




Migration Health and Travel Medicine



„Migrant- and ethnic minority-friendly health care system ”

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 Migrant Health Programs


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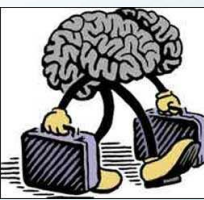


Types of migration 1.

Legal migration: documented migration
 family reunification, contemporary, migrant workforce, exchange students, fellowship programs, etc.

„**healthy migrant effect**”: more healthy than the majority of the inborn population: not they are the cause of the problems, usually **have medical certificate**





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Types of migration 2.

Illegal/irregular = undocumented migration
 - try to enter the country without permissions, legal documentation, ID card, health insurance, immunization cards etc.








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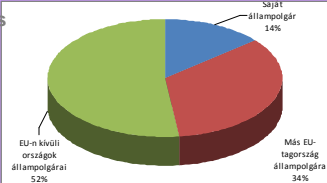
Global migration

Global population: 7.27 billion
 (11/08/2015)
 ~ **3.2 % of the population**
 (appr. 230 million people)
are living outside their country of origin
Economical migrants: appr. 90 million
Irregular (undocumented) migrants?



European Union

EU-28: pole of attraction for migrants (both for regular and irregular migrants as well as for both internal and external migrants).
 Appr. **77 million** the estimated number of immigrants living in the WHO European Region, more than half of those arriving from countries outside the European Union (WHO 2015.08.26.)
Net yearly gain exceeds 1 million!



EU-n kívüli országok állampolgárai	52%
Más EU-tagországi állampolgárok	34%
Saját állampolgár	14%

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Migration in the WHO European Region

77 millions of migrants are living in the WHO European Region, which represent 8% of its population

1 out of 12 residents is a migrant

264,500 refugees and migrants crossed the Mediterranean in 2015 so far. 104,000 arrived to Italy and 158,456 to Greece (UNHCR).
Most migrants arriving in Greece continue their journey through South Eastern European countries reaching Hungary, where over 110,000 asylum applications have been registered this year (IOM). **Hungary!!!**

Turkey is the country with the highest number of refugees worldwide, 1.59 million.
Top 5 receiving countries in European Region in 2014: Germany, Turkey, Sweden, Italy and the UK (UNHCR).

Sweden is the country with the largest number of asylum seekers per capita (24.4 per 1,000 inhabitants), followed by Malta, Luxembourg, Switzerland and Montenegro (UNHCR).

World Health Organization
Regional Office for Europe

Presentations of Dr. Santino Severoni MD, MHE, 26/08/2015, Pécs
Coordinator Public Health and Migration, Division of Policy and Governance for Health and Well-being, European Office for Investment for Health and Development, WHO Regional Office for Europe, Venice, Italy.

Migration in the WHO European Region

The European Region is undergoing demographic changes caused by migration among other factors.

These changes entail different epidemiological and public health implications across the region, which are different but all interrelated.


Refugees, asylum seekers
Economic migrants
Crisis situation

World Health Organization
Regional Office for Europe

Presentations of Dr. Santino Severoni MD, MHE, 26/08/2015, Pécs
Coordinator Public Health and Migration, Division of Policy and Governance for Health and Well-being, European Office for Investment for Health and Development, WHO Regional Office for Europe, Venice, Italy.

Hungarian trends

- 2007: Hungary joined to the Schengen Area: those crossing this border successfully, may get to most part of Europe without further border control (attractive transit country)
- consequence: great increase in the number of illegal border-crossers and asylum seekers
- Since 2013 dramatic increase (10-20x) in comparison to the previous, yearly 1-2 thousand asylum-applications



Magyarországra érkező menedékkérők száma 2009-2014 között

Year	Number of asylum seekers
2009	4672
2010	2104
2011	1693
2012	2157
2013	18 900
2014	42 777

THIS YEAR!!! (2015. 01.01-08.31)
More than 270 thousand immigrants arrived to Hungary, of those: **142.610 registered asylum seekers,**
Of those: **appr. 44 thousand under 18-years, of those 8600 unaccompanied children, appr. 3600 under 14-years (99% boy, 90% Afghani)**
- **appr. 63 thousand Syrian (???)**

World Health Organization
Regional Office for Europe

Fundamental terms, asylum procedures

Asylum provides legal grounds for staying in the territory of the Republic of Hungary and simultaneous protection against refoulement, expulsion and extradition

Recognition of asylum granted by Hungarian authorities*:

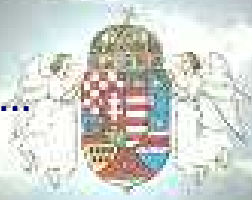
1. refugee (menekült)
2. beneficiary of subsidiary (oltalmazott)
3. temporary protection (menedékes)

- when implementing the provisions of the present Act, the best interests and rights of the child shall be a primary consideration,
- the principle of the unity of the family shall be borne in mind,
- the provisions of the present Act shall be applied to persons requiring special treatment with due consideration of the specific needs arising from their situation.

