

# INGSA Conference

## Science and Policy Making: towards a new dialogue

**Migration: Evidence-informed responses  
to humanitarian crises**



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Médecins sans Frontières

# MSF EU MIGRATION ACTIVITIES SEPTEMBER 2016



# MSF Operations

- **Primary health care (PHC) + Referral + Health promotion + Chronic diseases + SRH**
- **Mental health care** (individual & group)
- Victims of torture/ill-treatment
- **Food & Non-Food Item (NFI)**
- **Transportation, Shelter, Water & Sanitation**
- **Search & Rescue**
- Vulnerable groups: identification & referral
- **Advocacy**





@MSF/Vicky Marcolefa



@MSF/Alessandro Penso



@MSF/Alex Yallop



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# Operational research: What does our data show?

Poster\_dangerous\_crossing\_Augusta2014.pdf - Adobe Reader

## Dangerous crossing: demographic and clinical features of rescued sea migrants seen in 2014 at an outpatient clinic at Augusta harbor, Italy

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**Aim**  
To describe demographic and clinical features of rescued sea migrants seen during the period of MSF intervention in Augusta (Siracusa, Italy).

**Background**  
In recent years, Europe has received an increasing influx of migrants, many of whom have risked their lives crossing the Mediterranean Sea.  
In October 2013, Italy launched a search and rescue operation at sea (Mare Nocturno) in response to migrant crossings during the sea crossing.  
In August 2014, Medecins sans Frontieres (MSF) and the local Ministry of Health (MHS) established an outpatient clinic at Augusta harbor (Sicily), which received 26% of total sea migrants arrived in Italy in 2014, to provide immediate medical assessment and care.

**Results**  
There were 2,553 migrants who consulted the clinic (17% of all rescued migrants).  
Most were young males (81% males and 53% between 15-30 years old).  
The overall burden of vulnerability pregnant women, children <5 years, unaccompanied minors, single parents with children of minor age, disabled and elderly persons) was 24% (Fig. 3).

**Acute and chronic cardiovascular disease** (4% vs. 1% and 32% vs. 8% respectively,  $P = 0.001$  for both), as well as **diabetes** (1% vs. 1%,  $P = 0.05$ ), were more frequent in Group 1 (Fig. 4 and 5).  
**Chronic disease** affected 19% of Group 1 and 4% of Group 2 migrants ( $P = 0.001$ ) (Fig. 5).

**Discussion and Conclusions**  
First study assessing the clinical features of sea migrants at the time of arrival in Europe.  
There were two groups of migrants with different demographic and clinical characteristics, as well as vulnerability patterns:  
1. Migrants from the Near East (Syrians, Iraqis and Palestinians: Group 1) included a large proportion of small children, pregnant women, elderly and disabled people. They had more acute and chronic vascular disease, diabetes, as well as health-seeking behavior.  
2. Migrants of other nationalities (Group 2) were mostly African men of various ages. Amongst them there were



Journal:

Conflict and Health (8)

Lancet (5)

The Lancet Infectious Diseases (2)

PLoS Medicine (2)

The British Journal of General Practice: the

Journal of the Royal College of General

Practitioners (1)

Subjects:

Humans (7)

Violence (5)

War (4)

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20 MAY 2016

Lessons Learnt from TB Screening in

Crepet, A;

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1 APR 2016

Re-Inventing Adherence: Toward a F

O'Donnell, MR;

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7 MAY 2015

Access to healthcare for the most vulnerable migrants: a humanitarian crisis

Pottia, Kevin

Search - MSF Field Research

Poster\_MH Sicily\_2014-2015.pdf - Adobe Reader

## Mental Health and Trauma: MSF experience with asylum seekers in Sicily, 2014-2015

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**Objectives**

- Analyse mental health needs of asylum seekers living in reception centres.
- Describe mental health needs and pattern among asylum seekers.
- Evaluate gaps in the intervention of the Italian Migration System.

**Methods**

- A retrospective analysis of routinely collected data from a MSF mental health program carried out from October 2014 to December 2015 within the CAS (Emergency Reception Facilities) of the Ragusa Province, was performed.
- Following group sessions and standardized assessment carried out by psychologists, individuals suffering of mental health disorders were identified and invited for an individual follow up.
- Mental health symptoms were recognized based on clinical criteria and according to DSM-V standards.
- Information on socio-demographics, diagnosis, traumatic events history, main complaints and outcomes were collected.
- Pearson Chi-squared test was used for the association between demographics and patient characteristics.
- Binary logistic regression

