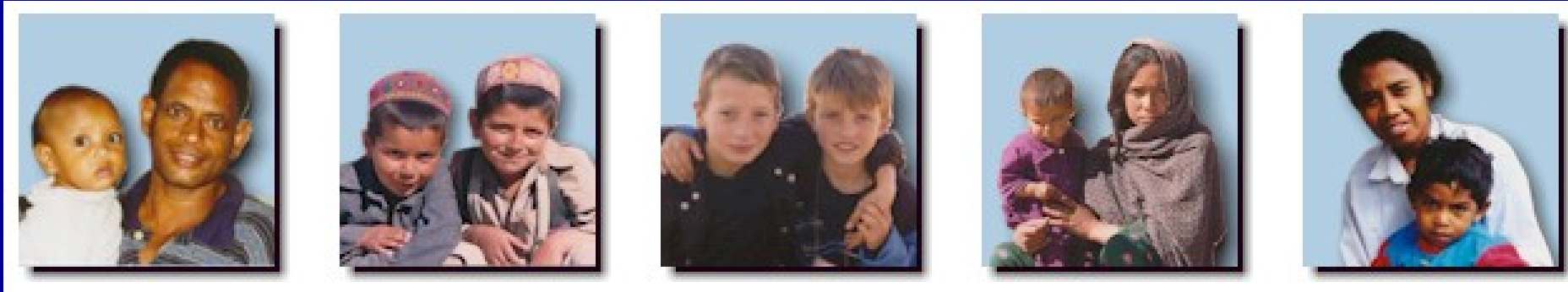


Identifying Refugee children's Health needs: Have we got it right?



Dr Shanti Raman, Sydney South West Area Health Service

Dr Nicholas Wood, The Children's Hospital at Westmead

Dr Murray Webber, Kaleidoscope Children's Service

Kellie Taylor, Newcastle University

Professor David Isaacs, The Children's Hospital at Westmead

Who is a Refugee?

- The internationally recognised definition of a refugee is a person who:

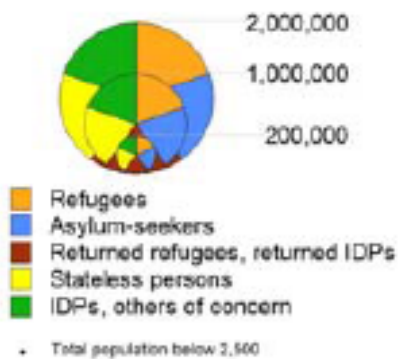
"Owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside of the country of his nationality and is unable or owing to such a fear is unwilling to avail himself of the protection of that country..."

Article 1A, 1951 Convention on the Status of Refugees

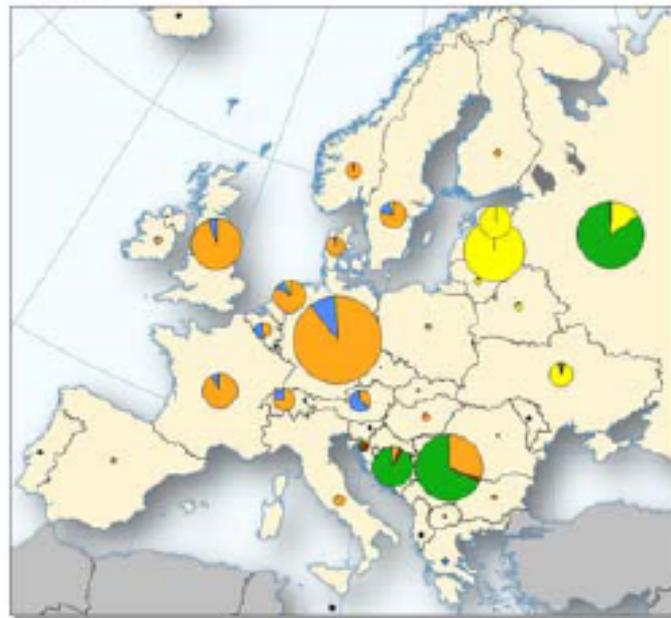
- **“Asylum seekers” are awaiting determination of their status.**

