Government of Western Australia
North Metropolitan Health Service
Public Health and Clinical Excellence

Humanitarian Entrant Health Service Annual Report 2024

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Table of Contents

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Background

The number of refugees globally has been increasing in recent years and in 2024 thirty-two million people were classified as refugees. This was a 1% increase on the previous year according to UNHCR Refugee Data Finder. The number of forcibly displaced people, including those who are internally displaced within their own country is much higher at 133 million and the situation in Gaza has contributed to a 4.5% increase in this figure from the previous year. Globally, Iran, Turkey, Germany, Uganda and Pakistan each host over 1.5 million refugees. More than 500,000 people have arrived in Australia via annual planned offshore resettlement programs that have been in place since 1977-8. In the 2024-25 financial year Australia expected to grant around 20,000 humanitarian visas.

Humanitarian entrants to Australia have often experienced conflict, malnutrition, poor access to health care and exposure to communicable diseases prior to arrival in Australia. Many have undiagnosed or undertreated health conditions, and most are under-immunised by Australian standards. Humanitarian source countries and countries that people transit through have differing epidemiologies of acute and chronic diseases, creating a unique health profile in the refugee population. Social determinants of health continue to impact health and wellbeing in this population throughout their journey and after settlement in Australia.

Government policies and actions such as the forced repatriation of Afghan refugees that commenced in 2024 in Pakistan can cause further trauma and uncertainty for families. It is common for families to experience challenges in countries of transit where they have sought asylum due to financial difficulties, work restrictions, access to education and healthcare, and societal discrimination.

Overview of the Humanitarian Entrant Health Service

The Humanitarian Entrant Health Service (HEHS) is a specialist public health program which provides holistic health assessments for all humanitarian entrants (refugees) who are resettled in Western Australia (WA) under the Commonwealth Government's Humanitarian Program and Special Humanitarian Program. The service also responds to specific humanitarian crises by seeing clients referred by community organisations who have arrived in Western Australia as displaced persons on temporary visas.

Most humanitarian entrants undergo a medical screen prior to arrival in Australia. These medical screens now include screening for some infectious and chronic conditions, however they do not identify the broad range of diseases and other health conditions that are present in this population. The medical screen may also have been performed a significant time prior to travel, and new health problems may have occurred prior to arrival.

Screening is recommended following arrival to ensure access to early preventive health care, access to immunisation and early referral to specialists where required. Significant numbers of humanitarian entrant arrivals have chronic mental and physical health conditions or disabilities that require a multidisciplinary, coordinated approach to care. The post-arrival health assessment at HEHS provides a holistic health screen and aims to detect and treat infectious diseases of public health importance and identify other health issues which may impact on the individual's longer-term health and their settlement experience. A holistic approach allows assessment of mental and physical health including nutrition.

Due to an increase in complex health histories and arrivals with both chronic mental and physical health conditions and disabilities, the health assessment at HEHS has had to eveolve to meet the needs of humanitarian entrants. Use of face-to-face interpreters is an important component of the comprehensive assessments provided at HEHS.

A HEHS General Practitioner (GP) or Nurse Practitioner (NP) develops a management plan for each client that is shared with the client's primary care provider to ensure appropriate follow-up of issues identified at the health assessment. Referrals are made to appropriate specialist services including counselling for trauma and torture, child health services, women's health services and chronic disease follow-up. Included in the post-arrival health assessment is a comprehensive catch-up immunisation program for both adults and children.

For families with children, follow-up is also provided by the Child and Adolescent Health Service (CAHS) Refugee Health Team. For adults not linked with this team, nurses working at HEHS provide follow up in the months following the second visit via the HEHS City Program to ensure that clients are appropriately linked with primary care and other health services. Clients can also elect to complete catch-up immunisations at HEHS.

The governance of HEHS is overseen by the WA Refugee Health Advisory Committee (WARHAC) which meets quarterly. HEHS is located in Perth Central Business District at the Anita Clayton Centre. The service is part of the Public Health Unit which during 2024 was part of North Metropolitan Health Services' Mental, Public Health and Dental directorate. At the time of writing this report HEHS has transitioned and now sits within the Public Health and Clinical Excellence (PHCE) directorate.

