

Challenges with information systems in relation to refugee and migrant health in Albania

Dr Gazmend Bejtija, WHO Country Office in Albania

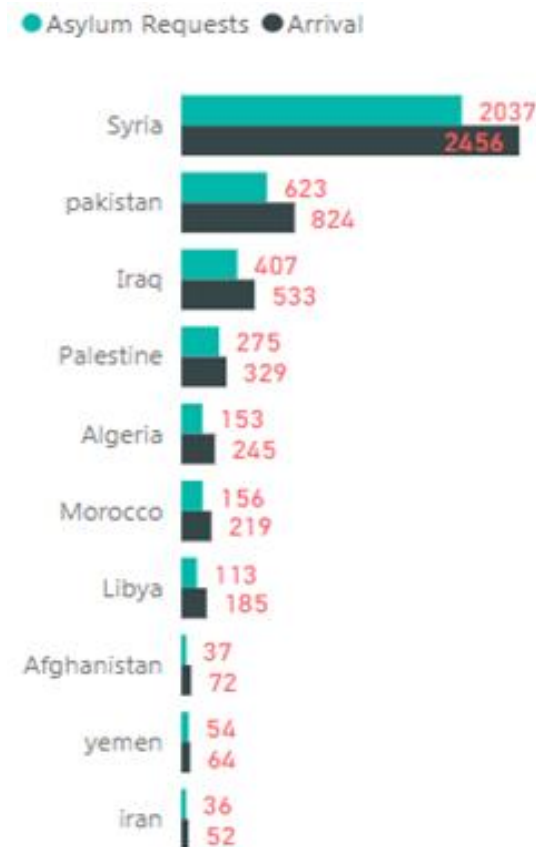
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Outline

- Migration Profile in Albania
- Data and information
- Gaps and challenges
- Actions
- Expectations

Mixed flows are comprised of, inter alia, refugees and asylum-seekers, migrants, victims of trafficking, unaccompanied / separated children, and stateless persons



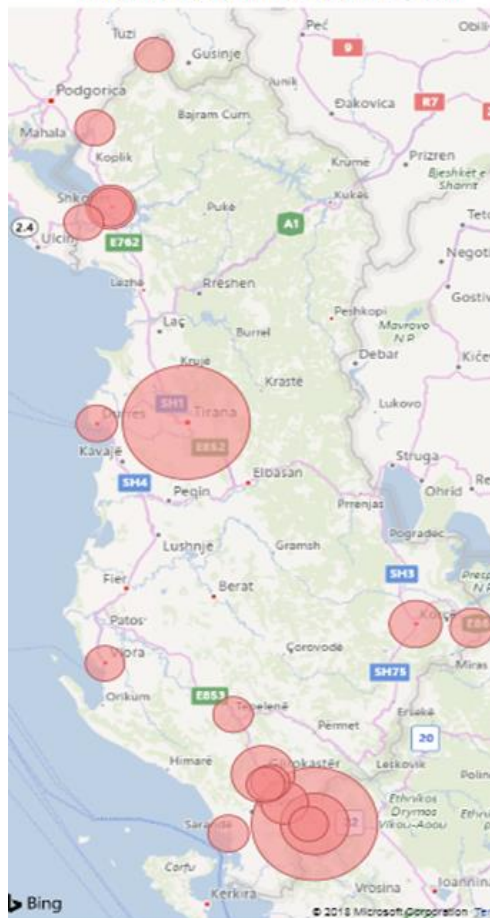
Source: Joint Assessment of Asylum and Mixed Migration, Situation in Albania 2018, UN Country Team Albania

Arrivals and Asylum requests 2015 - 2018



Source: UNHCR (2015-2017 official statistics by GoA/ 2018 UNHCR & GoA)

Identified Refugee/Migrants by Location



Source: Joint Assessment of Asylum and Mixed Migration, Situation in Albania 2018, UN Country Team Albania

Capacities

- The total reception capacity available in the country is 400;
- There are no specialized shelters for women and children at risk;
- Referrals to the residential care centres managed by the Ministry of Health and Social Welfare have proven challenging for foreign citizens.

Health Care entitlement

Immigrants, depending on their legal status, enjoy the same status as citizens in accessing government-funded health services.

- All economically active persons permanently resident in Albania make use of health services on the basis of their obligatory contributions to the state health insurance fund. This right extends to employed refugees.
- Asylum seekers are among economically non-active people, whose contribution's payment is financed by the State Budget, or other sources as provided for in the law.
 - Law on Asylum envisions the right of access to health care services asylum seekers residing in the National Reception Centre for Asylum Seekers;
 - Law on Aliens guarantees health care to aliens hosted in closed reception facilities. This includes employees, self-employed persons, unpaid family workers and other economically active persons.

Migrant Health Services

- Migrant and refugee healthcare at detention and residing centers is covered by Caritas (NGO).
- Regional / District Health Authorities are involved in cases where the asylum-seekers or migrants present health issues.
- Emergency Medical Services are predominantly involved.

Data management

Migration data

- Total Information Management System (TIMS)
- Foreign Electronic Register (FER)
- Pre-screening
- IOM Displacement Tracking Matrix (DTM)

Migrant's health data

- Pre-screening ??? (limited data on health)
- CARITAS / NGO-s registers
- Register of Public Medical Emergency System (Hospital based);
- Notification system of Communicable Diseases (Emergency Departments, Hospitals)
- Registers of residential centres

Issues



- The Directorate of Asylum and Citizenship (DfAC) has access to the Foreign Electronic Register (FER), but cannot modify records inserted by Border Migration Police (BMP) officials.
- BMP Officials in charge of pre-screening can access FER and register new cases, but cannot modify existing records even if fingerprints of the individual would match.

Recommendation



- The DfAC, BMP, National Reception Centre for Asylum-seekers (NRCA) and the Closed Reception Centre for Irregular Migrants (CRCIM) should have access to a common information management system.

Migrant Health Information

- The pre- screening process does not include questions about the health conditions and the health history of refugees and migrants.
- The Regional State Authorities (BMP & social services) and NGOs (Caritas) dealing with refugees and migrants are not integrated / included into the routine health surveillance system.
- Contingency plans for management of emergency situation related with refugees and migrants are not updated.

Issues

- Is the lack of “good” data on health of migrants a symptom of issues related to health care entitlements, extent of available health services, access to health services by migrants?
- Is the lack of “good” data on health of migrants a reflection of the weaknesses of health information systems in the country?
- Should health related information be integrated in the migration information tools or be separate (attention to irregular migrants)?
- Are we designing and implementing innovative tools to capture and register the health information of irregular and/or transit migrants?
- (CD versus NCD) vis-a-vis (Health Security versus Health as a Human Right).

National Migration Governance Strategy 2019-2022

A. Ensure strategic governance of migration in Albania

B. Ensure safe and orderly migration from, through, and to Albania

OVERALL OBJECTIVE

Effectively govern migration in Albania to address challenges resulting from migratory movements and to enhance the development impact of migration to the benefit of migrants and the Albanian society.

C. Develop an effective labour migration policy while enhancing the positive impact of migration in the national/local socio-economic development

D. Promote and protect migrants' rights and their integration

Expectations

- Review Governance, Management and Accountability;
- Review the flow (referral): from screening to specialized treatment and follow up;
- Coordinate/Integrate information collection, recording and cross-sharing;

OPEN DISCUSSIONS