

The Journey for Refugees – from boarder to general practice

Refugees

- Refugee:
- People who meet the definition of a refugee provided in the 1951 Convention Relating to the Status of Refugees, as amended by the 1967 Protocol
- “...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 the country of his/her nationality and is unable or, owing to such fear is unwilling to avail him/herself of the protection of that country”
- - Article 1(A)2 of the United Nations 1951 Refugee Convention

NZ former refugees

- Quota Refugees
1,500/year (increased from 1000 to from 1 July 2020)
- Refugee Family Support
up to 600/year (increased from 300/year from 2021)
- Community Organisation Refugee Sponsorship (CORS) Pilot (extended from 2017)
50/year from 1 July 2021 to 30 July 2024
- Convention refugee (asylum seeker who has been recognised as a refugee in NZ) as decided based on individual claims by the Refugee Status Branch or Immigration and Protection Tribunal

Asylum Seekers and Evacuees

- **Asylum Seeker:**

People who say they are refugees, but whose claim has not yet been decided

- **Afghan Evacuees:**

People who have been evacuated from Afghanistan. These include citizens, permanent residents and people who are not citizens or permanent residents who are currently on temporary visas

Countries of Origin of NZ refugees 2024/25

- Syria (28%)
- Afghanistan (17%)
- Myanmar - Chin (5%) Rohingya (12%)
- Colombia (6%)
- Pakistan (3%)
- Congo & DR Congo (10%)
- Iran (6%)
- Others: Somalia (2%), Sri Lanka (1%), Eritrea (2%), Iraq (1%), inc. RQFR (8%)

Countries hosting refugees

Asylum seekers apply in these countries to become UNHCR-mandated refugees. Refugee Status Determination can take months to years. Once they become UNHCR-mandated refugees, they may be eligible for resettlement in a third country

Lebanon:

- > 1.7 million refugees in Lebanon which has a population 6.8 million (this is ~20% of the total population in the country). Largest per capital population of refugees in the world.
- 45% live in 12 refugee camps, the other 55% live in urban settings.

Jordan:

- 759 738 refugees, 82.8% live in urban settings, 17.2% in camps

Ecuador:

- Largest recognized refugee population Latin America. >70,000 refugees, 97% Colombian.

- **Rwanda:**

126, 180 refugees, most live in Mahama Camp

Ethiopia:

>149,000 Eritrean refugees, ~ 50,000 in 4 camps in Northern Tigray area

Selection

Cabinet decides:

- number of people in the quota, the regions and the % of people we will take from these locations.

Immigration NZ asks UNHCR for referrals for individuals in those countries and requests a mission to the country of asylum.

Selection Mission

- 2 part interview.
- - Interview by Refugee Quota Selection Officer focused on risk/credibility/eligibility under policy
- - Interview with Resettlement Case Officer – focused on settlement needs/priorities/assessment

Family reunification and separated minors

- Home assessments are carried out by registered Social Workers prior to approval

Medical Requirements For Quota Refugees

- Quota refugees are required to pass a Limited Medical Certificate. This includes:
- A history to rule out the non-waiver conditions*:
 - On dialysis or likely to need this in the next 5 years
 - Haemophilia
 - Requiring full time care
 - Current active TB
 - History/findings/treatment for MDR-TB or XDR-TB
- Full Blood Count and eGFR (HIV test no longer required since Dec 2021)
- Chest X-ray

Visa Approval

- Once Visa is approved, quota refugee is like a New Zealand Resident awaiting travel to NZ.
- They are eligible for voluntary Settlement Health assessments offshore.

