

Refugee health – collaborating for better outcomes

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Refugee health is a topical and important issue. Although psychological issues are well described, and refugees from certain regions are at risk of a range of infectious diseases, many people from refugee backgrounds also experience chronic physical diseases and/or live with a disability.¹ Their health status has evolved in the context of organised violence marked by persecution, forced exile from their homelands, and grief and loss at many levels. Resettlement in a new country has its own challenges, often prolonged.²

There are some differences between the needs of asylum seekers and those of refugees who enter Australia as part of its humanitarian migration program. However, asylum seekers and refugees share many common concerns, especially long-term conditions such as psychological distress associated with their experiences and the uncertainty of life in Australia.³ [Ngo and colleagues](#) explore the detection rates for health conditions screened after arrival in Australia, and the importance of tailoring screening to refugees' migration history and risk. This is especially important for refugees from Middle Eastern countries such as Syria, whose risk profile is different to those from traditional refugee source countries.

Despite the politics in Australia, there is genuine goodwill and concern to ensure that people from refugee backgrounds get the care and support they need. However, realising this objective is challenging. One major reason is the fragmentation that can occur between specialised refugee services and mainstream, public and nongovernment health and welfare services. Over time, this can create discontinuities that may lead to refugees' health and social needs being overlooked and neglected. Because of their lower health literacy, refugees are especially vulnerable to these gaps.

Key requirements for better integrated care include good professional relationships between providers, effective communication and sharing of information, and clear and supported pathways between services. This issue of *Public Health Research & Practice* contains examples of where this integration works at the international level. [Martin and Douglas](#) describe the international cooperation involved in premigration screening, especially between the US, UK, Australia, Canada and New Zealand. [Pottie and colleagues](#) illustrate the high level of collaboration between government, nongovernment, private and professional organisations in Canada in providing primary care for refugees.

The Canadian paper also highlights the importance of advocacy and, in particular, the role that health professionals can play, including in the face of unhelpful policy decisions at the political and program level. This is relevant at the time of writing in Australia, where access for health providers to important information gleaned overseas from immigration medical checks⁴ has been severely curtailed due to contractual changes and other decisions at the national level. However, concentrated advocacy by refugee health professionals and others around Australia is helping to resolve this situation, such that overseas health information will be available once again. The importance of such information transfer to health staff on the ground in resettlement countries is highlighted in the Martin and Douglas article, which refers to overseas screening processes and the “availability of health information for postmigration continuity of care”.

The interview with the New South Wales (NSW) Coordinator General for Refugee Resettlement [Professor Peter Shergold](#) describes some success in NSW, Australia, through encouraging cross-sectoral collaboration to help address health and welfare needs for newly resettled refugees. By contrast, the study by [Fair and colleagues](#) examines some of the challenges in the transition of care between specialised and mainstream healthcare for asylum seekers in Australia and proposes a model of care to proactively address these.

Integration is discussed by [Harris](#) as it pertains to all those from refugee backgrounds. The public health challenge is to develop a system that provides a bridge across the system gaps to ensure that the health and related needs of refugees can be more comprehensively addressed.

Competing interests

MH is a volunteer medical officer at the Asylum Seekers Centre and a board member of the Central and Eastern Sydney Primary Health Network.

Author contributions

MH and MS both contributed to writing and editing the article.

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