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*2007. évi LXX tv. A menedékjogról

**The Fundamental Law
of Hungary
declares that
in Hungary...**



**„... every person
shall have the right to
physical and mental health.”**

Fundamental Law of Hungary (01. Jan, 2012.), Article XX. (1)



‘Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are **obliged...**’

„ to subject him/herself...

- **to health tests**
- **medical treatment**

...prescribed as mandatory by law or required by the relevant health authority and

- **to the replacement of any missing vaccinations**

...prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease;




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2007. évi LXXX. Törvény a menedékjogról
301/2007. Korm. Rend. a menedékjogról szóló 2007. évi LXXX. tv. végrehajtásáról

‘Asylum seekers, refugees, beneficiaries of subsidiary protection and those under temporary protection are **obliged...**’


„ to subject him/herself **to health tests and medical treatment** prescribed as mandatory by law or required by the relevant health authority and **to the replacement of any missing vaccinations** prescribed as mandatory by law and required by the relevant health authority in the case of the danger of disease;

What is happening during this screening?

- **ectoparasite screening:** for scabies and lice
- **blood-test:**
 - to control HIV1/HIV2 infection (AIDS)
 - lues-screening (syphilis)
 - Hepatitis-B, C
- **from feces:** bacteriological screening for typhi/paratyphi
- **chest screening (X-ray):** to control tb



There's no screening for intestinal parasites!!!



2007. évi LXXX. Törvény a menedékjogról
301/2007. Korm. Rend. a menedékjogról szóló 2007. évi LXXX. tv. végrehajtásáról

Refugees in Hungary...*

- may stay at the reception centre for 2 months free of charge

- during his/her stay at the reception centre ...
 - accomodation, three meals a day, dinner and sanitary devices
 - clothing, beneficiaries, travel discount
 - free-spending pocket-money
- **the refugees are entitled to access to free medical services for 2 years following their recognition as refugee (307/2007 Korm.rend. 44. §)**

The Office of Immigration and Nationality (OIN) refunds

- education-related costs (compulsory education)
- school-enrolment support once per academic year
- housing allowance , interest-free loan
- translation and nationalization of documentation
- Hungarian language course



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*2007. évi LXX tv. végrehajtásáról szóló 307/2007 (XI.9) Korm.rend.



Health care in the reception centre

Basic medical care is provided in the camp!

- **Family doctor (GP)** (and also internist): on weekdays: 8-10 am
- **Nurse service:** every day between: 8 am - 4 pm
- **Pediatrician:** on Monday and Wednesday between 2 - 4 pm
- **Family visitor nurse (cares for pregnant women and newborn babies):** on Wednesday between: 8 am - 4 pm and Monday between 2 - 4 pm

The GP and pediatrician provides primary care for those living in the camp, and if necessary, they prescribe medications and may give referral for secondary level care (outpatient and inpatient treatment).

Nurses may give only over-the-counter (OTC) medications, eg. painkillers.

Furthermore:

- 7/24 nurse service is available (on-duty)
- colleagues of **Cordelia Foundation** provide psychic/mental help once a week

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Health care services free of charge I.

Health care services free of charge:

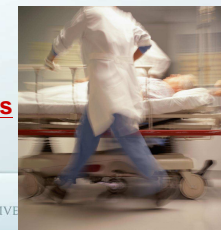
- The refugee or protected person is considered eligible for the provisions and supports, if their monthly per capita income does not exceed the smallest amount of old-age pension (28.500, appr. 100 EUR):

- **basic medical care:** family-doctor service (GP/pediatrician) (inside and outside the camp)

- **age-specific compulsory vaccination**

- **outpatient care in emergency situations** → otherwise it is not free!!!

e.g. orthopedics, otolaryngology (ENT), cardiology, ophthalmology etc.



Source: website of the Office for Immigration and Nationality

http://www.bmbah.hu/jomla/index.php?option=com_k2&view=item&layout=item&id=513&Itemid=731&lang=en#



Emergency situations



Emergency situations shall mean...

...any change in the health condition which would **endanger the patient's life** or would **seriously or permanently deteriorate the patient's health** in the absence of immediate care.

In the case of emergency situation specialised health services are provided by the health service provider with regional provisioning obligation (in Debrecen).

When family doctor is not available in the camp, in case of emergency the nurse-on-duty may call an ambulance!



Source: website of the Office for Immigration and Nationality

http://www.bmbah.hu/jomla/index.php?option=com_k2&view=item&layout=item&id=513&Itemid=731&lang=en#



What does 'emergency situation' include?

