

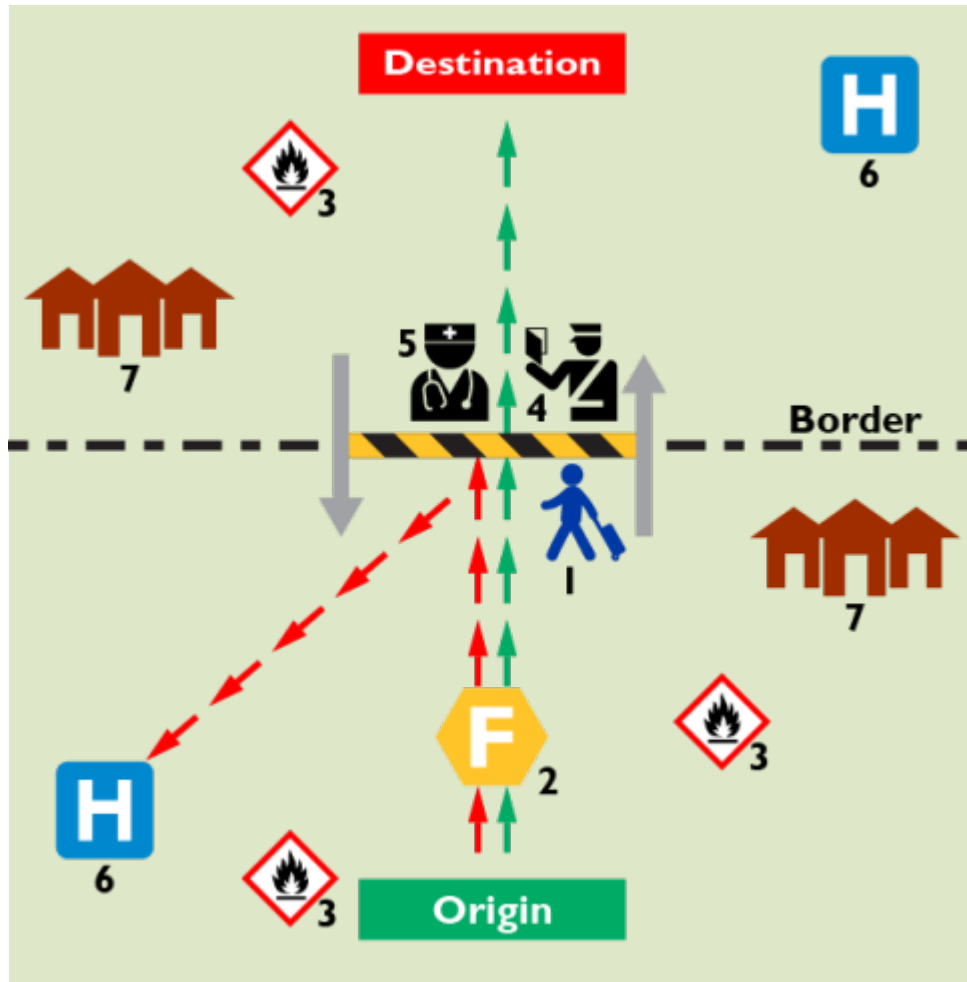


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International Organization for Migration*