Total population by category, end-2005

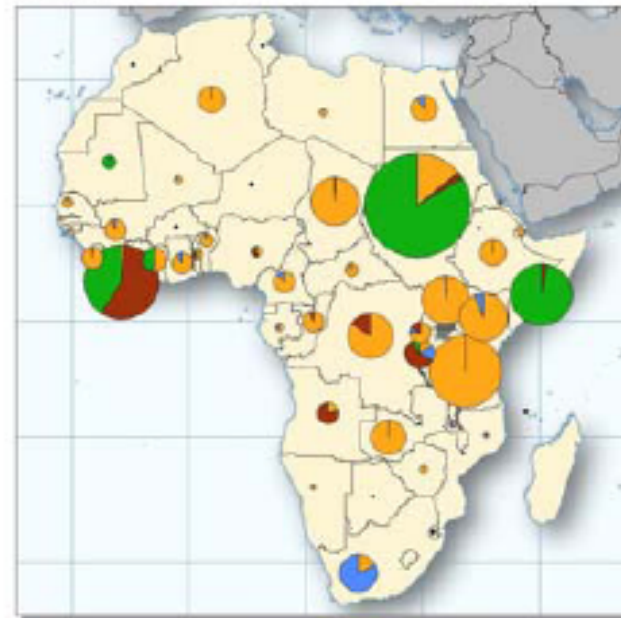
(See Table 15 for details on stateless persons)



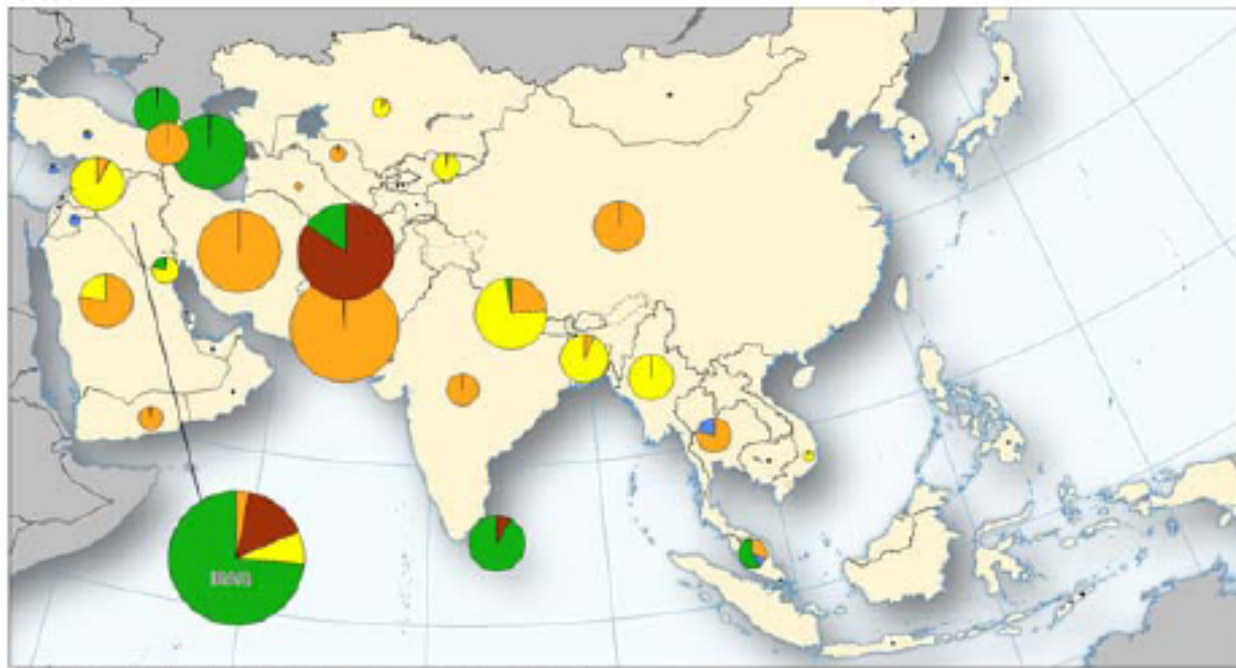
Europe



Africa



Asia



Americas



Oceania



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: UNHCR - Field Information and Coordination Support Section