- unconsciousness, epileptic episodes, seizures, shocks, stroke
- serious external and internal bleedings
- open-fracture
- choking, acute breathing failure, asthma attack, wheezing
- toxication, electric shock, burning, frost-bite, heat-stroke
- delivery, miscarriage, acute gynaecological bleedings
- acute abdominal pains, cramps (eg. appendicitis, bilious attack)
- acute psychic disorders, psychosis, suicide attempts, intentions
- ...etc., etc.

This list is not complete, detailed list is available:

http://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=A0600052.EUM



Health care services free of charge II.

Additional health care services free of charge:

- **outpatient examination** (and medical treatment, costs of medication and bandage) provided **in an emergency situation**
- **inpatient examination** (and medical treatment, surgical operation, costs of medication and bandage) provided **in an emergency situation**
- examinations, medical treatment and medical supplies necessary **until the recovery** from the illness or the **stabilisation of the health conditions** following the outpatient or inpatient medical care
- **ambulance service**, if the patient's health conditions exclude any other forms of transportation

But! Transfer for chest screening is not included!

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Source: website of the Office for Immigration and Nationality
http://www.bmbah.hu/jomla/index.php?option=com_k2&view=item&layout=item&id=513&Itemid=731&lang=en#



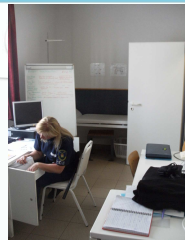
Health care services free of charge III.

Additional health care services free of charge:

- emergency dental care and tooth preservation treatment
- pregnancy and obstetric care
- and in specific cases surgical operations directed at abortion (if the mother's or child's life is threatened)
- persons eligible for benefits under the "public health care card system" may order medicine, medical supplies and bandages for free or with 90% or 100% social security subsidy.



Source: website of the Office for Immigration and Nationality
http://www.bmbah.hu/jomla/index.php?option=com_k2&view=item&layout=item&id=513&Itemid=731&lang=en#



79. § (1) The **general medical care** and treatment of foreigners shall be **provided in the refugee (or detention) center.**

...

(3) **Specialized medical care** may be received from the **health care provider** obliged to **provide care in the area.**

80. § ... (2) The **Border Guard or the Office** shall **reimburse** to the health care provider **the costs of medical examinations** performed in alien policing jails (det.center) or during stay in community shelters (refugee centers) and the costs of **mandatory vaccinations** ordered by the competent Institute.

170/2001. (IX. 26.) Kormányrendelet



Medical care for refugees (with TAJ-card)

Refugees are entitled to have the rights and obligations of a Hungarian citizens, including **to receive the same health care services** as Hungarian citizens can receive, with the same conditions as for Hungarian citizens.

Thus, they may prove their entitlement to receive health care services with **health insurance card** (TAJ-card, required from the National Health Insurance Fund) and their obligation to pay contributions is also the same as Hungarian citizens.

1997. évi LXXXIII. Act **health services** covered by the **mandatory health insurance**
http://www.complex.hu/jr/gen/hjegy_doc.cgi?docid=99700083_TV

217/1997. (XII.1.) Korm. rendelet a **kötelező egészségbiztosítás** ellátásairól szóló 1997. évi LXXXIII. törvény végrehajtásáról (érintett szakaszok: 12/A. § (7)–(10).
http://www.complex.hu/jr/gen/hjegy_doc.cgi?docid=99700217_KOR

2007. évi I. törvény a **szabad mozgás és tartózkodás jogával rendelkező személyek beutazásáról és tartózkodásáról** (érintett szakasz: 1–2. §, 6–32. §).
http://www.complex.hu/jr/gen/hjegy_doc.cgi?docid=A0700001_TV

**Ministerial Decree of Health Care No. 32 of 2007, 27 June
on diseases of third-country nationals and persons being
entitled to free movement and right to residence
(together: foreigners)
endangering public health**

Annex 1. of this Decree defines those **public health endangering diseases** and **pathogen conditions** which should be taken into consideration when initiating the foreigners' permission to entry and residence in Hungary or when ordering their expulsion for **public health reasons**.

1. Annex to 32/2007. (VI. 27.) Ministerial Decree of Health Care
Public health is endangered by the following diseases, or in being of the pathogen condition of...

- Tuberculosis
- HIV-infection
- Lues
- Typhoid or paratyphoid in pathogen condition, or
- Hepatitis B

32/2007. (VI. 27.) EüM rendelet

If the sanitary authority recognized one of these diseases, this fact is noticed officially to the OIN regional office.