Migration Health Division for the Americas



Sick, Injured and Disabled Persons



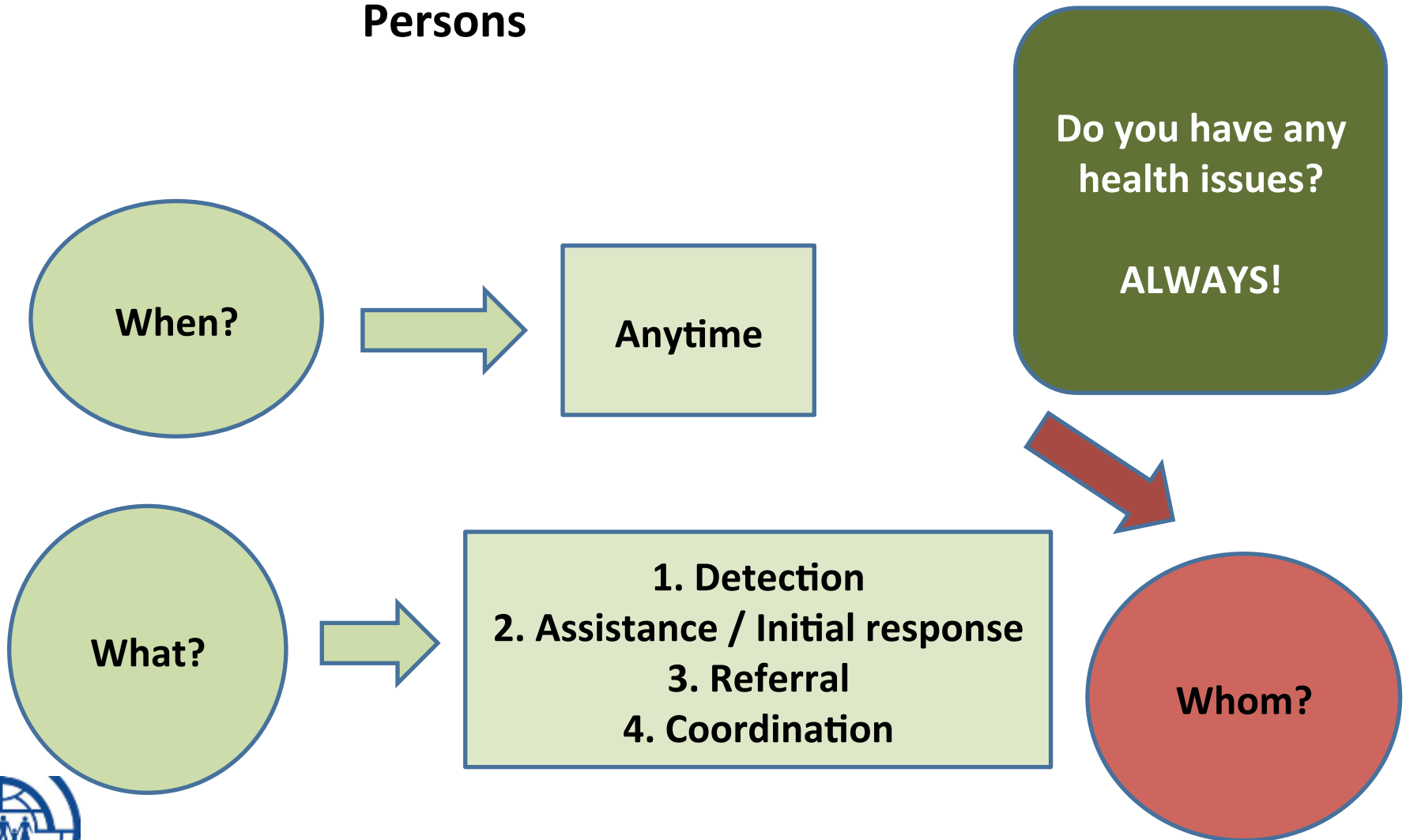
Who?
Where?



Everyone,
everywhere

- 1 Traveller at Point of Entry
- 2 Flow Monitoring Point Health Screening
- 3 Mobility Hot Spots
- 4 Immigration | Law Enforcement
- 5 Health Screening at Border
- 6 Referral Health Service
- 7 Border Communities

Sick, Injured and Disabled Persons



Sick persons

- Migrants with **serious physical or mental health concerns.** 1

Elderly adults

- Migrants **aged 70 years** or more who **“in the absence of adequate protection**, are suffering or exposed to suffer deviations or physical or mental disorders and could be in a situation of risk.” 2

Injured persons

- Persons with some type of serious perforation or tear that could place their health at risk.