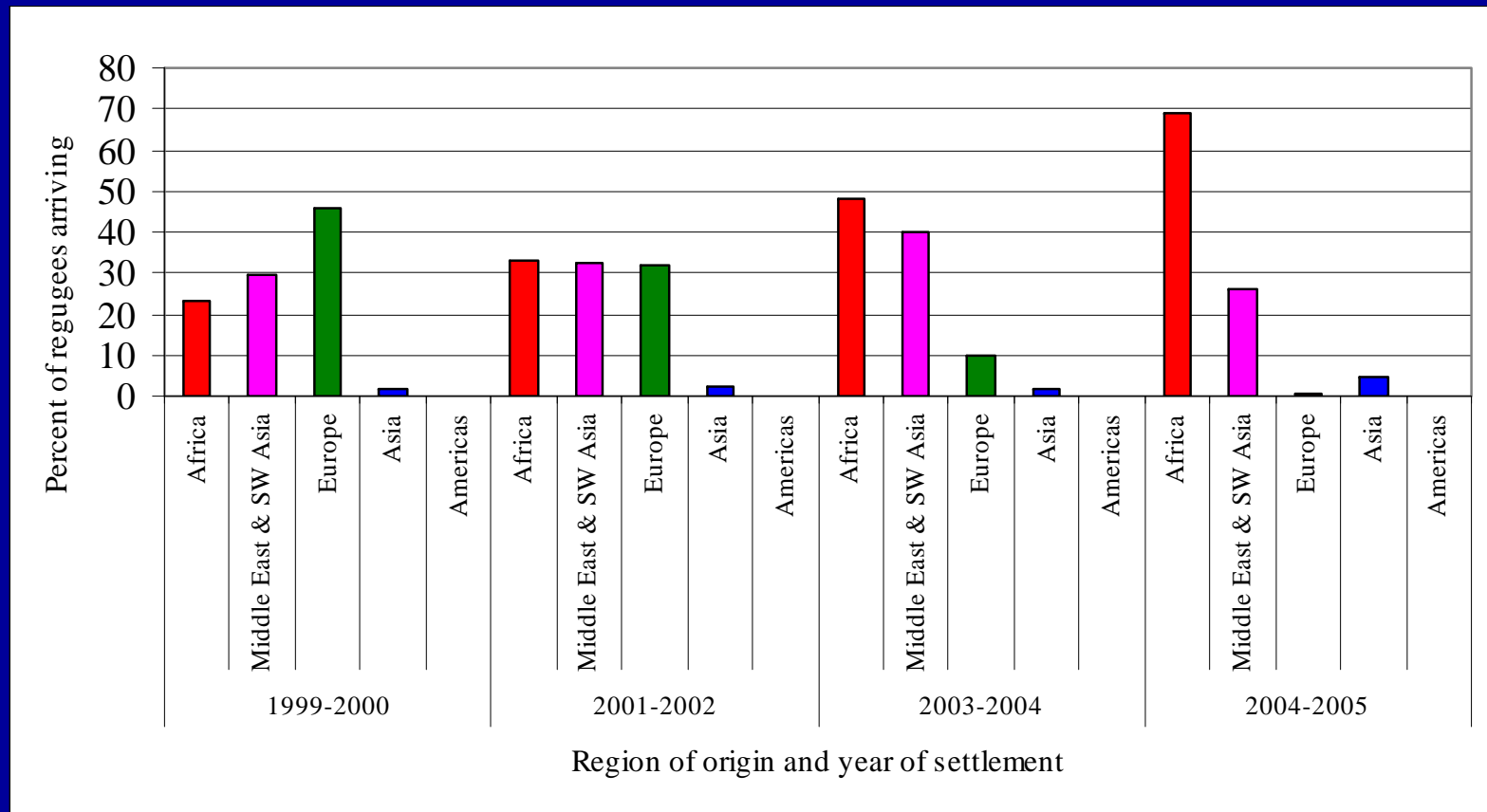
Background

- **National and international studies document health problems in refugees**
- **Health needs of refugees indisputable**
- **Children are particularly vulnerable**
- Refugee children known to have : nutritional, growth, infections, dental abnormalities, mental health and developmental problems

