Healthcare for Migrants in Fragile Transit Settings

Dr. Weiam Alhunaishi[1], Prof. Nik Daliana[2]
1- International Organization for Migration (IOM), Yemen (On Leave) — Collaborating Researcher
2- Department of Social and Preventive Medicine, Faculty of Medicine, Universiti Malaya, Malaysia

Introduction and Methods:

- While global health work increasingly emphasizes resilience, equity, and universal health coverage, migrant populations remain systematically overlooked in both routine service delivery and emergency preparedness.
- In countries of transit fragile/conflict status, migrants face extra layer of challenges, particularly during infectious disease outbreaks. In these situations, continuity of care is challenged by conflict and weak governance.
- This review was created to refocus on the key bottleneck healthcare challenges of migrants in transiting fragile areas.
- The findings were built based on the researcher autoethnography and a desk review from Medline, web of science and United Nations (UN) libraries, including International the Organization for (IOM), the World Health Organization (WHO), and the UN-High Commissioner for Refugees (UNHCR), searching for fragile and/or transit countries and migrants and health.
- Criteria focused on systemic challenges rather than day-to-day practice challenges such as communication barriers. Also, selection focused on countries with a high fragility index, based on the Fragile States Index (FSI) 2024 by Fund for Peace.

Results:

- The main findings were grouped under four themes, through these main themes, migrants are left behand and not being included in health interventions.
    1. **Lack of a clear definition of the elements of healthcare access needed for migrants' inclusion.**
    2. **Lack of migrants' health endorsing laws and policies and/or their effective enforcement.**
    3. **Lack of health data especially for irregular migrants while keeping their privacy.**
    4. **Weak if nonexistent health systems that worsen human rights, gender rights even in health settings.**

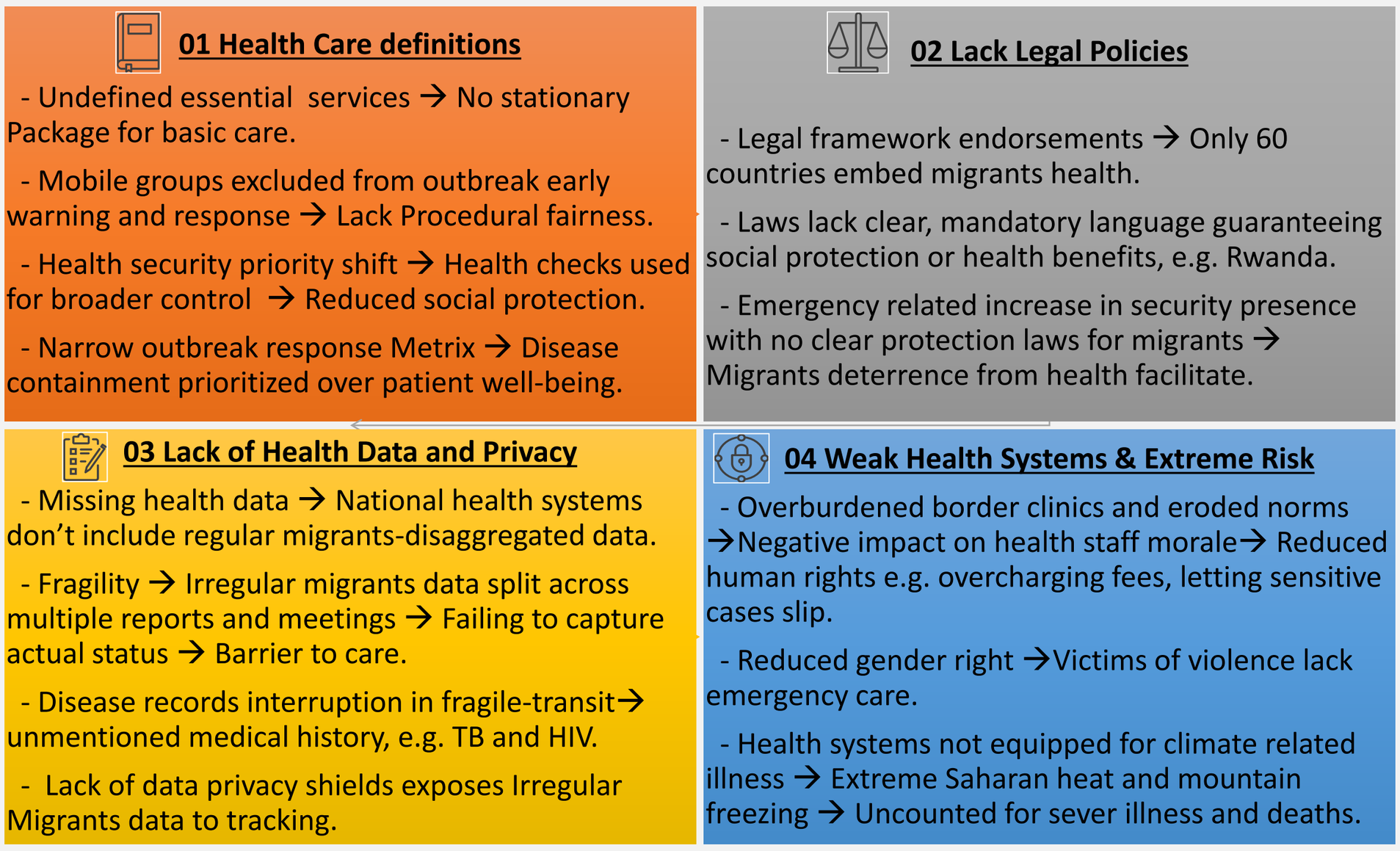


Figure 1: Healthcare challenges in Fragile transit counties

Conclusion and recommendations:

- The findings suggest that the current public health responses across fragile transit states overwhelmingly prioritize border biosecurity, epidemiological screening, and disease containment over the holistic physical, mental, and social well-being of mobile human beings, which later could impact destination counties economically and institutionally.
- It also suggests that innovative and safe blue ways to ensure migrants inclusion and anonymity -in data, access, and health service- while keeping their privacy, keeping the momentum that is built after responding to diseases of high spread ability, and humanity as a goal are highly needed.

Focus area	Recommendation and key action
Policies & Frameworks	- Countries should develop adaptive health policies tailoring protocols for both fast-moving circumstances and stationary stranded groups. - Guarantee basic emergency, maternal, communicable, chronic care, psychological and social well-being needs.
Gender-Based & Climate Change Barriers	- Deploy targeted healthcare services for female transit migrants, especially post-rape care and reproductive health. - Add climate change impacts for migrant at border clinics/initiatives to treat exposure injuries like sunstroke, hypothermia, dehydration, and water related disease services rapidly.
Data Collection Integration	- Frameworks to ensure data privacy and anonymity so irregular migrants can seek care without fear of deportation.
Fragmented health data	- Embed health indicators into existing Non-Governmental Organizations (NGOs) data trackers like IOM Displaced Tracking Matrix (IOM-DTM) unit products
Collapsing health systems	- Shift from outbreak-only response to sustainable health structures.

- More studies are needed to understand the impact of war on healthcare moral and ways to boost it amide of fragile and crisis situation.