Demographics

In 2024 HEHS provided care to a total of 727 people from 29 countries of origin, with less than 10 countries accounting for the majority of arrivals (*Table 1*). Afghanistan and Myanmar remain the most frequent countries of origin and the trend for an increase in arrivals from Congo that was noted in 2023 continued into 2024 with more than a 100% increase when compared to 2023. In contrast, the number of arrivals from South and Central American countries decreased from 2023. Most humanitarian entrants have spent significant amount of time in transit countries prior to arrival in Australia.

The numbers of clients seen at HEHS in 2024 decreased by 19% from 2023. This was most pronounced during the final 2 months of the calendar year and this is thought to be due to changes in overseas processing and logistics. These changes also impacted the availability of up-to-date health information for remaining arrivals who, in contrast to early 2024, frequently did not have a departure health check performed in the week prior to departure.

Table 1. *The ten most frequent countries of origin for HEHS clients in 2024*

Country of Origin	Number of Clients
Afghanistan	237
Myanmar	170
Congo	101
Syria	73
Ethiopia	34
Venezuela	25
Eritrea	14
Columbia	11
Iraq	9
Iran	6

The gender distribution remained similar to 2023 with the number of people identifying as female (53.5%) higher than the number identifying as male (46.4%).

The age range of clients seen in HEHS reflects the population age distributions in countries of origin, with a relatively high number of children and young adults and a smaller proportion of older adults when compared with the age distribution of the general Australian population. In 2024 there were a total of 202 family groups or individuals referred, there was also a trend towards large multigenerational family groups.