Disabled persons

- *“with long-term **physical, mental, intellectual or sensory impairments** which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”* 3

1. International Classification of Diseases, 10th Revision, WHO, 1998

2. Article 3, law on the protection of elderly adults. Guatemala, 1996

3. Article 1, Convention on the Rights of Persons with Disabilities

The medical risk associated to the transportation of a person depends on the interaction of 4 factors:

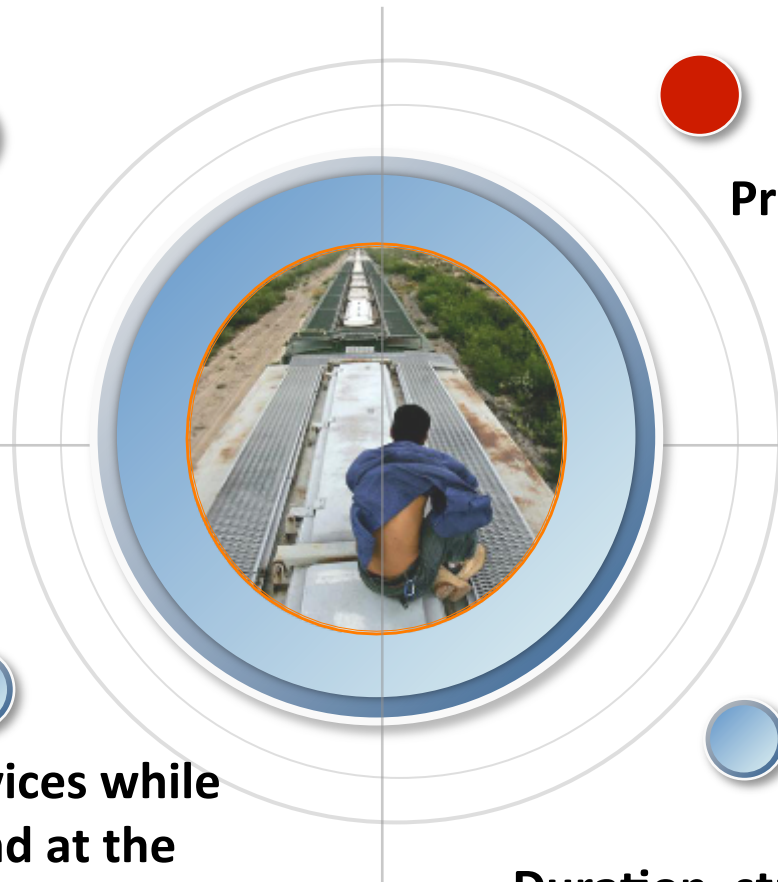
Why?

