

# Health in Migration



# Why do people flee?

- Why do people become displaced?
  - Conflict
  - Violence
  - Natural & man-made disasters
  - Criminal violence
  - Development – National interest
  - Persecution of ethnic, religious or political groups
  - Sexual orientation
  - Cultural beliefs



# MSF's involvement in Migration

- Stems from **accumulated vulnerability** at different stages of the migration process.
- considered by MSF a crisis where life, health and human dignity are being put at risk.
- MSF has worked with displaced populations since the 1970's in Cambodia, DRC & many other countries.
- Since 1990s, MSF has intervened in **host countries** (Europe, Australia, South Africa) and **“transit” countries** (Morocco, Yemen, Egypt, Mexico) to address vulnerabilities caused by increasingly restrictive immigration policies.
- In 2004, MSF started providing medical and psychological support for migrants held in **detention centres**.

# Issues facing people on the move

- **Risks during travel**
- **Abuse**
- **Imprisonment – detention**
- **Mental health**
- **key population – HIV/AIDS**
- **Legal barriers to access to care**
- **Language barriers**
- **Perception barriers**

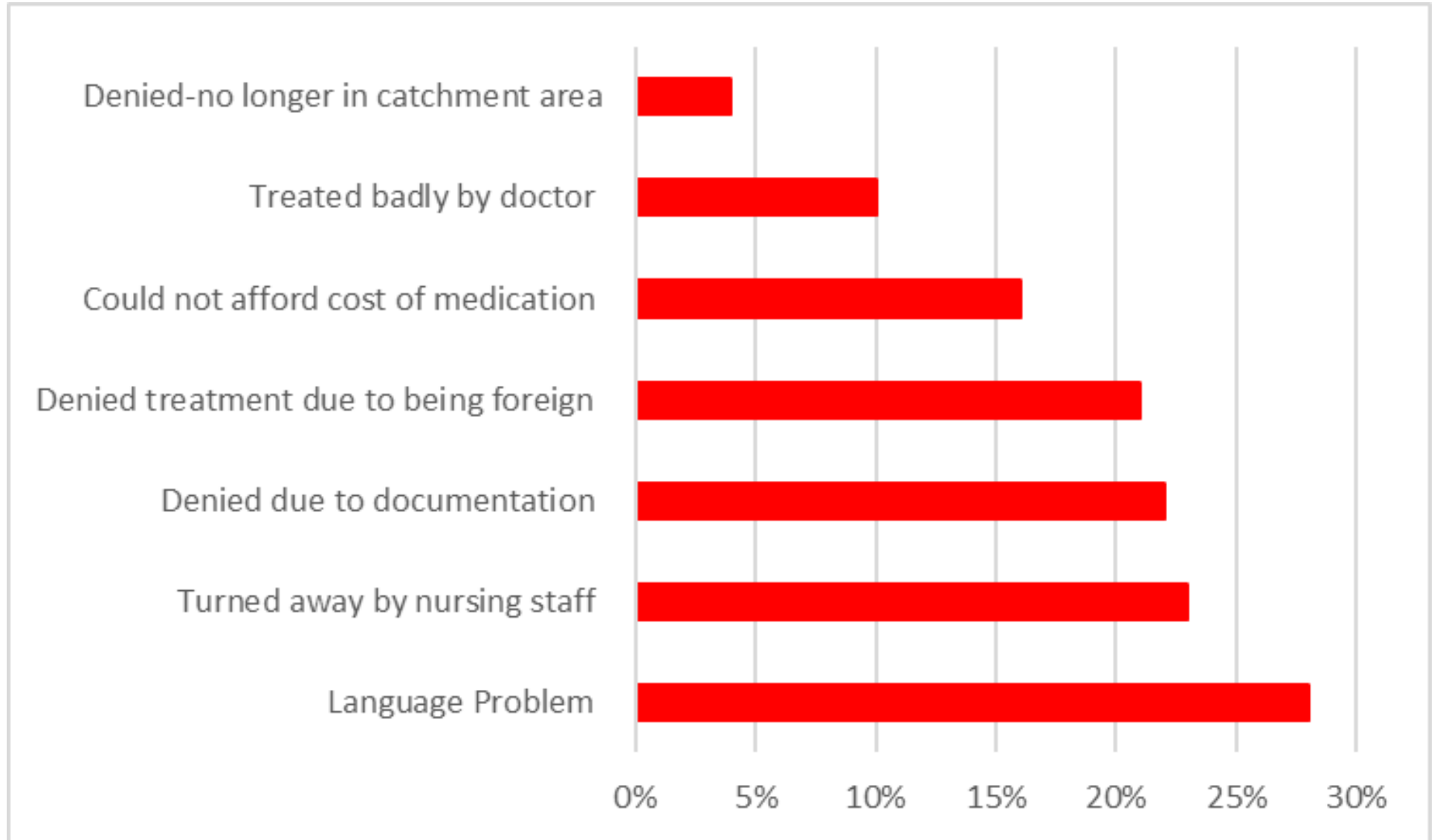


# Barriers to access Healthcare

- **Lack of status = non-access to health care**
- **Poor health-seeking behaviour:**
- **Significant mental health needs**
- **Medical impact of sub-standard living conditions**
- **High vulnerability**



# Challenges in accessing health



# For Discussion

- What is the role of the Association in MSF's response to migration?
- How can we connect with migrants in our local communities?
- What actions do you think the movement needs to take concerning mental health in migration?
- Challenges/limitations/obstacles faced by MSF in dealing with migration