Australia's humanitarian program

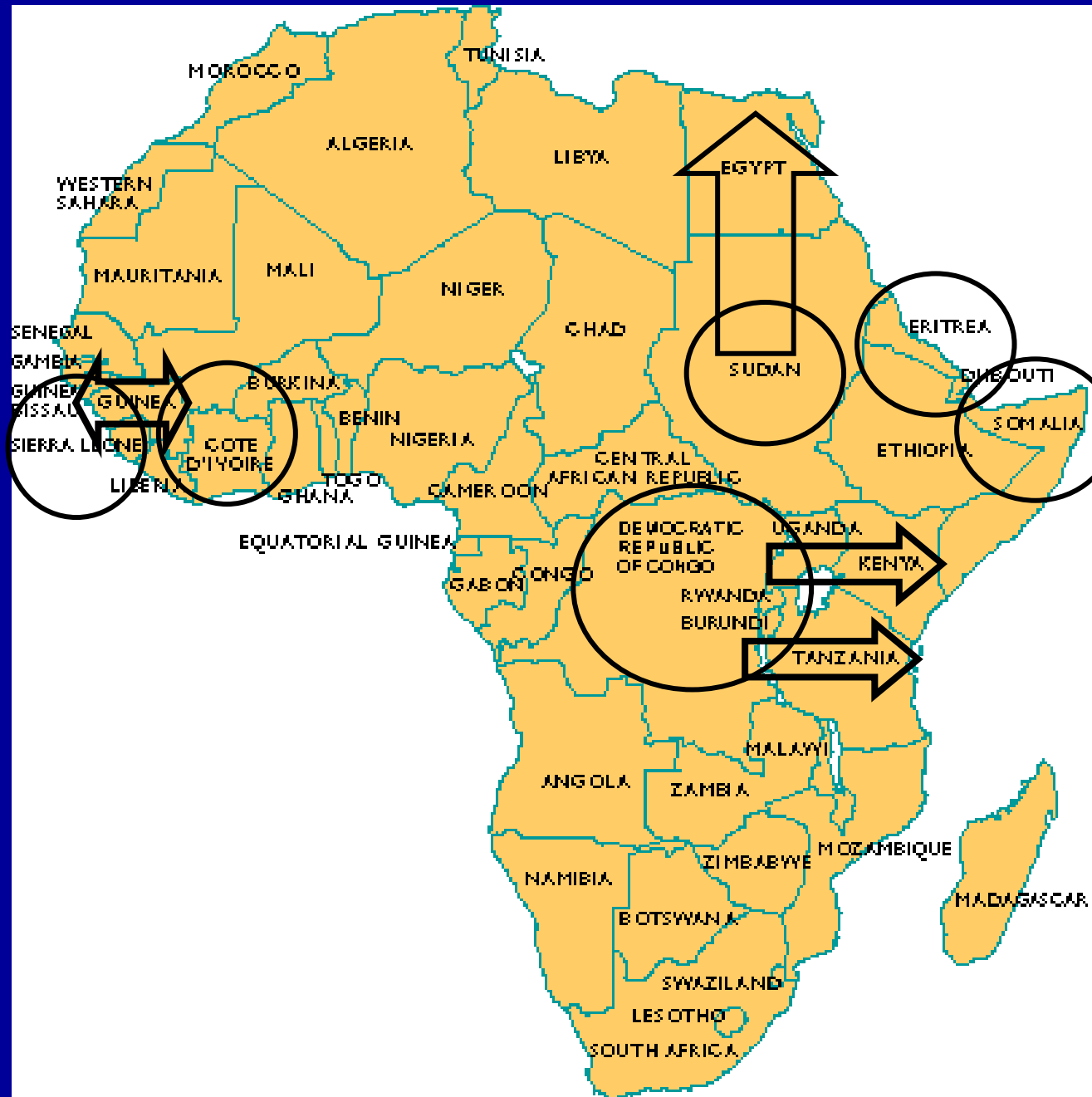
- 13,000 humanitarian entrants/year
- 50% children and young people
- NSW gets a major proportion (40%), 85% settle in Sydney (Western and South Western Sydney)
- Change in nature of refugee intake: 70% African refugees in 2005

Australian resettlement program by region of origin and year of settlement 2000-2005