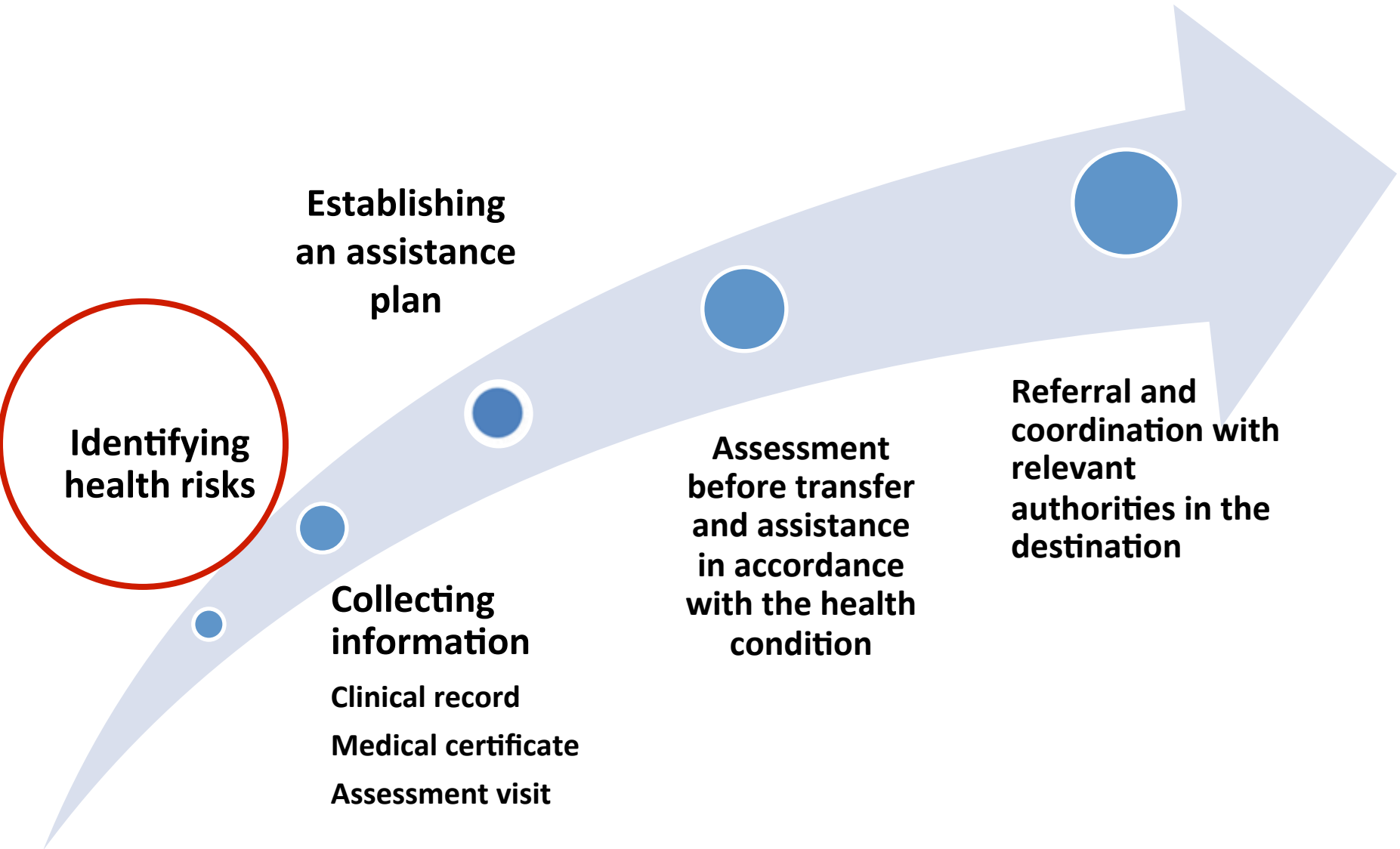
Means of transportation and available resources

Pre-existing conditions

Access to services while in transit and at the destination

Duration, stress and risks taken on during the journey





Identifying health risks

Establishing an assistance plan

Collecting information

Clinical record
Medical certificate
Assessment visit

Assessment before transfer and assistance in accordance with the health condition