2. Annex to 32/2007. (VI. 27.) EüM rendelethez
Értesítés külföldi személy közegészséget veszélyeztető betegségről, illetve kórokozó hordozó állapotáról

1. Foreigner's personal data:

Családi név:
Utónév:
Születési családi és utónév:
Születési hely, idő:
Állampolgárság:
Magyarországi lakóhely, szálláshely, tartózkodási hely:
Útevelszám, személyazonosító igazolvány száma:
A tartózkodásra jogosító hatósági engedély kelte száma:

**2. The foreigner... - suffers from
- or is in the pathogen condition of (one of) the public health
endangering diseases**
(listed in the 1. Annex to 32/2007. (VI. 27.)
Ministerial Decree of Health Care)

**3. The foreigner refuses to submit to the appropriate compulsory
medical treatment.**

4. Date of the diagnosis of his condition (2.): 20....., month day

Signature (head of county sanitary authority)

National Public Health and Medical Officer Serv

32/2007. (VI. 27.) EüM rendelet



Health care for migrant children

- **pediatrician, family visitor nurse in the camp (previously)**
- **vaccination of children of foreign nationality**
 - ❖ Children of foreign nationality **staying in Hungary for more than 3 months** shall receive the outstanding, age-appropriate vaccination as it is prescribed by the Hungarian vaccination schedule.
 - ❖ The pediatrician initiating the vaccination of the child records the 3-months residence time thereby he examines the child at least 2 times within a year and between the two visits, at least, 2 months shall be omitted.

**Cerification of the obligatory
vaccinations shall be presented
to school-health services prior
to admission of the children to
nursery-school or school.**

**In the absence of this
certification, the child can not
be placed into the school-
community!**



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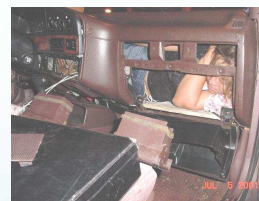
Source: EpiInfo, 19 (1) – National Centre for Epidemiology
Source of the picture: unicef.hu



Migrant-friendly health care 1.

Understanding the migrants' history

**Push and pull factors,
Conditions and environment of movement
Need/ benefit of host community**



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Migrant-friendly health care 2.

Coping with cross cultural, cross religious factors

- Differences in health beliefs and health attitudes
- Avoidance/ prevention of stigmatization and discrimination
- Mental health aspects of integration



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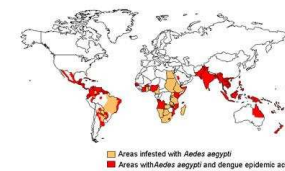


Migrant-friendly health care 3.

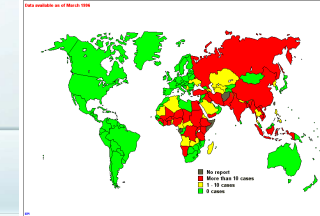
Being familiar with differences in morbidity profile and its impact on

- Individual health
- Public health
- Prevention, treatment and continuous medical care, including ethnic specific therapy as well.

World Distribution of Dengue - 2005



Global incidence of indigenous poliomyelitis 1995



Cultural competency

Cross-cultural communication

≠ means not just "talking" to people in their own language!!!

so-called cultural competence

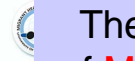
= a balance between three

personal capacities:

1. knowledge of other cultures, people, nations, and behaviours
2. empathy, that is, a person's ability to understand the feelings, needs, motifs beliefs of other people
3. ability for self-reflection



Cultural competence can exist at a young age as the result of living in multicultural social settings where more than one language is spoken in everyday social encounters, or it can be developed and improved later in of one's life.




The Amsterdam Declaration (2004) of Migrant Friendly Hospitals Network

...Health policy should provide a framework to make *migrant-friendly quality development* relevant and feasible for each hospital (legal, financial, and organisational regulations)

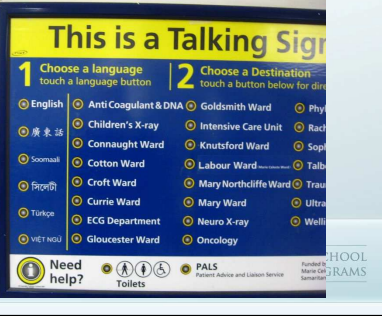
A framework for *health oriented community development for migrants* and ethnic minorities has the potential to be most helpful in developing these groups' health literacy.

Policy and administration have an important role to play in *facilitating knowledge development* – for example in initiating and funding research, reviews, standards development and dissemination (networking, education, exchange of experience)

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Culturally Diverse & Multilingual Staff



This is a Talking Sign

- 1 Choose a language touch a language button
- 2 Choose a Destination touch a button below for direction

Need help? PALS Patient Advice and Liaison Service

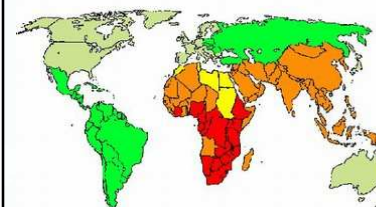


What are the major health risks of the current increased migration towards Hungary/European Union?




The prevalence of certain 'indicator' disease (tbc, AIDS etc.) may be multiply higher in the country of origin than in the host country.