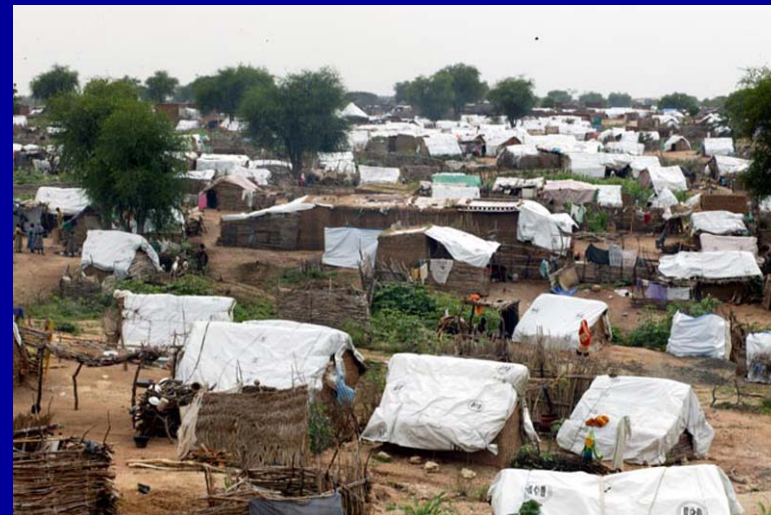
Source: Refugee and Humanitarian Issues: Australia's response. DIMIA/DIMA 2005¹

*SW Asia refers to Iraq, Afghanistan and Iran



Refugee experience

- Conflict, forced exile, deprivation, unhealthy conditions
- Limited healthcare in country of origin and in refugee camps
- Minimal health intervention prior to embarkation – especially children



Why have Refugee Specific Health Services?

- **Prior to embarkation basic health screen**
 - A brief history and examination
 - A CXR to look for active TB (>10 y)
 - An HIV test (>14 y), mainly for economic reasons
- **Newly arrived refugees often have medical problems which need to be addressed**
 - Malaria, schistosomiasis, intestinal parasites
 - Dental caries
 - Malnutrition, anaemia
 - Untreated chronic diseases
 - PTSD

What is available for refugees children in NSW?

- **Recently established refugee specific clinics:**
 - **HARK (tertiary Children's Hospital)**
 - **Newcastle Clinic (comprehensive, multi-disciplinary, community-based)**
 - **Refugee Health Service (general practice clinics, primary healthcare approach)**

Have different models of care, different staff, resources

Objectives

- **To identify the number of refugee children accessing comprehensive health services through the three main clinics in 2005**
- **To determine their health needs when assessed**
- **To compare children clinically assessed with the total number of newly arrived refugee children in that year**
- **Establish NEED, identify GAPS**