Referral and coordination with relevant authorities in the destination

Assessment of Indicators

Clinical
condition

Psychological
and
emotional
condition

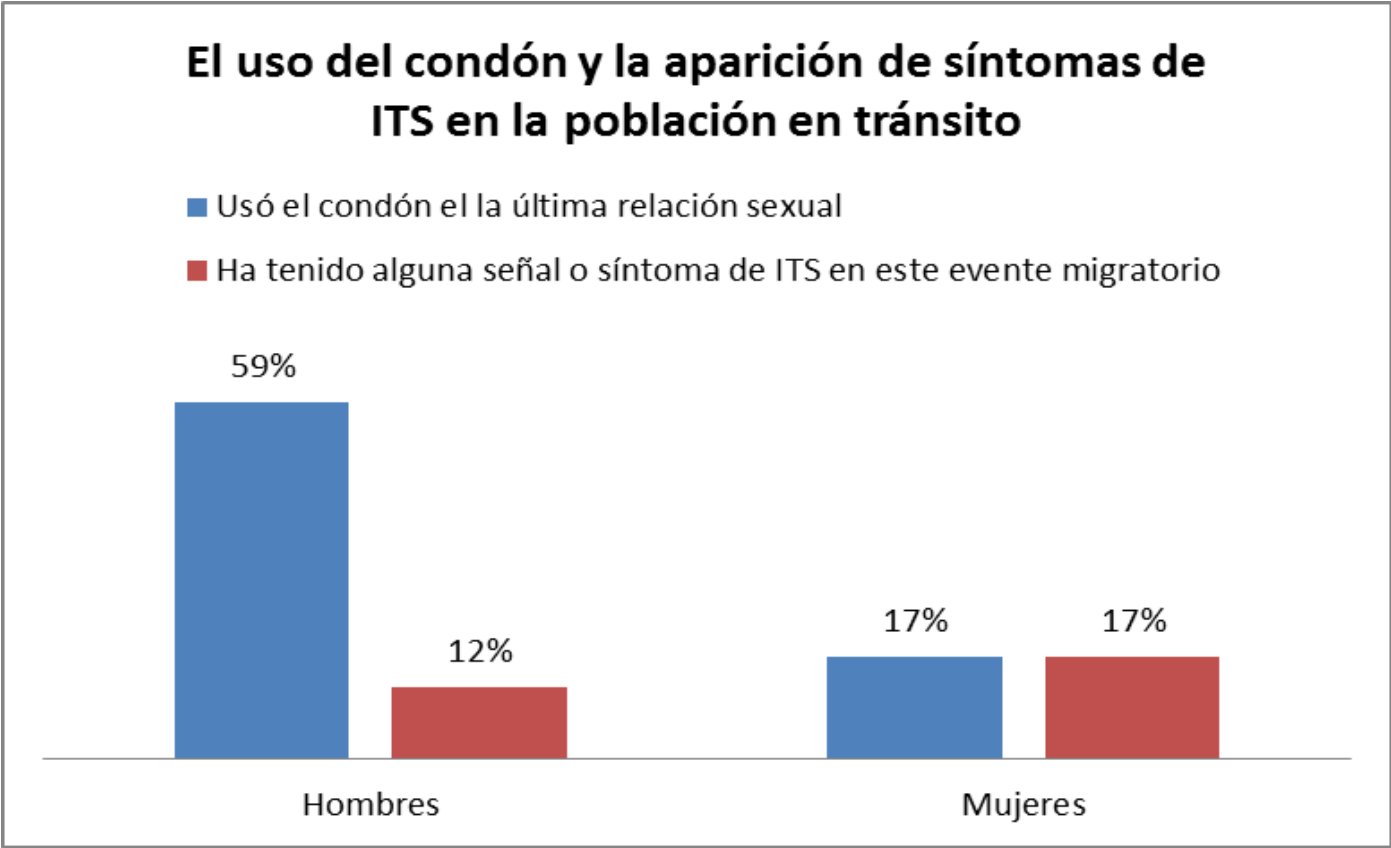
Mobility and
daily life
activities

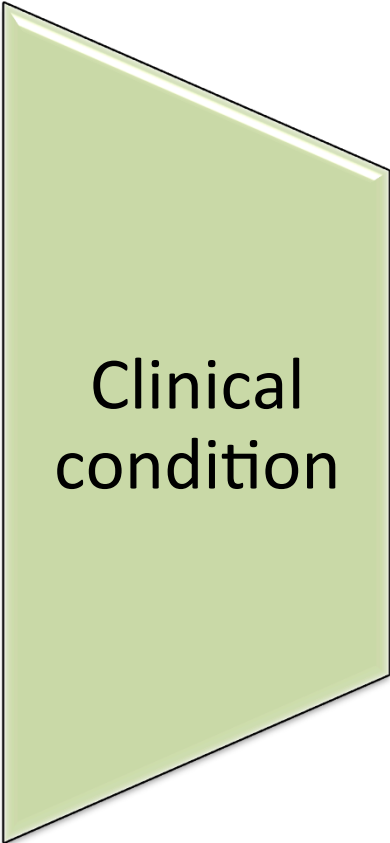
Access to
services
and family
networks

33% of the men and **15% of the women** stated that they had had sexual intercourse with more than one person during migration.

