

Canada's Approach To Managed Migration: Migration Health

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MIGRATION HEALTH BRANCH (MHB)

THE GOVERNMENT OF CANADA'S CENTRE OF EXPERTISE FOR THE MANAGEMENT OF HEALTH-RELATED ASPECTS OF MIGRATION

Mandate

Contribute to the protection of the health of Canadians and promote the integration of migrants through leadership in migration health policies and programs

Expertise

Medical doctors, registered nurses, and epidemiologists, as well as program, policy, and administrative staff

Functions

A unique “full-service” branch with its own policy, business, and operations functions

Network

Staff in NHQ and in four Regional Medical Offices (RMOs):

- Ottawa (co-located with NHQ staff)
- London
- Delhi
- Manila



WHAT'S UNIQUE* ABOUT CANADA'S APPROACH TO MIGRATION HEALTH

Health Screening

- Largely done overseas, by third-party physicians and radiologists
- Migrants with syphilis or active Tuberculosis (TB) must undergo treatment before being found admissible
- 812,069 medical exams assessed in 2018, only 1,376 inadmissible

Mitigating Public Health Risk

- Migrants with suspect latent TB or previously-treated TB must report to local public health units
- Electronic portal sends medical exams to provincial agencies, who in turn can send to local health units
- Biggest risk mitigation tool: 12,925 referrals in 2018

Promoting Continuity of Care & Health Outcomes (Refugees)

- Identify health conditions that require attention via resettlement needs form
- Cover pre-departure medical services for overseas resettled refugees: vaccination, outbreak control, support in transit and medical exams
- Federal health insurance for refugees and asylum seekers: basic coverage, supplemental coverage and prescription drugs in Canada

* OR MOSTLY SO

HEALTH SCREENING

- In accordance with the *Immigration and Refugee Protection Act (IRPA)*, certain foreign nationals applying to come to Canada must submit to health screening to determine whether they are inadmissible on health grounds if their health condition
 - is likely to be a danger to public health;
 - is likely to be a danger to public safety;
 - might be expected to cause excessive demand on health or social services, either by exceeding the cost threshold or by impacting wait lists.
- Two main steps:
 - Applicant undertakes mandatory Immigration Medical Examination (IME)
 - IME results are sent to RMOs for an Immigration Medical Assessment (IMA)
- 816,655 IMEs received in 2018 from about 2,400 independent Panel Physicians and Panel Radiologists (non-IRCC health service providers)
- 75 to 80% of IMEs received are auto-cleared in eMedical
- The remaining IMEs are reviewed in the RMOs
- Results of health screening are usually valid for 12 months

MITIGATING PUBLIC HEALTH RISK

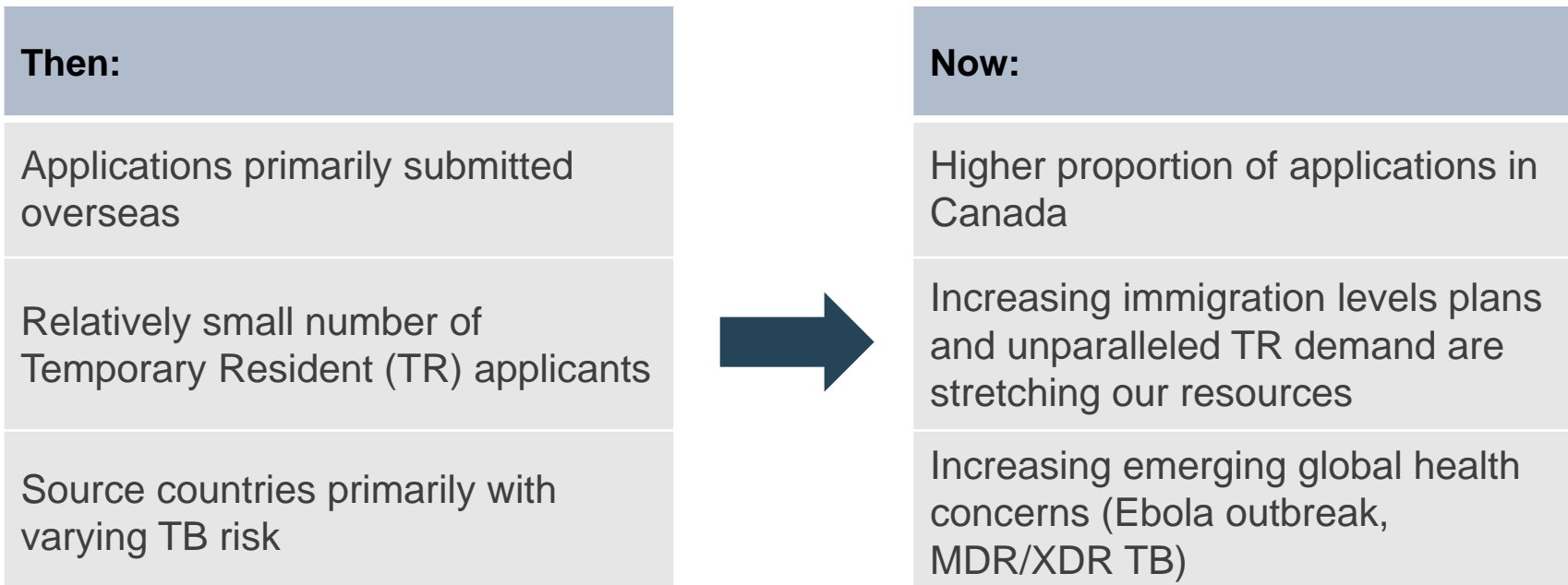
- Applicants found to have inactive diseases of public health significance are admitted with health-related terms and conditions on their visas, requiring them to report to P/T public health authorities for medical surveillance
- The Public Health Liaison Unit (PHLU) refers these clients to public health authorities upon their arrival in Canada, to begin the medical surveillance process
- Out of 812,069 exams assessed in 2018:
 - 12,925 were admitted with requirement to report to P/T health authorities
- Clients with previously-treated TB or suspected LTBI must report to P/T public health authorities for public health surveillance, as a condition on their visa
- HIV-positive cases are reported to certain P/Ts that have chosen to receive such notifications