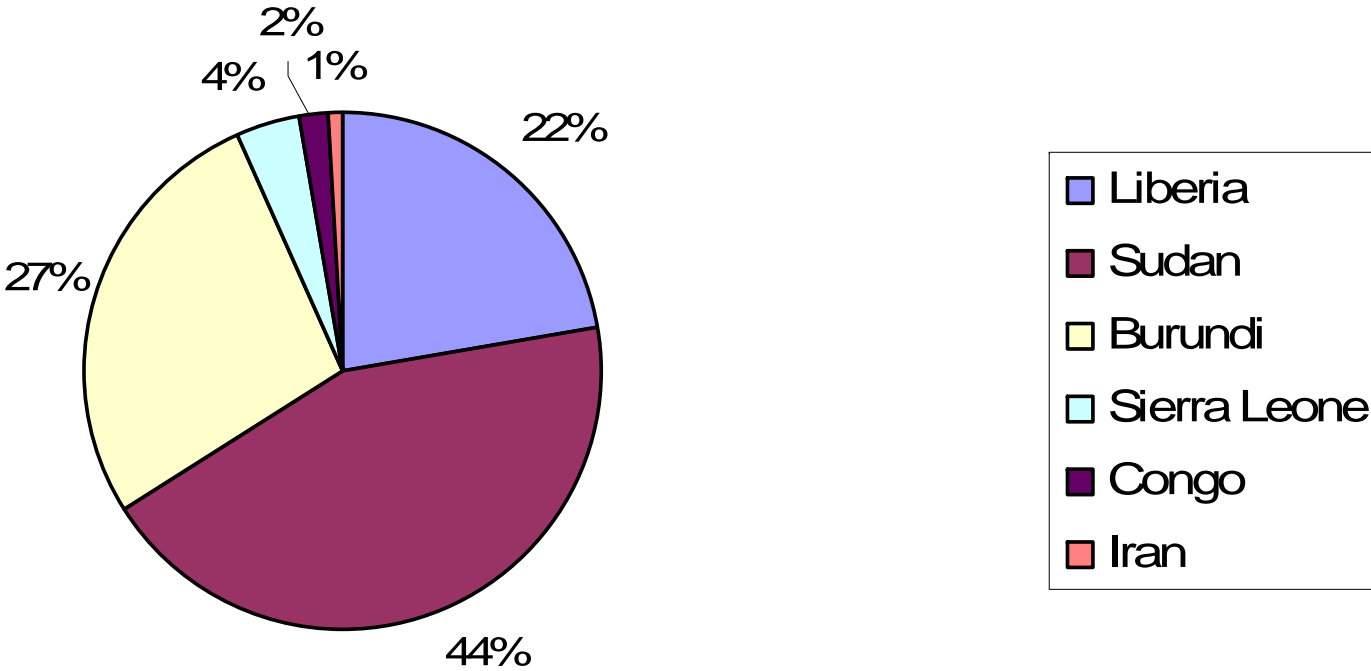
Results

- In 2005, 1557 refugee children <14 yrs settled in NSW
- 330 (21%) attended specific health services for refugees in 2005
- Most arrived in 2005
- Most were asymptomatic

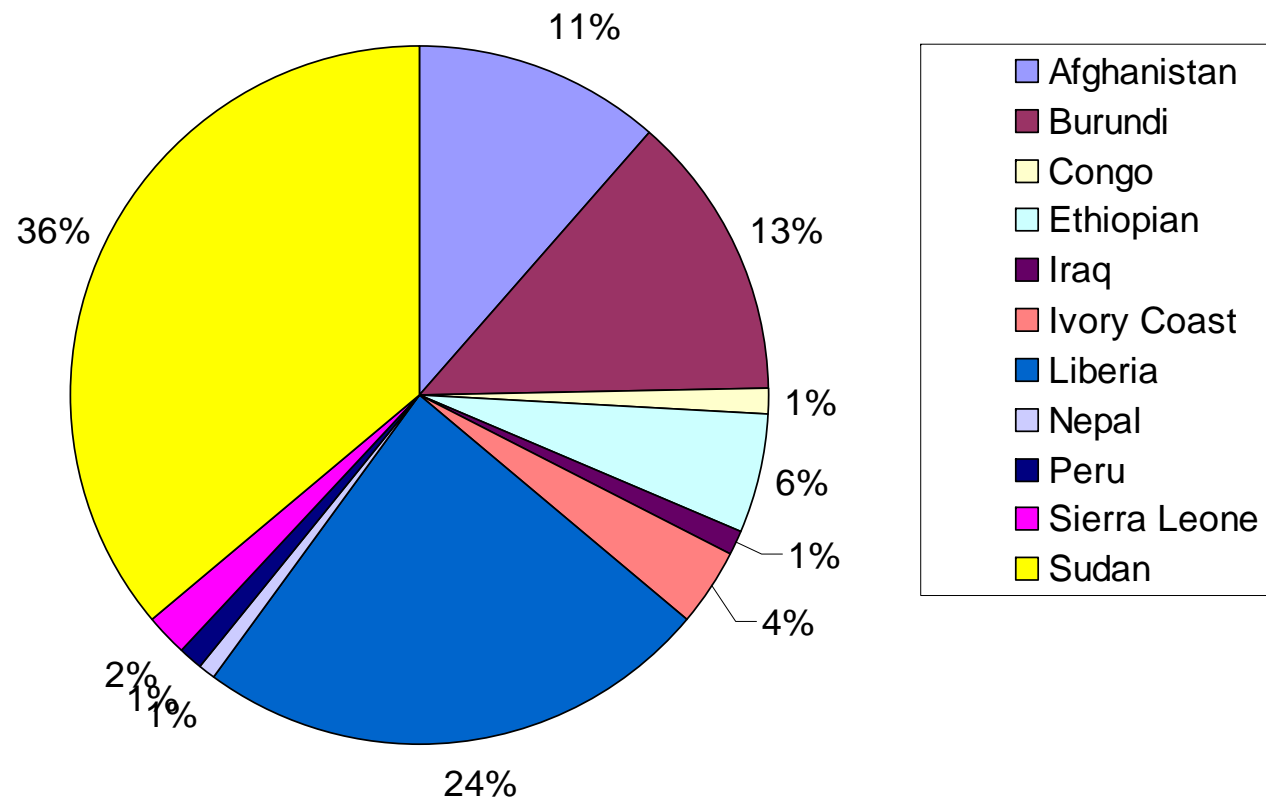
Children attending Refugee Clinics in 2005