Source: IOM/Sierra

Clinical condition



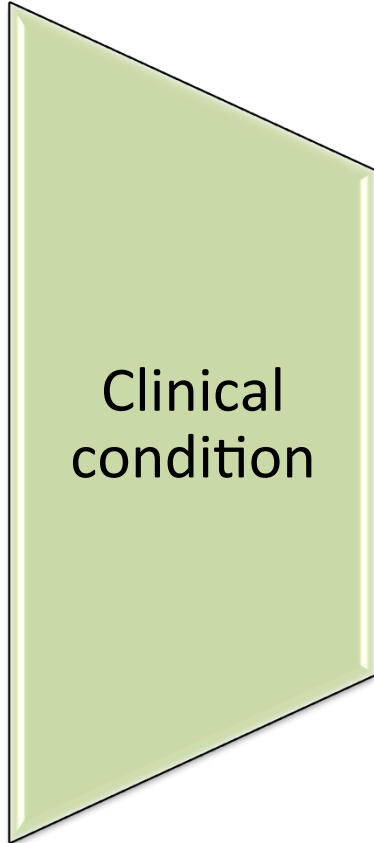


Clinical
condition

Health conditions that make it necessary to wait

- Infectious diseases
- *Anaemia – with haemoglobin levels of less than 7.5 g/dl*
- *Heart attack – in the past 7 days*
- Decompensated heart failure
- Unstable angina
- *Stroke – in the past 14 days*
- Deep vein thrombosis – *acute*
- *Respiratory – shortness of breath while at rest or after slight exertion*
- *Not immobilized fractures - Haemorrhage*
- Recent surgery – *less than 10 ago*
- Otitis media, Sinusitis
- More than 34 weeks of pregnancy
- *Uncontrolled epilepsy syndrome*
- *Decompensated psychiatric disorders*
- *Acute pain*

Migration is not always a risk but always determines the health of migrants.



Risk Conditions

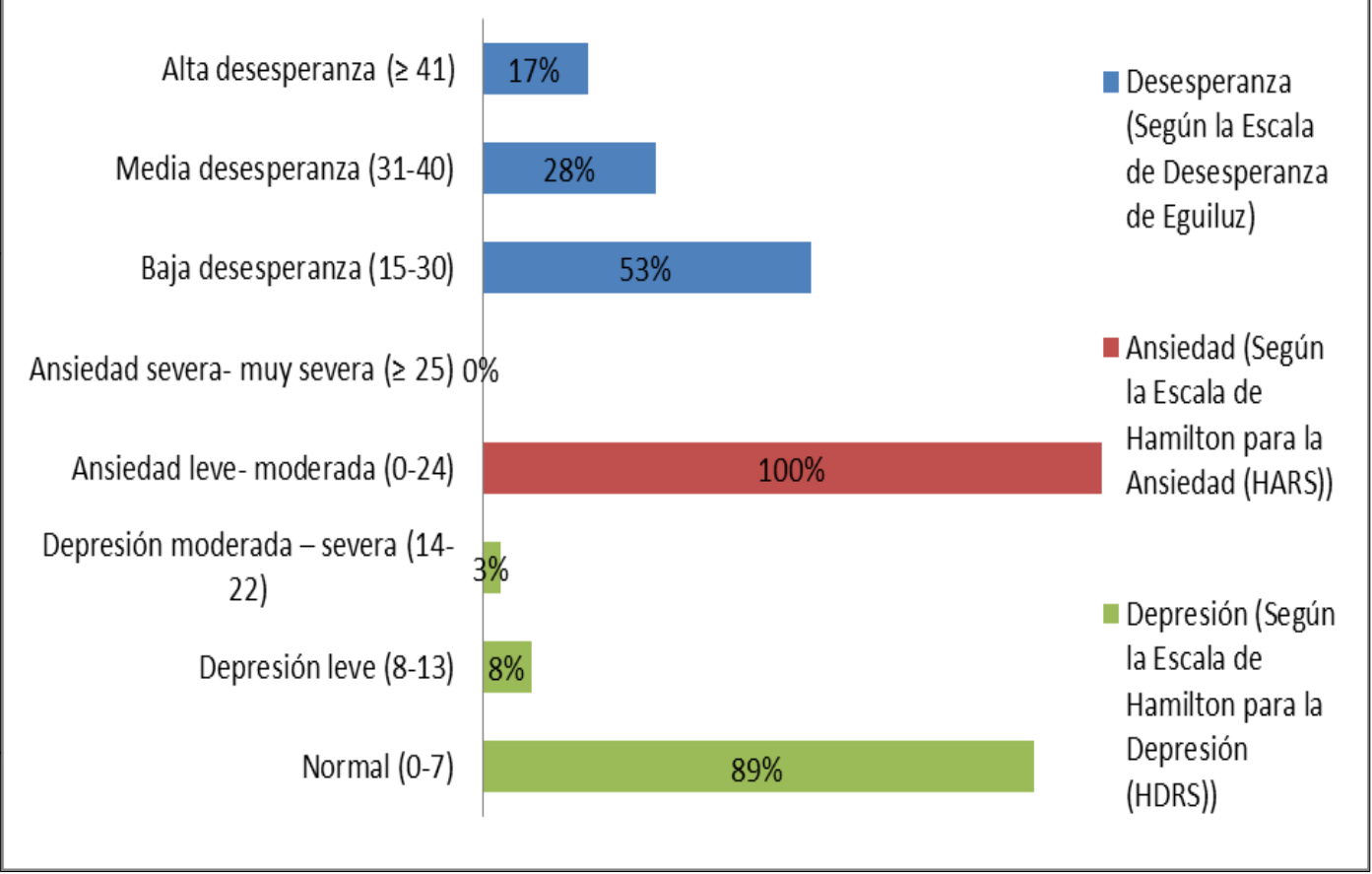
- Stress and conditions experienced during the journey may aggravate pre-existing health conditions
 - Dehydration - Changes in the diet - No medication
- Lifestyles with greater health risks