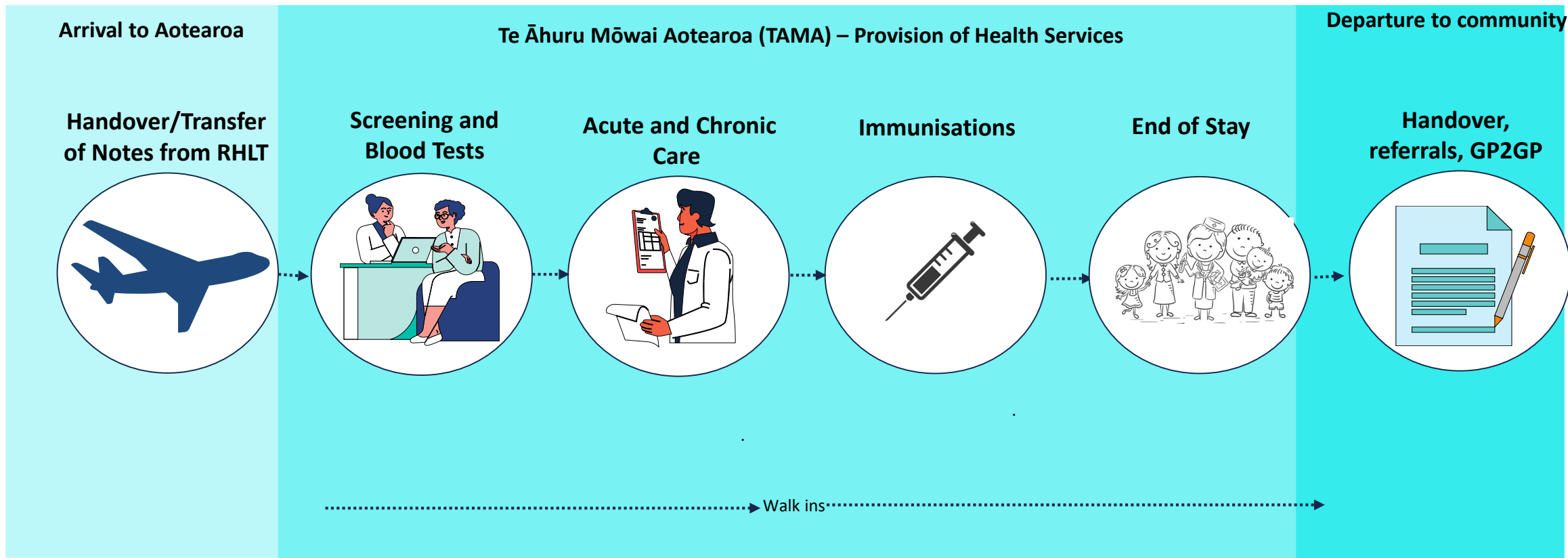
Settlement Health Assessment

- Refugee Health Liaison Team (RHLT)
 - Prescribe screening assessments offshore
 - Coordinate treatment as needed offshore
 - Coordinate specialist care in New Zealand before refugees arrive
- 1. Full health screening
 - Health Services are planned, vaccines are offered, treatment may be offered
- 2. Pre Departure Check
 - TB screening must be within 6 months of last CXR or IGRA or TST
 - Presumptive parasite treatment
 - Fit to fly assessment
- 3. Pre-Embarkation Check
 - COVID-19 testing
 - Dispensing parasite treatment

Mangere Refugee Health Service

Based at the Te Āhuru Mōwai o Aotearoa

- 1 FTE Practice Manager
 - 3 FTE Doctors
 - 1 FTE Nurse Clinical Lead
 - 6.5 FTE Registered Nurses
 - 1 FTE Health Care Assistant
 - 4 FTE Administrators
 - Pharmacist 3 days a week
 - Visiting phlebotomist 1-2 hours twice a week
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- Based in the Community
 - 2 FTE Clinical nurse specialists
 - 1 FTE Advanced clinical social worker



Mangere Refugee Health Service Journey

Offshore information

- Notes transferred into Patient Management System within 3 days after arriving in NZ
- Offshore notes reviewed:
 - alerts made including language
 - screening classifications made
 - if CXRs need specialist review, send DCM files to be uploaded to the regional system.
- Go over information with patient at screening.



What offshore screening doesn't routinely cover

- Gynecological assessment
- Sexual health assessment (except serology for syphilis and HIV serology)
- Sensitive exams
- Family violence screening
- Dental assessment
- Cervical, breast or bowel screening

Additional history

- Additional Diagnoses (new or previously undisclosed)

Year ending June 2023 (1507 in intake, 1502 screened)

- Offshore Reports capture 41% of final diagnoses
 - Offshore Reports capture 64% of long-term conditions
 - Discrepancies in diagnosis
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- Mental Health and Wellbeing

Refugee Health Pathways

Refugee Health Screening

This page is about initial screening for former refugees after arriving in New Zealand. See also:

- [Refugee Health in Adults](#)
- [Refugee Health in Children and Adolescents](#)

Background

[About refugee health screening](#)

Assessment

1. Prepare for the appointment. You will need an extended appointment or a number of appointments to complete the screening, address needs, and account for any interpreting time.
 - If required, arrange an [interpreter](#):
 - Avoid using family members and friends as interpreters.
 - Check patient preference for gender and ethnicity.
 - Check the patient is comfortable with the interpreter.
 - Consent for examination, procedure, or commencement of treatment may be legally invalid if an interpreter is not used.
 - Consider patient eligibility for [funded refugee health assessment](#).
2. Prepare for health assessment:

Resettlement Regions



Established Settlement Locations:

- Auckland
- Hamilton
- Palmerston North
- Wellington
- Nelson
- Christchurch
- Dunedin
- Invercargill



New Settlement Locations:

- Levin
- Masterton
- Blenheim
- Ashburton
- Timaru



Handovers

- GP2GP as soon as enrolled and requested
- Handover document sent to Health Navigator in Community (Public Health Nurse, Refugee Health Nurse, Health Navigator)
- Nurse Clinical Lead contacts Health Navigator about complex patients
- GP phones GP practices to hand over complex patients once enrolled (GP or nurse handover)