	NSW RHS	Newcastle Clinic	HARK Clinic
Mean Age	7.5 yrs*	7 yrs	8 yrs
Gender	M=F*	58% male	46% male
Region	Mixed African and middle east	99% from Africa	86% from Africa*
*	Available information		

Country of birth of children seen in Newcastle Refugee Clinic 2005



COB of children seen at HARK in 2005



Percentage of Children < 14 years who Received 'Routine Tests' (2005)

	NSW RHS (N=122)	Newcastle Refugee Clinic (N=103)	HARK Clinic*(N=106)
FBC	46%	90%	96%
Schistosom IgG	44%	87%	91%
Hep B screen	40%	86%	95%
Malaria screen	27%	71%	91%
Measles/ Rub	26%	0%	0%

Percentage of Children < 14 years who Received 'Routine Tests' (2005)

	NSW RHS (N=122)	Newcastle Refugee Clinic (N=103)	HARK Clinic*(N=106)
Vit D levels	34%	0%	93%
Mantoux	0%	0%	92%
Ferritin	0%	0%	87%
HIV	0%	59%	91%
Syphilis	4%	13%	81%

* HARK Clinic only operational from May 2005

Percentage of Children with Significant Results

	NSW RHS	Newcastle Clinic	HARK Clinic
Anaemia	21	28	25
Schisto +	22	36	24
Malaria +	15	23	9
Hep B non imm	55	70	81
Low Vit D	10	-	30
Mantoux +	-	-	25*
Low Ferritin	-	-	15

* 5/24 (21%) had CXR positive TB

Other significant health issues identified

- **Haematological**
- **Skin lesions: fungal, bacterial, cutaneous Leishmaniasis**
- **Nocturnal enuresis**
- **Dental caries, dental abscess**
- **ENT problems: Hearing aids**
- **Developmental delay**
- **Growth problems: stunting**
- **Emotional/ Behavioural, school and settling issues**
- **Somatic complaints +++**

Management

- **Therapy:** malaria, schistosomiasis, tuberculosis (prophylaxis), fungal infections, gastro parasites, iron deficiency, Vit D deficiency
- **Catch up immunisation**
- **Referred:** TB Clinic, haematology, ID, dermatology, endocrinology, mental Health
- **Follow up:** no info

Limitations

- **HARK Clinic only started in May 2005: could fit in 30 more**
- **Refugee children may have been assessed by GPs***
- **Some older children may have had limited 'screening'/ immunisation in high school**
- **No information on health needs of refugee youth**
- **Small refugee clinics in Coffs Harbour and Wollongong: emerging**

***Milne B et al. Immunisation and primary healthcare needs of refugee youth. ANZJPH 2006**

NEEDS

- Newly arriving refugee children have health needs++
- Include diseases of public health significance: **TB, malaria, schistosomiasis, under immunisation**
- ID: TB, Malaria, Schistosomiasis, Hep B, cutaneous Leishmaniasis, gastro parasites
- Nutritional/Haematology: Iron def anaemia, sickle cell disease, rickets
- Psychosocial, behavioural, developmental problems

GAPS

- **Capacity of current refugee specific clinics inadequate**
- **20% of newly arriving refugee children being assessed comprehensively**
- **Wide variation of screening/assessment across sites**
- **Treatment recommendations could not be followed up in the majority**

Conclusions

- **Health needs of new refugee children indisputable**
- **1/5 have access to refugee health services, smaller proportion have access to comprehensive screening**
- **Most of the identified health issues can be prevented or treated effectively**
- **Optimum and culturally competent care for this high risk group should be provided by well funded public health systems with a mixture of targeted and mainstream services**

From Refugee Camps to A Happy, Healthy Family