**Results**

**Population description**

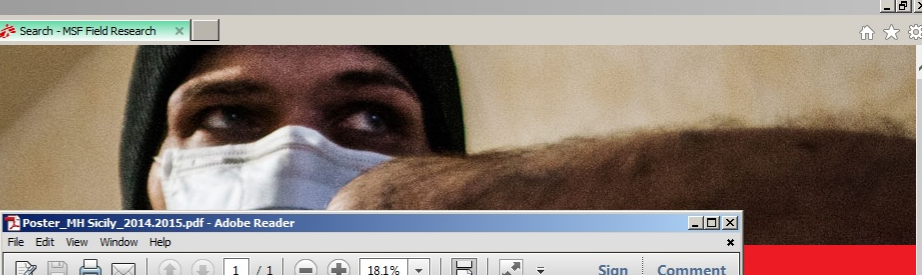
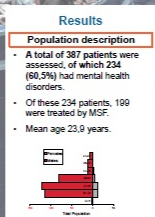
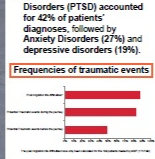
- A total of 387 patients were assessed, of which 234 (60.5%) had mental health disorders.
- Of these 234 patients, 199 were treated by MSF.
- Mean age 23.9 years.

**Traumatic Events**

- The main traumatic events registered before and during the journey are listed below
- Having mental health problems was significantly associated with vulnerability and traumatic events.

**Background**

- The instability across North Africa and Sahel, the erosion of Libya, the Syrian on-going civil war and other instable countries have resulted in an unprecedented increase in numbers of migrants arriving to Europe via the Mediterranean Sea.
- According to UNHCR, in 2015 Italy registered 153,842 arrivals by sea.
- There is a clear concern that an important number of

# Vulnerabilities and Medical needs

## Sicily 2014

- Demographics and clinical data at Augusta port:
  - **2,593 migrants** (17% of all landings)
    - 81% male – (53% 18-30 y)
  - **24% of vulnerable**
  - **Morbidities associated with dangerous journey for 72%**
  - Main reasons for hospitalisation: trauma, gyneco-obstetrics, respiratory conditions
  - **Chronic disease: 19%** for Middle East patients and **4%** for Africans
  - **Low public health risk** (3 confirmed TB cases and 10 non-confirmed clinical suspects)

## Greece and Serbia 2015

- **82,5065 consultations** – 27% female and 27% under 18
- **16% of vulnerable**
- **9% of women** in reproductive age were pregnant
- **93% of symptoms** during migration journey: mostly respiratory infections, trauma, gastro-intestinal and dermatological complaints
- **6%** chronic disease
- 77/681 in need of **referral refused (11%)**
- **Low public health risk** (5 TB cases of which 1 was on treatment)

# Mental health needs

## Ragusa Province, Sicily 2014-2015

- Intervention within the CAS system
- 387 patients of which 234 (60%) had mental health disorders
- 199 treated by MSF
- 42% PTSD, 27% anxiety disorders, 19% depressive disorders
- 50% of people surveyed had traumatic event prior migration, 85% during migration
- 90% of MSF patients experienced post-migration traumatic events (reception)

## Greece and Serbia 2015

- 1064 MH patients
- 97% experienced traumatic event prior to migration
- 57% during or after
- 20% experienced physical violence
- 79% experienced mental health symptoms