Specific Needs

- Well-trained staff on detection, primary care and referral
- Essential equipment always available
- Established emergency protocols
- Trained staff for medical accompaniment
- Inter-institutional coordination
- Binational coordination

Psychological and emotional condition

Temas de la salud mental entre la población retornada



Fragmented family due to migration

	N=25	N=96
Escala de Hamilton para la Depresión (HDRS)		
• Normal (0-7)	0 (0.0%)	0 (0.0%)
• Depresión leve (8-13)	25 (100.0%)	82 (83.7%)
• Depresión moderada – severa (14-22)	0 (0.0%)	14 (14.3%)

Source: OIM/Sierra



Key for Integration and Reintegration

Psychological
and
emotional
condition

Risk Conditions

- Difficulty to communicate
- Affects the relations with others
- Stigma and discrimination

Specific Needs

- Informing flight or ambulance staff
- The possibility of taking usual or special restraining measures to avoid safety hazards
- Referral to psychological/psychiatric care
- Appropriate support and family network

“Conditions of Lack of Autonomy”

Mobility and daily life activities

Basic Activities
a. Take a bath or shower
b. Get dressed
c. Move
d. Use the restroom
e. Eat

Instrumental Activities
a. Take medication
b. Use communication devices
c. Go shopping
e. Prepare food
f. House-keeping
g. Use means of transportation



On his or her own / independent

Requires some assistance

Requires assistance for 100% of the activity



Mobility
and daily
life
activities

Risk Conditions

- **Difficulty to move**
- **Defines the means of transportation to be used**
- **Stigma and discrimination**

Specific Needs

- **Support to move / board**
- **Assistance to use the restroom**
- **Referral to rehabilitation systems**
- **Appropriate support networks**

Access to
services
and
family
networks

Risk Conditions

- **A pre-existing condition could be aggravated**
- **Difficulty to continue medical treatment**
- **Continuing rehabilitation**

Specific Needs

- **Support and accompaniment**
- **Seeking family networks and local resources**
- **Binational coordination**
- **Appropriate information systems**
- **Inter-institutional coordination**
- **Well established protocols**

Identifying health risks

Establishing an assistance plan

Collecting information

Clinical record
Medical certification
Assessment visit
Voluntary consent
Support networks

Medical Certification

- An official written document
- **Should be functional and effective:**
 - **Assesses general physical condition**
 - **Assesses primary vital functions:** breathing, heart function, neurological integrity, presence of haemorrhage, sphincter control and potential infectious diseases.
 - Should **clearly establish** if, according to the medical specialist, the person is **able to travel**.
 - Includes a **recommendation** by the specialist on the **basic characteristics** to protect the integrity and preserve the physical and mental health of the person.

IF THERE ARE ANY QUESTIONS:

It is better to **POSTPONE** until the health condition has stabilized.