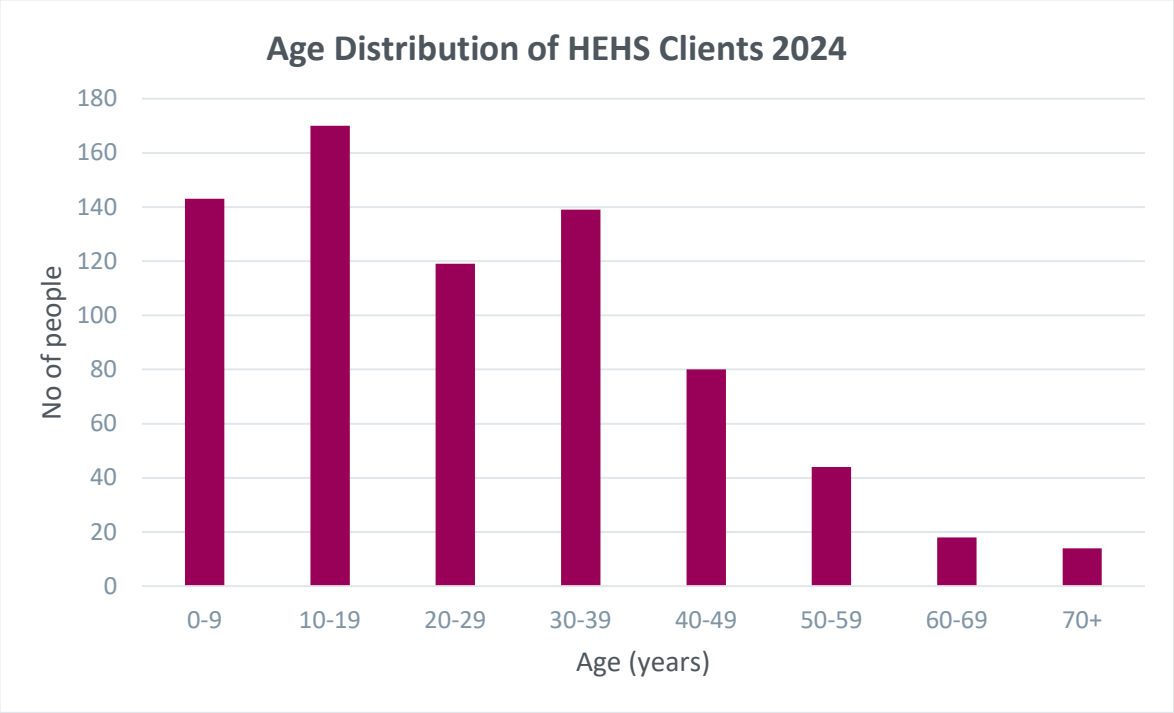

Figure 1. *Age of Humanitarian Entrants seen at HEHS 2024*

Clients in HEHS are seen in family groups as it is considered to be the ideal in understanding the relationships and trauma experience as well as the clinical and social impact of mental and physical health issues within the family unit. It is also usually more convenient for families to attend together. Care is taken to ensure that clients are also seen individually and the service is sensitive to risks such as family and domestic violence which require privacy for disclosure. It can be logistically challenging to see family groups with seven or more members during the same clinic but where possible this is accommodated by increasing the number of clinicians available.

Language

Clients seen at HEHS spoke a total of 22 different languages with 13 of these languages being spoken by at least 10 people seen with in the clinic in 2024 (*Table 2)*.

Table 2. *Ten most commonly spoken languages for HEHS clients in 2024*

Language	No of Clients
Dari	222
Arabic	97
Burmese	57
Chin Haka	56
Swahili	53
Spanish	48
Kinyarwanda	44
Karen	35
Oromo	23
Chin Siyin	20

Limited access to interpreters for some language groups such as Spanish, Anuak and some Chin dialects present a number of challenges that impact service delivery. This leads to difficulty in access to face to face interpreting and potential difficulty in assuring clients of patient confidentiality in small communities, both of which can be a barrier to care provision. These shortages are also seen nationwide with similar difficulties in access through telephone interpreting services.

Settlement

To support the settlement process, the local Humanitarian Settlement Provider (HSP), Australian Red Cross, has focused on finding appropriate accommodation in the form of family homes or apartments for clients on arrival rather than housing families for long periods in temporary accommodation such as hotels or serviced apartments.

The change observed in the data from 2023 suggesting an increase in clients settling in North Metropolitan Health Service (NMHS) catchment and a decrease in East Metropolitan Health Service Catchment (EMHS) remained in 2024. The majority (57%) still reported an EMHS postcode with 35% living within the NMHS catchment and 8% living within SMHS postcodes.

Fewer clients were living in city based temporary accommodation in 2024 with only 24 clients living within the 6000 postcode at the time of their visit. This temporary accommodation often does not meet families' needs and requires a further relocation into permanent rental properties and a second orientation to a new area.

Due to challenging conditions in the WA rental market, families are now settling in outer metropolitan areas that are distant from the traditional settlement areas that host many of the available refugee and Culturally and Linguistically Diverse (CaLD) specific services. Anecdotally, this has also led to difficulties accessing education at Intensive English Centres due to distance and travel times. This is a major stressor for some children and families. As many families are now located quite a distance from Perth CBD, this also poses logistical challenges for transport to HEHS clinics, especially when urgent or extra visits are required.

Screening Outcomes

Screening outcomes at HEHS reflect the prevalence of diseases in source and transit countries. The most notable observed change from the 2023 data is an increase in the percentage of positive *QuantiFERON* TB screening tests from 12.2% in 2023 to 16.8% in 2024. Prior to 2023 the figure has been consistently around 10%. This increase may reflect an increase in arrivals from higher incidence countries, however it is also reported that global TB deaths increased and preventive therapy decreased during and immediately after the COVID pandemic. We cannot rule out a link between the increased QuantiFERON positivity rate in HEHS clients and these global factors.

Clients undergo screening as part of the immigration process offshore and those with abnormal results undergo further testing to rule out active TB prior to travel. HEHS clinicians review this information and where there is ongoing concern, overseas Chest X-rays are discussed with WA TB Control Program (WATBCP) clinicians to facilitate further investigations and early specialist review where necessary. One hundred and twenty-two clients were referred to the WATBCP for review and consideration of preventive therapy. No cases of active TB were diagnosed in HEHS clients during 2024.

In 2024 an increasing number of clients arriving from endemic countries received empirical treatment on departure for strongyloidiasis and schistosomiasis. As a result, HEHS treatment

guidelines were reviewed to ensure that these conditions are being screened for and treated appropriately on arrival based on the available health history.