PROMOTING CONTINUITY OF CARE & HEALTH OUTCOMES (Refugees)

- Refugee functional assessment and special requirements information during travel to Canada and post-arrival are essential to ensure the provision of effective reception arrangements and to ensure that the refugee is destined to a city in Canada that has the appropriate support services available
- Pre-departure medical services for resettled refugees destined to Canada implemented on April 1, 2017, cover:
 - The cost of the IME;
 - Vaccinations;
 - Outbreak management in refugee camps;
 - Medical support for travel to Canada.
- Federal health insurance plan (Interim Federal Health Program – IFHP) provides limited and temporary coverage of health-care benefits to specific groups who are not eligible for provincial or territorial health insurance
 - These individuals include protected persons, including resettled refugees, refugee claimants, rejected claimants, victims of human trafficking, and other specified groups
- IFHP costs fluctuate based on population, services covered, and duration of coverage. This depends on the arrival of asylum seekers, processing time, and intake of resettled refugees.
- IFHP modernization is underway to support program enhancement and efficiencies in delivery

HEALTH SCREENING IN MIGRANTS: A CHANGING CONTEXT

- Screening requirements for migrants were developed in a different risk context:



- Globally, patterns of population mobility continue to evolve rapidly due to many factors, including war, civil unrest, economic opportunity, tourism, and ease of travel.
- At home, evolving Canadian immigration policies have fundamentally changed the mix of countries of origin, the immigrant profile of migrants entering Canada, and the associated public health risks.
- Anticipated further movements of vulnerable refugees and their associated health needs (mental health).

IMPROVEMENTS IN MHB'S APPROACH TO ADDRESS CURRENT CHALLENGES (i)

- **Better Management of Our Network of Panel Physicians**
 - Ensure health screening and panel capacity is in place to support increased levels, asylum, and irregular migration, as well as emergency situations
 - Work with Migration 5 Health Working Group (M5HWG) partners to develop best practices and shared approaches to improve overall management of panel members and to improve client experience
 - Improve mechanisms to track panel member performance while ensuring clients receive effective and professional service

- **Health Settlement Outcomes**
 - Ensure provision of limited and temporary coverage of health-care benefits to specific groups (vulnerable populations) who are not eligible for provincial or territorial health insurance
 - Identify service delivery improvements for IFHP Pre-departure Medical Services (PDMS)
 - Improve the health outcomes of refugees and asylum claimants, and support successful settlement & integration into Canadian society, while protecting public health for all Canadians (for example, improved mental health support)

IMPROVEMENTS IN MHB'S APPROACH TO ADDRESS CURRENT CHALLENGES (ii)

- **Evidence Based Health Screening**
 - Shift health admissibility process towards a more evidence- and risk-based approach
 - Enhance Latent TB Infection (LTBI) screening and subsequent notifications to provinces to mitigate public health risks and to support continuity of care
- **Aligning Excessive Demand Policy with Canadian values on Diversity and Inclusion**
 - Striking a balance between welcoming new members into Canadian society through a fair and compassionate immigration system while also protecting our publicly funded health and social services
 - Tripling the cost threshold for determining excessive demand and redefining social services by removing special education and related services

Questions?