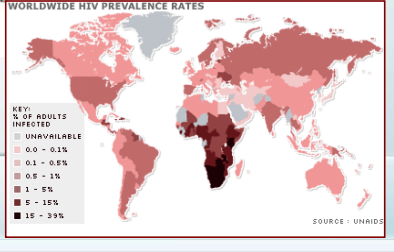
Global TB Incidence



Cases per 100,000:

- >200
- 200-300
- 700-200
- 50-100
- <50


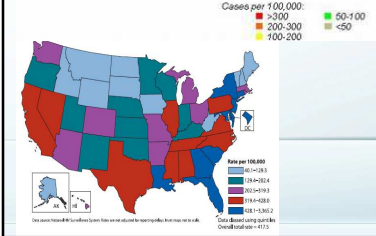
WORLDWIDE HIV PREVALENCE RATES



KEY: % OF ADULTS INFECTED

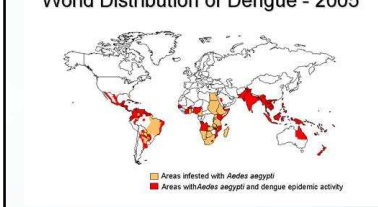
- UNAVAILABLE
- 0.0 - 0.1%
- 0.1 - 0.5%
- 0.5 - 1%
- 1 - 5%
- 5 - 15%
- 15 - 39%

SOURCE: UNAIDS






Certain diseases are not typical for the host countries → difficulties (technically and professionally) in diagnosing and treating such unknown diseases (eg. Dengue-fever etc.).

World Distribution of Dengue - 2005

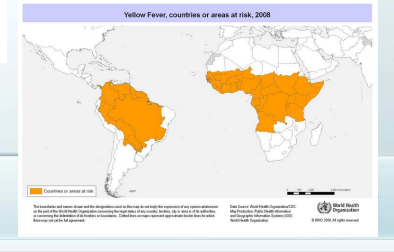


Areas infected with *Aedes aegypti*
Areas with *Aedes aegypti* and dengue epidemic activity





Yellow Fever, countries or areas at risk, 2008



Number of cases at risk

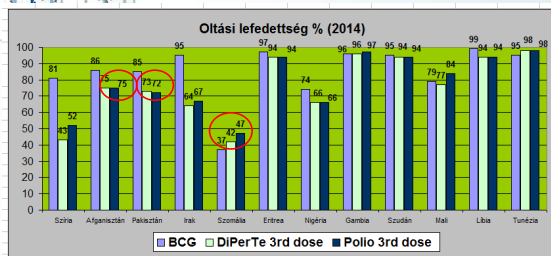
Some diseases may show **different signs and symptoms**
 → difficulties in diagnosing (eg. *Varicella in black people*)



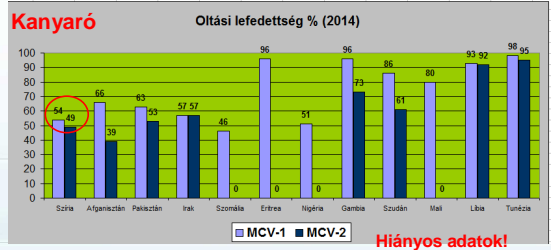
The migration-related health hazards are confirmed by the fights against the **outbreaks** (eg. Morbilli (measles), pertussis, cholera etc.) **occurring in reception centres...**
due to under-immunization!!!



Vaccination coverage at the 12 major sending countries



2015. Germany measles epidemic



Hiányos adatok!

Németország	
Megbetegedés ideje:	2014 október-2015 febr. 28
Érintett terület:	Berlin
Megbetegedettek száma:	530
Ebből oltatlan:	50%
Fertőzés eredete:	Bosznia-Herzegovínából és Szerbiából érkezett menekültek

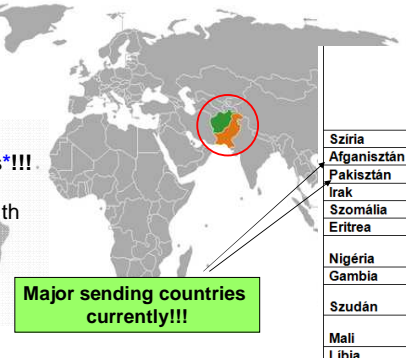
Source of infection: immigrants from Serbia and Bosnia

A SIGNIFICANT MIGRATION-RELATED HEALTH HAZARD: several communicable diseases which may be considered as eradicated in the host countries (thanks to the vaccination), still occur or has a great prevalence in the migrants' country of origin. These are the so-called: Vaccine Preventable Diseases, the VPDs eg. diphtheria, pertussis, morbilli, poliomyelitis etc.
Re-emerge of these diseases is a current threat!!!

**Poliomyelitis (WPV)
Wild poliovirus**

WHO European Region was Polio-free for years*!!!

