Case management model of care for refugees and asylum seekers in urban areas, Malaysia

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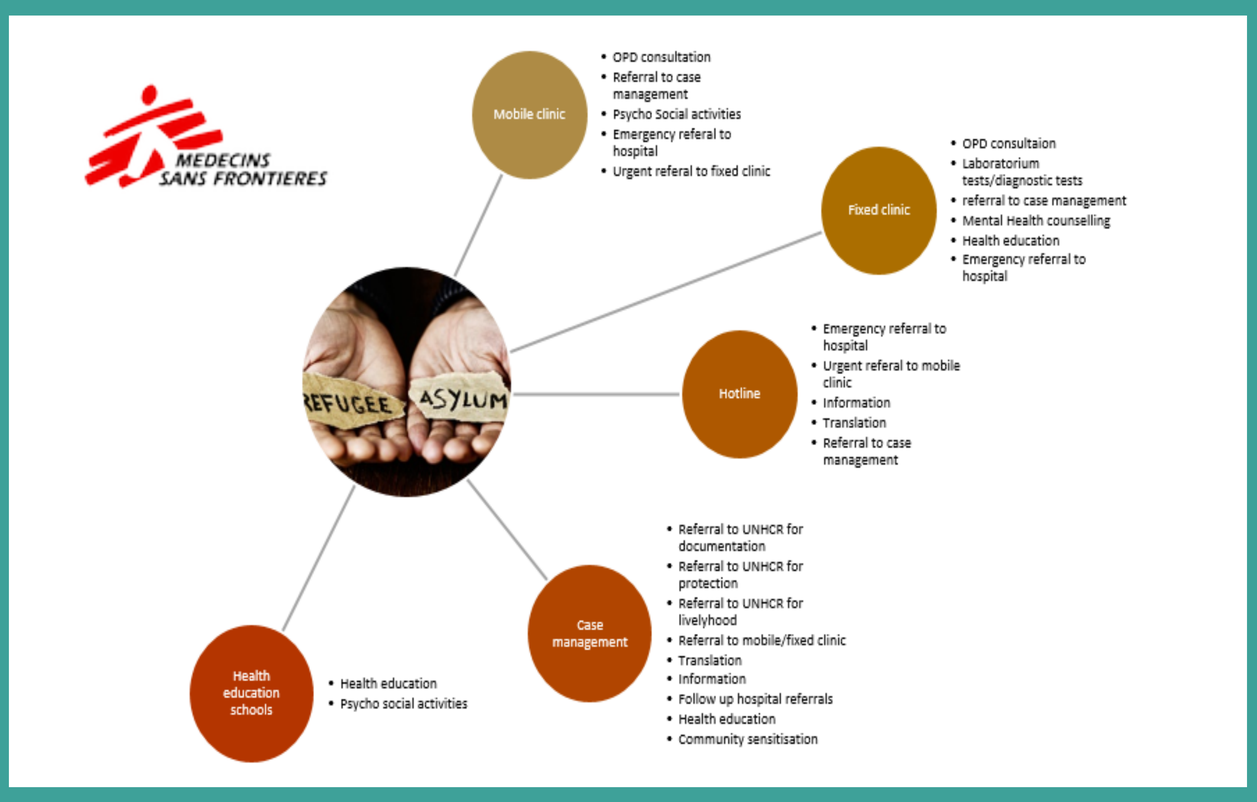
Background

- Refugees and asylum seekers in Malaysia face barriers to access healthcare. These barriers include documentation, finance, language, health literacy, stigma and discrimination.
- In 2018, 16,608 refugees and asylum seekers were registered with UNHCR in Penang.
- Medicines Sans Frontières is operational in Penang since 2016 supporting this vulnerable group in primary health care through mobile and fixed clinics (figure 1). In addition, persons identified at community level or within the clinics who require support in financing urgent health interventions, applying for official documentation, and interpretation for facilitation of health interventions enroll in the case management (CM) component of the program (figure 2).

