Today, Thursday 7 April 2016, is World Health Day. With that in mind, we would like to share the activities of the International Organization for Migration’s (IOM) Migration Health Assessment Centre (MHAC). We spoke with Dr Rama Ramisetty, the migration health physician in MHAC, Kathmandu, for some information on the health centre’s processes and challenges.

Dr Rama joined IOM in Cambodia in 2002 as Chief Migration Health Physician. After working there for ten years, she moved to Addis Ababa, Ethiopia for nearly 3 years in the same field, and then to Kathmandu in November, 2014 to supervise the health aspects of the pre-departure unit of IOM. At IOM, we are responsible for relocating refugees and immigrants to receiving countries. Dr Rama’s role is to ensure that the outbound migrants are fit and safe to travel before they leave for countries such as the US, Australia or Canada.

Part of the Migration Health Division’s (MHD) activities in Kathmandu, the main priority of the refugee clinic is to stabilize medical cases at the pre-departure phase. This includes things like ensuring that patients are acclimatized – many come from Damak and are not used to the altitude of Kathmandu. There are also challenges with dealing with patients who suffer from alcohol use disorder, those with chronic lung or cardiovascular diseases, and other relevant chronic medical conditions. It is important that patients have been declared fit to travel either with or without a medical escort (doctor, nurse, specialist, etc), before they board the plane to their new life.

Part of the health assessments carried out on immigrants are screening for infectious diseases like tuberculosis (TB). It is a routine part of the Health assessment process that all individuals are screened.
From this medical assessment, we can decide things like the travel requirements for an individual, the medication they will need, special medical condition forms can be filled out, and the way forward for an adjustment of lifestyle in the destination country can be made clear to people before they leave for their country of destination.

If all goes well, a healthy individual can be ready to leave within just three months.

There are challenges, however, that start in the refugee camps before IOM’s interventions begin. Due to a lack of proper health care, education and myths related to diseases, many conditions like diabetes and hypertension become uncontrolled because of irregular medication. When a case is passed to IOM, we have to provide diagnosis and regular follow ups on chronic medical conditions - particularly the diabetic patients - by closely monitoring the treatment and observing diet habits of patients. At IOM set up, health promotion stresses the importance of taking medication, and also education on matters of personal hygiene.

The focus of World Health Day 2016 is diabetes and this disease is very important to IOM’s activities in Nepal. Currently there is a big push to combat TB and diabetes is a huge obstacle in the way. Diabetes is an immuno-compromised condition. This means that those with diabetes have a lowered immune system. TB is a disease which specifically targets those with a weakened immune system. Therefore, there is a high risk of developing TB if you are a diabetic.

It is with this in mind that Dr Rama communicated her key messages to the public:
1. Those who already have TB should follow the doctor’s advice and take regular medication to get cured from TB.
2. People with diabetes should be extra careful because the risk of catching TB or other infectious diseases is higher than those without diabetes.
3. Dr Rama would encourage those who are able to, to improve their living conditions. Open air, high roofs, and bigger properties are some ways in which the risk of contracting TB can be reduced.
4. Those who suffer from chronic diseases like diabetes and high blood pressure should change their life style to reduce stress, through regular activities, regular exercise, reduced obesity, healthy diet, taking precautions to prevent exposure to infectious diseases and at the same time enjoying life.

It is vitally important that these instructions are taken seriously and followed, because TB is a life threatening illness which is pretty contagious – especially in congregate settings such as the IDP camps which are currently occupied in Nepal.

To conclude our interview, I asked Dr Rama to give me some idea of the future of MHAC. She told me that the big focus now is on labor migration (another pillar of IOM). IOM has received approval and permission from the International Labor Organisation and the Ministry of Health to analyze the existing health assessment centres for those migrating for foreign employment in Gulf countries and also to neighborhood countries like India. Currently, there are no regulations which dictate that a receiving
country takes up full responsibility or the local government would co-ordinate with the receiving employment agencies to adopt a mutually agreed upon health policy to benefit employees and also to support for employers. Dr Rama has a genuine passion for this area. Results of the analysis are expected to be available within the next three months.