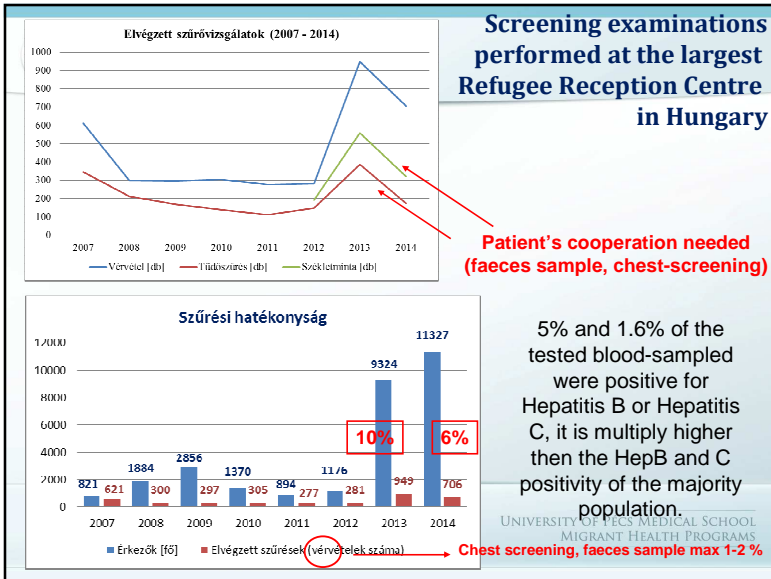
Still endemic countries with active infections:
 Eg. **Pakistan, Afghanistan (and Nigeria)**



Major sending countries currently!!!

Country	Polio (nr of confirmed cases) (2014)
Szria	1
Afganisztán	28
Pakisztán	306
Irak	2
Szómália	5
Eritrea	0
Nigéria	6
Gambia	0
Szudán	0
Mali	0
Libia	0
Tunézia	0

*2 cases of Polio was detected in Ukrain 07/2015



Immigrants (esp. Illegal): overrepresented in low-wage, low-skill jobs

- increased occupational health risk
- work in 3D jobs: dirty, dangerous and difficult (4.th 'd' = demanding)

3D

Other migration-related health / public health hazards?

How does it work in the real-world, in practice?

April, 2013. Szeged, Debrecen

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www.mighealth-unipecs.hu

UP MS MIGRANT HEALTH PROGRAMS

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Introducing University of Pécs Migrant Health Programs

The University of Pécs is the largest higher educational institution in Hungary with around 35,000 students at ten faculties (including more than 1000 foreign students at the Medical School alone). The Medical School is not only a site of students of various fields of health sciences but also an outstanding centre for regional health care provision, training and research. The mission is to bring the gap between scientific research and everyday practice by training of highly-qualified professionals. That is reflected by the more than 50 accredited Ph.D. programs of the Medical School alone.

As a new initiative, University of Pécs Medical School is taking migration health as a new challenging field of health sciences with growing importance in both: training and research. Migration is a recurring issue nowadays due to the growing number of immigrants in the EU. The estimated number of migrants in Hungary rose from 50 million in 2011 to 77 million in 2012 and the immigration flow is about 1 million yearly. The problem is multiple: delivery, appropriate health care, and

Investigations towards migration-related public health hazards at Chair of Migration Health, Department of Operational Medicine, UP-MS:

- **2007-2010. PHBLM project**
 - More than 60 border-crossing points,
 - Appr. 2200 border police workers
 - Hungary, Slovakia, Poland
- **2013. control and complementary investigations* at certain Hungarian Schengen border crossing points, detention centers, reception centers (data collection is still ongoing)**
- **2014. Improving the access to health care of migrant communities living in Hungarian reception centers**

*„This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program” The project was subsidized by the European Union and co-financed by the European Social Fund.”

Aims of the current research (2013)

1. Retrospectiv investigation and analysis of the **health documentation** concerning the time interval after the connection of Hungary to the Schengen-zone (2007-2013);
2. Inspection of the **infrastructure** particularly from hygienic point of view;
3. Conducting anonym **questionnaire survey** with both the health care and non-healthcare **staff** in order to investigate into their **awareness about their increased occupational-health risks** (both physical and mental risks) as well as about their needs and suggestions;
4. As a part of the research we also conduct **focus-group discussions** to explore the health literacy and the opinion of the representatives of different **migrant communities** on their access to appropriate health care services in Hungary

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Visited sites

Border crossing points

- Záhony
- Biharkeresztes / Ártánd
- Nagylak
- Szeged / Röske

Detention centers

- Budapest Airport (Budapest)
- Nyírbátor
- Kiskunhalas

Reception centers

- Debrecen
- Békéscsaba
- Bicske

22 – 26. April, 2013.
20 June, 2013.
Data collection is still ongoing!

What entry examinations are performed?