Aim: This study was undertaken to investigate the effect of the innovative case management model. We describe the design, patient profiles and experiences of the CM component from October-December 2018.

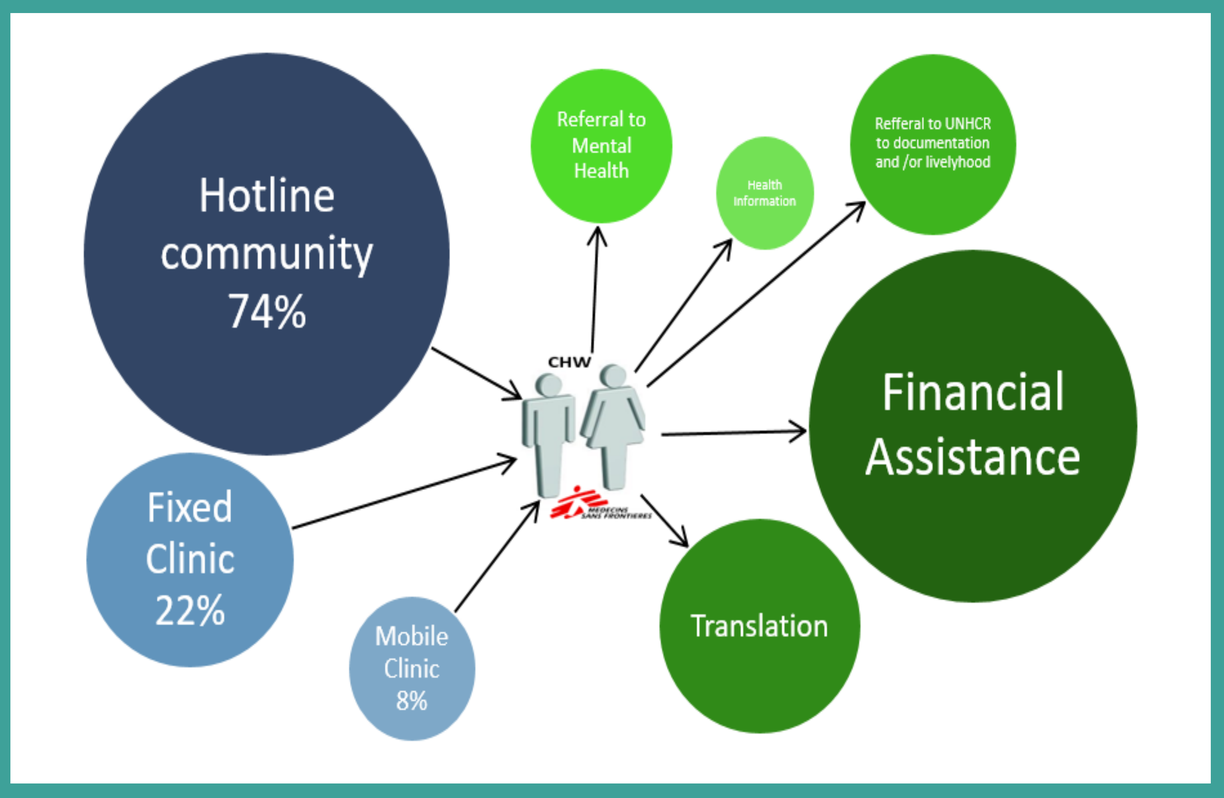
Figure 1: MSF services in Malaysia.



Methods

- Refugees and asylum seekers access MSF's services through: a) a hotline number b) the fixed clinic in Penang and c) weekly mobile clinics. A person is eligible for CM enrollment if they have urgent medical needs, other vulnerabilities or are undocumented.
- All cases provide written consent upon CM enrollment and are assessed and managed by the medical team and a team of Community Health Workers (CHWs) who identify and support the patient's needs: secondary healthcare and financial assistance for it, interpretation for these consultations, referral to Mental Health services, and referral to UNHCR for documentation and livelihoods.
- We collected data on all cases enrolled in CM in terms of demographics, documentation, medical needs, support received and outcomes.