# Exposure to violence

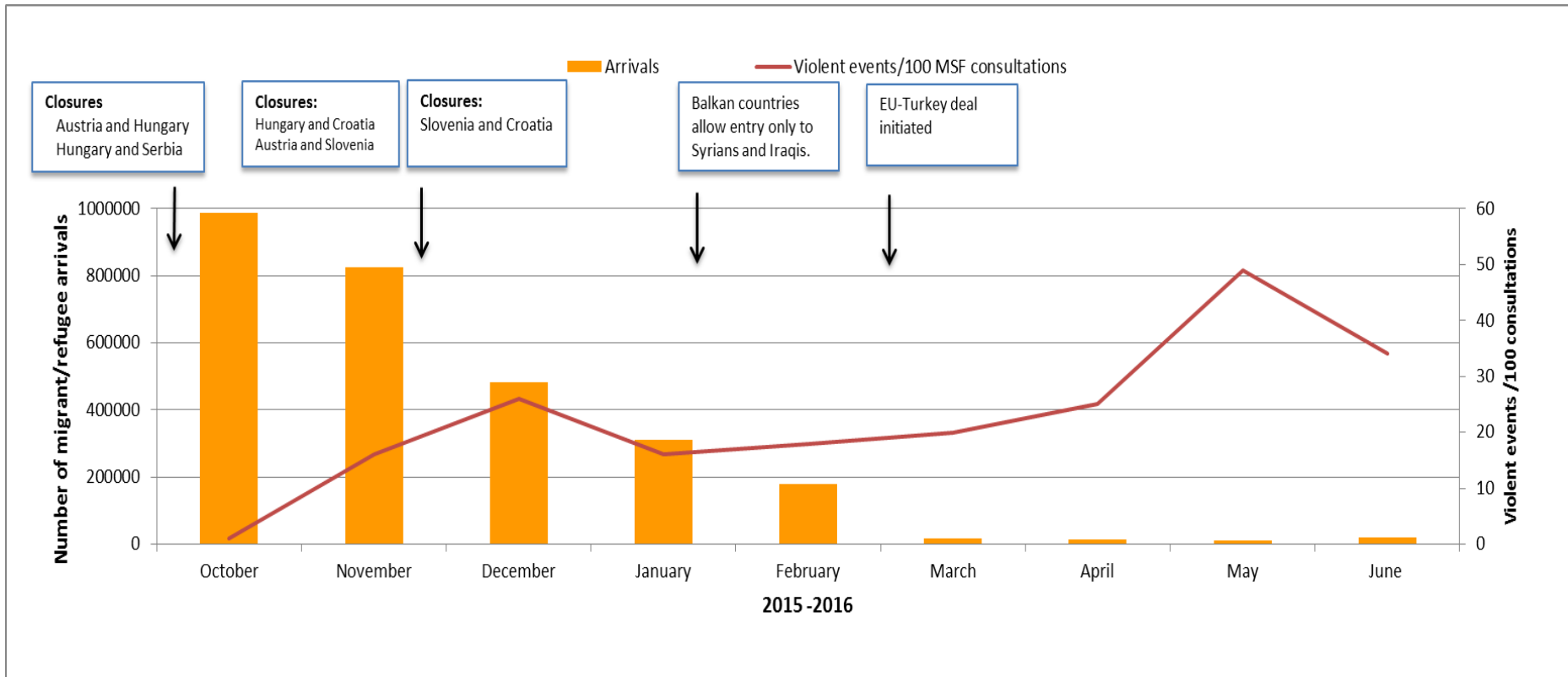
## Serbia July 2015 – June 2016

- 992 (mostly men from Syria and Afghanistan) MH patients
- 1/3 experienced violent traumatic events during journey
- 52% at the hand of State authorities
- Correlation with border closure
- More male victims of violence, especially from Pakistan, Afghanistan and African countries
- Where: unknown, FYROM, Bulgaria, Hungary, Serbia





Figure 3. Trend in migrant/refugee arrivals and violent events/100 consultations in relation to Balkan border closures (2015-2016)



Source: MSF mental health clinics and International Organization for Migration (data on arrivals)

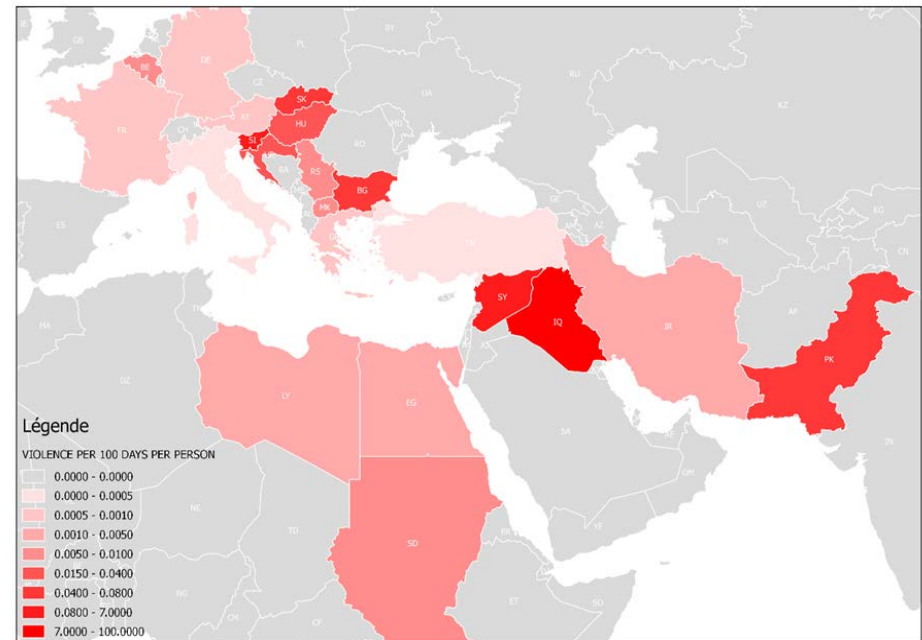
$\chi^2$  for linear trend 37,  $P < 0.001$  - for violent events/100 mental health consultations

# Exposure to violence

## Calais 2015

- 402 (95% men, mainly from Sudan (33%), Afghanistan, Iraq)
- 65% experienced violence during journey
- Where: Libya, France, Iran, Bulgaria

## Violence rate by time spent in country



# Implications for MSF's work

- Deployment of medical and humanitarian services at key points of the migratory routes, including mental health services
- Adaptation of services to patients' mobility (first psychological aid, health card...)
- Preparation of teams for medical responses to riots, border violence (teargas, shrapnel wounds...)
- Need for transnational data collection systems
- Need for advocacy



# Policy implications

- Dangerous migratory journey, including border closure and violence, is the main cause of medical and mental health needs: **need for safe passage**
- **Low risk for public health**
- Need for **medical and vulnerability screening** at reception sites and adapted protection pathways
- Need for **free and accessible health care**, including **mental health care** at all points of the journey
- Need for proper **management of chronic diseases**
- **Need for health strategies ensuring continuity of care**
- **State authorities need to take responsibility and ensure human treatment**