Nutritional deficiencies continue to be prevalent amongst HEHS clients reflecting food security issues. Testing guidelines were also updated to support adequate screening for arrivals from Gaza who may have been exposed to acute malnutrition. Updates were done in collaboration with other state and nationwide services through the Refugee Health Network of Australia (RHeaNA).

Table 3. *HEHS Screening Outcomes*

Condition	% of Clients
Vitamin D deficiency	51.9
Iron deficiency	17.9
Positive QuantiFERON	16.8
Vitamin B12 deficiency	13.6
Schistosomiasis	12
Strongyloides	10
Hypocalcaemia (% of those aged 0-19)	4.4
Hepatitis B	2.3
Hepatitis C	1
Malaria	0.4
Syphilis	0.3
HIV	0
Active TB	0

HEHS continues to offer screening for chronic disease (Table 4), targeting those at higher risk due to age and other risk factors. The data is presented for the first time in this annual report. Clients over 35 years of age and those with an elevated BMI on pre-arrival screening or other specific risk factors are screened with a urine Albumin-creatinine ratio test (ACR), kidney function blood test (eGFR), cholesterol and HbA1C (diabetes test). Results are still presented as a percentage of all clients, however it should be noted that as this screening is targeted, the percentage of abnormal results amongst those screened is much greater.

The prevalence of diabetes increases with advancing age and according to a recent AIHW report, in 2021 7.6% of humanitarian entrants in Australia reported diabetes compared with 4.3% of the general population.

In 2024 forty-four clients were identified to have a HbA1C of 6% or greater with 25 (3.4% of the total clients seen) having a HbA1C in the diagnostic range for diabetes; some of these individuals were already aware of a diabetes diagnosis whilst others were diagnosed at HEHS. With a large number also in the “pre-diabetes” range there is great potential for early intervention with dietary and lifestyle measures to reduce the risk of progression to Type 2 Diabetes. This is particularly important given that many clients do anecdotally report weight gain after arriving in Australia due to a change in diet and lifestyle.

Table 4. *Results of chronic disease screening*

Condition / test result	% of Clients
Elevated ACR or decreased eGFR	3.6
Elevated HbA1C 6-6.4%	2.6
Diabetes, HbA1C >6.5%	3.4
Dyslipidaemia	12.4

Body mass index (BMI) is an imperfect measure but can be an important predictor of diabetes and other chronic diseases. Amongst clients over 18 years of age 57% had a BMI greater than 25 with 20.1% having a BMI greater than 30. Whilst these figures are slightly lower than those reported in the general Australian adult population (66% with BMI >25 and 32% BMI >30 in 2022 according to Overweight and obesity, Summary - Australian Institute of Health and Welfare), it should be noted that the younger average age of HEHS clients compared to the general population makes a direct comparison difficult as adults tend to gain weight with advancing age. It does highlight the fact that whilst many refugee families facing food insecurity may be able to obtain adequate calories, the nutritional deficiencies observed suggest diets may be of relatively poor quality, lacking essential nutrients.

Referral Data

All individuals seen at HEHS are provided with a comprehensive discharge letter. If they have already engaged with a regular GP, with client consent, a copy is directly sent to the GP. All families with school aged children are referred to The Child and Adolescent Health Service (CAHS) Community Refugee Health Team. Excluding these referrals, in 2024, 1019 other onward referrals were made for the 727 clients seen at HEHS.

Seventy-five referrals were made to the Association for Services to Torture and Trauma Survivors (ASeTTS). Clients with significant trauma-related issues may have already been referred to ASeTTS by their Red Cross case managers prior to their assessments at HEHS, therefore the numbers represented here may underestimate the utilisation of ASeTTS during early settlement.

One hundred and forty-four referrals were made to Ishar Multicultural Women’s Health Services and 122 referrals were made to WATBC. Of the remaining 678 referrals, the majority were to Perth Childrens Hospital Global and Refugee Health and Lions Eye Institute Refugee service.