Practically, following a brief ectoparasite screening the migrants may be placed to the community!!!!



How the migrants see their situation and access to health care in Hungary?



Békéscsaba



Debrecen

Satisfaction with human rights-related treatment in Hungary differed. Those escaped from real persecution were satisfied and grateful for the food, security and humanity. On the other hand, those arriving to Hungary in the hope of a better life (economic migrants, with the latest designed smart phones in their hands) were dissatisfied and complained about being treated like criminals by the authorities.



Bicske



... "One problem is with everyone.... from children till old men.....
.....the depression.....
If you sit here and see the people...
everyone has depression... they are thinking...what we can do outside after the 6 months...???"

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As reported, since their arrival to Hungary no one asked them about their previous vaccinations, they did not take part at screenings neither received real medical examinations, check-ups...
Furthermore, they even did not receive any **information** about their rights of their access to health care services...



**The future's possible doctors
in Europe.....
.....if we help them...**

*, "This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program” The project was subsidized by the European Union and co-financed by the European Social Fund."

Investigations towards migrants' access to health care in Hungary



Part 1. (2013.)

- „Assessment of public health hazards in Hungarian reception centers and Schengen Border Crossing Points” *
- including focus-group discussions with representatives of migrant communities living in Hungarian reception centres about their access to health care

Part 2. (2014.)

- „Improving irregular migrants' access to the health care in Hungary” *
- focus-group discussion revealed: since their arrival they did not receive information about their access to health care services
- based on these results we developed and tested a brief, health-focused educational program for irregular migrants

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„Improving irregular migrants' access to the health care in Hungary”

→ based on the experiences of Part 1 a new research plan was designed with the following aims:

Short-term goals: to develop and test a brief, health-focused educational-program for irregular migrants which can be easily implemented (and repeated) in the reception centres and also may be available for self-study for the target-group via internet

Long-term goals: through the wide dissemination of the project outcomes to improve the migrants' health and their access to the Hungarian health care services (irrespectively to their legal status)

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The structure of the training-program

- one 90-min ppt presentation followed by Q&A session
- the training program was built around two different topics

1. Migrants' access to health care services in Hungary: their rights and duties completed with **information about their practical application:** insight into the Hungarian health care system; its organizational structure and functional units (How to seek for medical advice?); introduction to the Hungarian vaccination schedule (What/When/Why?)

2. How to prevent the most common infectious diseases - including VPDs and STDs - in Hungary and in the EU?
→ basic information: ways of transmission and preventive measures

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Invitation of the asylum seekers to the presentation

- Preliminary assessment of the national composition of the population in the reception centre
- to determine the target groups, languages of presentations and needs and arrangements for interpretation
- to prepare and translate printed materials: invitation cards, questionnaire sheets, leaflets, wall-posters

English

Pharsi

Hungarian

Albanian

Somali

Arabic

„Improving irregular migrants' access to the health care in Hungary”



THE PROGRAM

- in August, 2014
- four health promotional lectures
- in the largest Hungarian reception center, Debrecen
- lectures were provided in Hungarian (3) and in English (1)
- interpreted to Pharsi, Arabian, Albanian, Somali and French
- altogether **106 asylum-seekers** participated from **19 countries**:
 - Afganistan (33%)
 - Kosovo (17%)
 - Syria (7%), Iran & Serbia (5-5%)
 - Less than 5%: Palestina, Iraq, Somalia, Sudan, Pakistan, Sierra Leone, Mauritania, Armenia, Gambia, Libya, Ivory Coast, Nigeria, Senegal (+ 1 stateless man)
- **75.5%** completed our self-administered anonymous questionnaire
→ altogether 80 people

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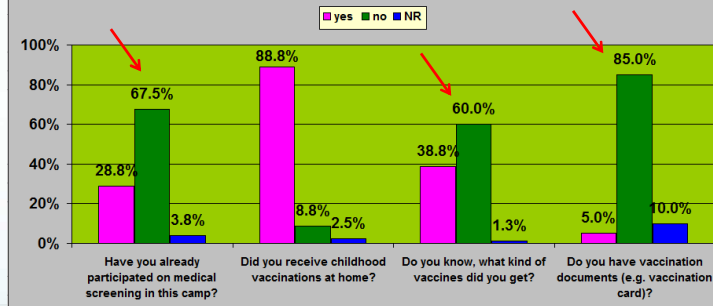
*„This research was realized in the frames of TÁMOP 4.2.4. A/2-11-1-2012-0001 „National Excellence Program – Elaborating and operating an inland student and researcher personal support system convergence program”
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Screening & vaccination



