directions for research

A follow up **longitudinal study** would offer further insights on how returnees' health and reintegration outcomes continue to interact to produce deteriorations or improvements over time.

In view of the self-reported nature of this present study, studies using **objective measures** can confirm the findings from this study. These could include both physical health measures (such as body mass index and blood pressure) and mental health measures (such as Patient Health Questionnaire screening test).

A follow-up investigation into **gender transformative or gender sensitive interventions on health and reintegration** would support interventions that address gender inequities in reintegration.

IOM health teams assist a woman who cannot get out of her car due to high blood pressure. © IOM 2022 / Léo TORRÉTON

Samuel Hall

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EU-IOM Knowledge Management Hub

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