Figure 2: Case Management model.

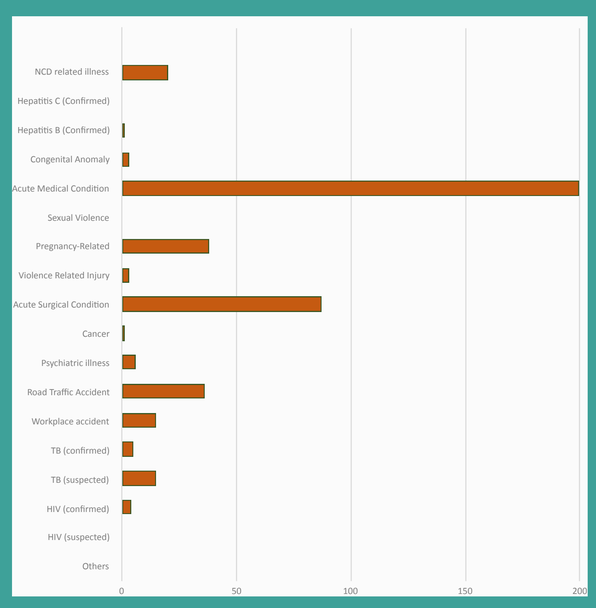


Results

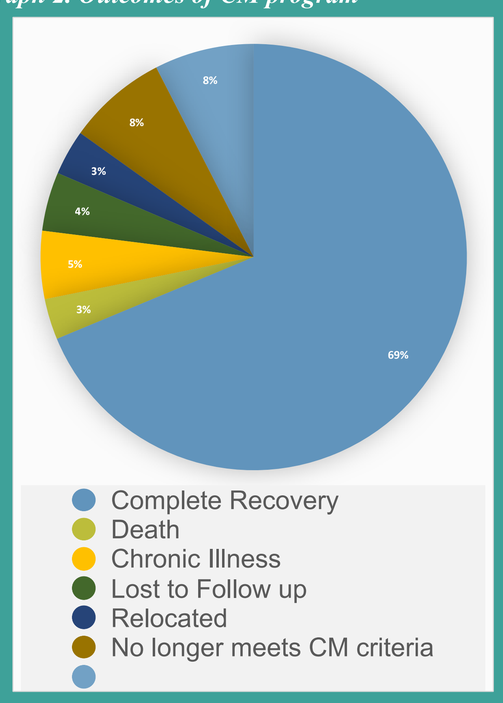
Between Oct-Dec, 434 cases enrolled in CM (hotline=74%, fixed clinic= 22%, mobile clinic=4%); 47% were 21-40 years of age (Figure 2).

- At enrollment, most cases required financial support (n=404, 93%) for secondary healthcare for acute medical (n=200; 46%) or surgical (n=87; 20%) conditions (graph 1)
- 128 (29%) were undocumented at enrollment
- 27 (6%) required mental health support
- 22 (5%) were referred for livelihoods support
- 269 cases (62%) were closed within three months. Of these, 200 (74%) recovered completely and nine died (3%) (Graph 2)
- There was no difference in negative outcomes between documented and undocumented cases (n=15; 8% vs. n=8; 13%; p=0.3)
- At case closure, 50% of the cases referred for documentation were successfully documented by UNHCR

Graph 1. Morbidity breakdown



Graph 2. Outcomes of CM program



Conclusion

- The CM component of the MSF program for refugees and asylum seekers in Penang provides a comprehensive and holistic medical intervention with access to protection services.
- Given the acuity and complexity of most cases enrolled, this is appropriate and results in positive clinical and humanitarian outcomes.
- Our results however also highlight the need for a sustainable healthcare financing policy for refugees and asylum-seekers in Malaysia.