

# Canada's Approach To Managed Migration: Migration Health

Caitlin Imrie  
Director General, Migration Health Branch

International Metropolis Conference 2019  
June 24, 2019



# 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:

| Then:                                                         |
|---------------------------------------------------------------|
| Applications primarily submitted overseas                     |
| Relatively small number of Temporary Resident (TR) applicants |
| Source countries primarily with varying TB risk               |



| Now:                                                                                        |
|---------------------------------------------------------------------------------------------|
| Higher proportion of applications in Canada                                                 |
| Increasing immigration levels plans and unparalleled TR demand are stretching our resources |
| Increasing emerging global health concerns (Ebola outbreak, MDR/XDR TB)                     |

- 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?*

---