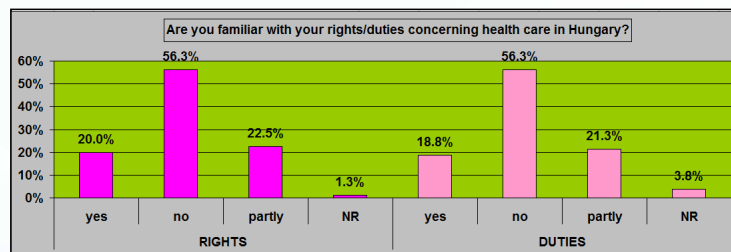
Information on screening and vaccination



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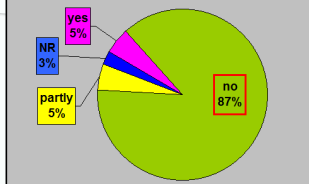
Awareness of the rights and duties concerning health services in Hungary



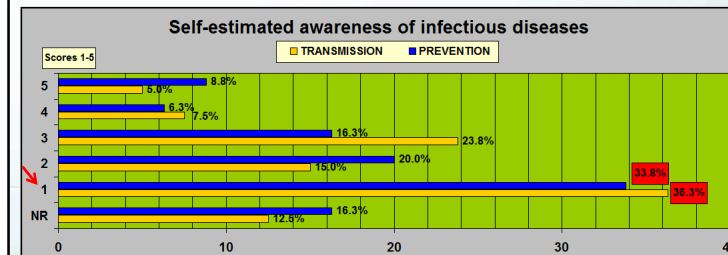
Approximately **80%** of participants are **not familiar or only partly familiar** with their rights and duties concerning health care services in Hungary.

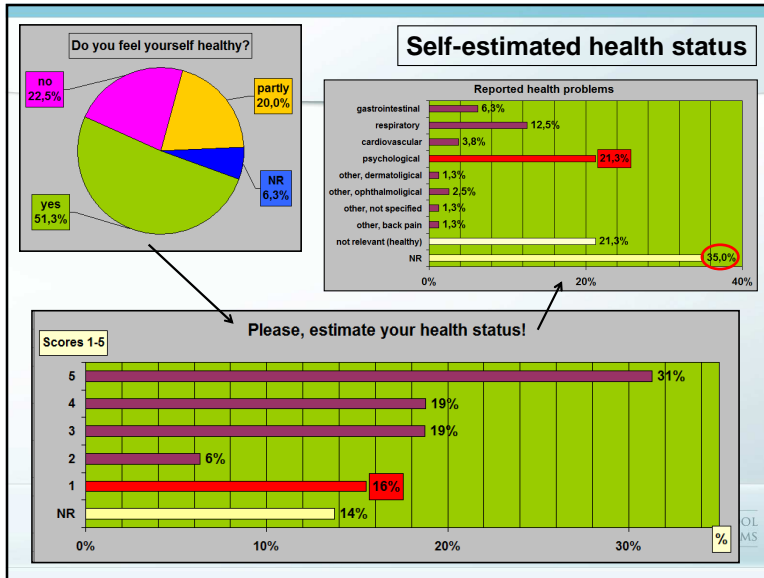
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Are you familiar with the infectious diseases that are common in Hungary/EU?



Awareness of infectious diseases in Hungary/ EU





Health educational leaflets & wall-posters

- 16 key messages concerning 'How to prevent infectious diseases?'
- translated to 6 languages
- provided in two sizes:
 - A5 for participants (leaflet)
 - A0 for the RC as wall-posters

Lessons learnt 1.

When designing educational interventions for specific populations:

→ **thorough preparational work is essential:**

- **obtaining permissions if needed** (e.g. Office for Immigration and Nationality)
- **need –assessment:** consulting: both target group AND assistance providers
- **collecting preliminary information of the target population** (age, gender, ethnicity/nationality etc.)
- **organizational issues** (data, location, interpreters, invitation cards)
- **submitting materials for translation, preparation for interpretation** especially in the case of professional medical or juridical language
- **considering language, cultural, religious differences** (eg. muslim women)

→ **as for the educational intervention**

- **providing basic but relevant information**
when fewer is more: not too much, not too scientific, but still enough
- **providing practical information** (eg. how to remove a tick?)
- **building up the presentation systematically:** to make it easy to follow
- **repeating and laying a special emphasis on the key messages**
- **making presentation interactive**
→ immediate feed-back, friendly atmosphere

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Lessons learnt 2.

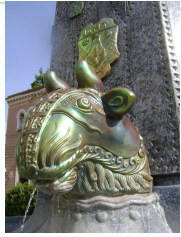
→ **as for the future**

- develop sustainable programs!

Therefore:

- **make the program repeatable:**
try to involve/train local partners: eg. social workers, health care workers or even members of the community (try to find the leaders!)
- **ensure the availability of the information/presentation, eg. through internet, multilingual educational websites etc.**
- pilot-test the program on a small group of the target population AND incorporate their feed-backs on the final program
- test, revise and update the information regularly (eg. Acts, Decrees)

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Thank you!



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