Achievements

Collaboration with other services

To improve understanding of our client's journeys during the early settlement period we have encouraged staff at HEHS to attend other services including the Child and Adolescent Health Service (CAHS) Global and Refugee Health clinic and the CAHS Community Refugee Health Team. This has enabled staff to learn about other services and how our clients are likely to interact with these services, increasing the quality of information that can be provided to clients about referral pathways.

HEHS has also hosted several doctors and nurses from CAHS so that they can gain a greater understanding of the service. These reciprocal experiences also improve connection and collaboration that can in turn positively impact client experience.

Study Tour

In July 2024, 8 Refugee Health staff (from PCH, CACH and HEHS) took part in a study tour to visit Refugee Health Service providers in Victoria, New South Wales and South Australia. The aim of the study tour was to identify key areas of learning that would provide an opportunity to improve the delivery of refugee health services in WA. The study was funded by CAHS as part of the strengthening multicultural communities funding.

Focusing on complex clients

Since 2022 there has been a notable increase in clients arriving with complex health, social needs and disabilities. This has led to a review in the model of care to determine how best to assist adults with complex needs including disability within the scope of the screening program. These clients face barriers to obtaining appropriate allied health input and often have difficulty accessing primary care during the early settlement period. Due to financial constraints humanitarian arrivals face difficulties in access for NDIS assessments.

In 2024 HEHS was fortunate to be able to work with a social worker with experience in this area to understand how to use existing assessments and brief, validated tools to collect evidence that will be useful to the client in future NDIS application as an efficient extension of the usual HEHS health screening.

Notably however, there is need within the service to review the screening program to best support the needs of complex clients. A service aim for 2025 is to focus on measuring complexity and outcomes in this group of clients so that we can continue to advocate for improvements in their experience during the early settlement period.

Maintenance of shorter waiting times

In 2023 the waiting times for clients to be seen at HEHS were successfully reduced and in 2024 this reduction was maintained. Being able to assess clients triaged as non-urgent/routine within 4-6 weeks of arrival has many advantages and may reduce the risk of unplanned GP and emergency department attendances for issues that could have been pro-actively managed at an earlier stage. Provision of a comprehensive discharge letter to the client's chosen GP soon after arrival is also likely to assist the GP with prioritisation of health issues and provide important background information to facilitate ongoing trauma-informed care.

Participation in a Value Based Teams Workshop

The service arranged for a workshop to be provided to all staff. This was held at an external venue and provided a valuable opportunity for teambuilding and reflection on how NMHS values of care, respect, innovation, teamwork and integrity can positively influence the working environment and provision of care to clients.

Presentations and Education

- Delivery of a presentation on malaria in refugees at the CDCD Public Health Update
- Delivery of an education session on refugee health to junior doctors at Sir Charles Gardiner Hospital.
- Presentation on health issues affecting refugees to Services Australia's Multicultural Advisory Forum.

Quality Improvement Activities

- University of Notre Dame student supported to undertake an audit on treatment and treatment outcomes in clients testing positive for strongyloides. As a result of the findings of this audit, clinical guidelines and processes were updated to allow resources to be targeted more efficiently and improve overall patient experience and care.

- Development of a patient survey pilot. Obtaining consumer feedback can be challenging for a number of reasons in refugee health settings, however this feedback is a vital resource to enable the service to enhance consumer experience. A validated tool was adapted to enable surveys to be administered by a member of staff not connected with the service via interpreters after clinic appointments. This project is ongong in 2025.

Membership of Committees

- Refugee Health Network of Australia (RHeaNA) – two senior clinicians from HEHS represent Western Australia in this National network of health practitioners with expertise in refugee health.
- CaLD and Disability Interagency Network Meeting
- Refugee Nurses Australia (RNA) – Clinical Nurse Manager is currently the Co-Chair of RNA
- Metropolitan Syphilis Outbreak Response Team

- Multicultural Stakeholders reference group
- WA FGM/C Interagancy Network
- NDIS CaLD Roundtable Discussion Group
- WAPHA Multicultural Stakeholder Reference Group

Focus areas for 2025

During 2025 HEHS hopes to continue to provide education and support to GPs in the field of refugee health. The service also plans to develop clearer clinical guidance and referral pathways for adult clients presenting with disability.

This document can be made available in alternative formats on request for a person with a disability.