**Establishing
an assistance
plan**

**Identifying
health risks**

**Collecting
information**

Clinical record

Medical certification

Assessment visit

**Assessment
prior to transfer
and assistance
in accordance
with the health
condition**



Medical Assessment and Assistance

- Examine according to the **principle of causing no harm**
 - **Avoid causing additional injuries to the person**
 - The patient should be appropriately informed at all times
 - Free services
 - Medication provided
 - Voluntary and informed consent
- **Gender: Separated spaces**
 - Offer a specialist of the same gender as the patient
 - Well lit areas / Privacy



**Assessment
prior to transfer
and assistance
in accordance
with the health
condition**

Inter-cultural Assistance

- Sanitation:
 - Provide basic supplies
- Inter-culturally sensitive
 - Language (more than translation)
 - Spaces provided for prayer
 - Customs
 - Food
- Communication with family members
- Promote mental health
 - Adequate spaces, recreation
- Voluntary access to health services
 - Health promotion and education



**Assessment
prior to transfer
and assistance
in accordance
with the health
condition**

PARA NO TENER DIARREA HAY QUE
TENER LIMPIO Y ORDENADO



¿Qué hacer cuando tenemos diarrea?
Mörëre kiákia ni brene angwane



**Para saber si una persona
tiene el VIH tiene que
ir al médico**



Ni rigare lotoreye

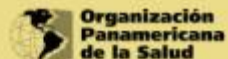
**También se puede
infectar al/la bebé
cuando se da de mamar**



**Kiadre nán
migäre kiambätä**

Conociendo la Influenza AH1N1

Müra mdä btin AH1N1
ne rabadre kare





Gripe AH1N1

¿Cómo me protejo en la escuela? | Ja ngibiadre ño cuelate

Me lavo las manos con agua y jabón antes de comer, después del recreo y de ir al baño



Ja kise bbatáite ñote jabonde mrö karenkri jadakabti bta rakrotabti

Uso el antebrazo cuando toso y estornudo



Ja küde mrökate múratikateta kwrere ja námoinda

No comparto útiles ni comida



Jändrän mröre bta jändrän tärä tikakrä ñan biandre ni mdaye

No me pongo en la boca ni lápiz, ni lapiceros



Lapi bta lapicero ne abko ñan mikadre ja kadate

No me toco la nariz, ni ojos ni boca y no escupo



Kise ñan mikadre ja insote, ja okwate, ja kadate kwere káli ñan kitadre tibien

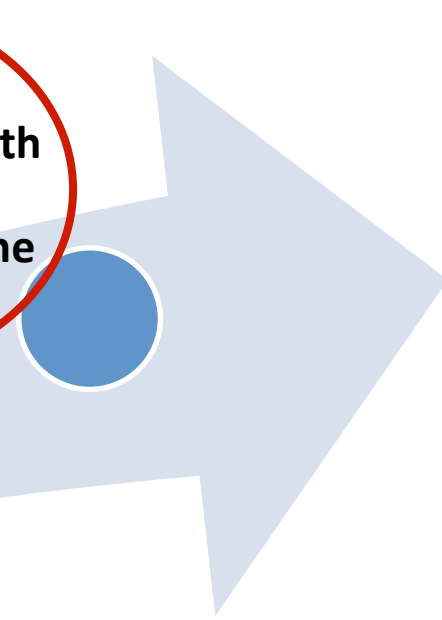
Me lavo las manos con agua y jabón al llegar a la casa



Ja kise batáite gwi jakönti



IOM • OIM




**Referral and
coordination with
relevant
authorities in the
destination**

Alliances and Networks

- Specialized health teams
- Well established and validated referral and case coordination protocols
- User-friendly services for migrant populations (including returned migrants)
- Inter-institutional coordination
- Binational coordination
- INCLUSIVE regulatory and legal framework

Finally: This is what we are doing here!

A group of people, including men and women, are dancing in a line under a large white tent. They are wearing traditional clothing, such as white shirts with embroidery and wide-brimmed hats. The scene is outdoors, and the background shows other people and structures, suggesting a festival or community event.

Comprehensive
Intercultural
Geographical: Migration Route
Multisectoral
Binational
Early Prevention
Sustainable

Healthy Migrants in Healthy Communities



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